

Written Answers.

The following are questions tabled by Members for written response and the ministerial replies as received on the day from the Departments [unrevised].

Questions Nos. 1 to 9, inclusive, answered orally.

Questions Nos. 10 to 13, inclusive, resubmitted.

Questions Nos. 14 to 24, inclusive, answered orally.

Mental Health Services Provision

25. **Deputy Bernard J. Durkan** asked the Minister for Health the extent to which he remains satisfied that adequate resources remain available for child psychology and psychiatry services, with particular reference to early intervention and identification of the relevant and appropriate supports, thereby making available an adequate suite of services to meet the growing requirements evenly throughout the country; the results of any analysis that has been undertaken to identify possible weaknesses in the services over the past number of years; the steps required to improve the services; and if he will make a statement on the matter. [7031/17]

Minister of State at the Department of Health (Deputy Helen McEntee): *A Vision for Change* recognises a ‘pivotal role’ for primary care in providing mental health services. The policy assigns a key role to GPs for access to specialist mental health services. GPs can detect and diagnose mental health difficulties and either treat the individual or refer him/her to other professionals within primary care or to specialist services, based on identified need. The policy recommends a consultation/liaison model between primary care and mental health services, and the HSE has actively progressed communication and integration between primary and secondary mental health services through the use of a “Stepped Care” approach. Psychological and other relevant supports are accessed in primary care in the first instance, with CAMHS providing a specialist secondary care service to those referred to it.

Primary Care services are usually the first point of contact for children and adolescents when problems initially present, where those with mild to moderate presentations are seen by Psychologists in the service. They are not usually associated with significant risk of harm, unless there is a rapid deterioration or a crisis occurs. The availability of Early Intervention Services within Primary Care ensures timely and appropriate intervention.

In line with the commitment to develop early intervention services for those under 18, €5 million has been allocated to recruit 114 Assistant Psychologists in primary care. This will enhance the primary care response and help to reduce waiting lists for child and adolescent mental health services. Recruitment arrangements for these posts are currently being finalised by the HSE in conjunction with my Department and the Department of Expenditure and Reform.

The HSE Mental Health Division currently employs approximately 213 Psychologists with 67 of these operating within Child and Adolescent Mental Health Services. A further 60 psychology students participate as members of community based mental health teams providing services to children and adults. In addition, the HSE currently funds a number of agencies to provide a variety of counselling services to young people. This includes 10 existing Jigsaw sites nationally together with further planned expansion of this service for 2017 with two additional sites in both Cork and Dublin and a further site in Limerick.

In conclusion very significant efforts are underway to expand access and I am satisfied that good progress is being made to deliver improved and more consistent mental health services for young people, reflecting the significant resources provided by this Government in this area.

National Children's Hospital Expenditure

26. **Deputy David Cullinane** asked the Minister for Health the additional funding stream which has been allocated to his Department for 2017 and 2018 to cover the cost of the National Children's Hospital in view of public comments by the Minister for Public Expenditure and Reform on funding for the National Children's Hospital on 7 February 2017 and the remarks by the Director General of the HSE on 7 February 2017 that there is not enough money at present to ensure the project is carried through to fruition; if there is no additional funding available, the suggestions his Department has made as to the areas in which cuts and savings could be made to cover the cost of the National Children's Hospital; and if he will make a statement on the matter. [10851/17]

Minister for Health (Deputy Simon Harris): Following decades of discussion and debate, Ireland is about to get the new children's hospital that it badly needs and deserves. An internationally recognised design team, supported by an experienced National Paediatric Hospital Development Board and Project Team is in place to drive the project to develop the new children's hospital.

The tender process for the core construction elements for the new children's hospital and the satellite centres was highly competitive and a company has been notified that it is the preferred bidder.

A cost estimate was completed in early 2014 when construction inflation was estimated at 3%. The pricing proposed by the tenderers took account of construction inflation (now running at higher than 9%), the extended project timeline, now scheduled to complete in 2021 and the final market cost of the build.

There has been much speculation about the cost of building this hospital. While I am not in a position to comment on contract prices and funding implications at this stage, it is not accurate to compare the €650 million of Exchequer funding approved in 2014 for the core construction of the new children's hospital and two satellite centres with the full programme costs set out in the Final Project Brief.

The costs set out in the Final Project Brief provide for the construction of the core hospital and satellite centres, including VAT provision, risk provision, all fees, decant, external works, enabling costs and project management costs. Importantly, it also includes commercial spaces (underground carpark and retail space), higher education facilities, the Children's Research and Innovation Centre, and equipment.

The updated capital costs have now been incorporated into the Final Project Brief which has been submitted to my Department by the HSE and is currently under consideration. As

identified by my colleague the Minister for Expenditure and Reform and by the HSE, the new children's hospital is a priority Government project. I intend to bring a Memorandum to Government in the coming weeks on the new children's hospital. Full details of the costs and funding will be set out in the Memorandum for Government and will form the basis upon which the approval decision will be made. The costs and funding will span the period up to and including 2021, in line with project requirements.

Medicinal Products Reimbursement

27. **Deputy Marc MacSharry** asked the Minister for Health the status of the Orkambi negotiations. [12114/17]

Minister for Health (Deputy Simon Harris): The HSE has statutory responsibility for decisions on pricing and reimbursement of medicines, in accordance with the Health (Pricing and Supply of Medical Goods) Act 2013.

With regard to Orkambi for the treatment of cystic fibrosis patients aged 12 and older, an application to the HSE from the manufacturer was received in March 2016. The application was considered and not recommended for reimbursement at the submitted price by both the National Centre for Pharmacoeconomics – the NCPE – and the HSE's Drugs Committee. In December, the HSE Directorate took the decision not to reimburse at the submitted price. The HSE called on the company to re-enter negotiations, with a view to significantly reducing the cost of the treatment.

Further meetings were held with the manufacturer in December and early January. The discussions with the company have broadened to include Orkambi, Kalydeco and further treatments for CF patients. The matter is currently under consideration by the HSE Directorate and by officials in my Department.

I expect that this process will conclude in a period of weeks. However, given the scale of the investment, the potential benefits for Irish patients and the impact of this decision on the health service overall, I believe it is appropriate to allow this statutory process to be concluded so as to bring certainty to matters.

I am acutely aware that the last number of months have been a stressful and worrying time for CF patients and their families. However, the Government's priority is to achieve the best outcome for Irish patients and the health system overall.

Hospital Appointments Delays

28. **Deputy Billy Kelleher** asked the Minister for Health the action being taken to reduce waiting times for orthodontic treatment; and if he will make a statement on the matter. [12077/17]

Minister for Health (Deputy Simon Harris): The Programme for a Partnership Government contains a commitment to providing timely access to orthodontic care. In order to address the waiting times being experienced by people who have been referred for orthodontic assessment or treatment, the HSE has commenced an initiative which involves the procurement of orthodontic services in primary care from a number of private service providers. Priority is being accorded to cases of a routine orthodontic nature who have been waiting longest to be seen. Up to the end of February 2017, 2,350 patients have been contacted and 1,431 have accepted

transfer from HSE to a private orthodontic provider. Complex cases are not part of the HSE waiting list initiative and will be treated by the HSE orthodontic service.

The HSE is also working to adapt skill-mix to assist in providing more timely access for patients. This involves using orthodontic therapists working under the supervision of specialist orthodontists. Two orthodontic therapists are in place, with a further two are in training and the HSE plan to extend this initiative.

The national approach to future oral health service provision, including orthodontics, will be informed by the National Oral Health Policy which is currently being developed by my Department. The target-date for completion of this policy is late 2017.

Medicinal Products Reimbursement

29. **Deputy James Lawless** asked the Minister for Health the number of applications for the addition of a new medicine to the reimbursement list that are currently being processed as of 1 March 2017; the number of applications that were in process on the same date in 2015 and 2016; and if he will make a statement on the matter. [12130/17]

Minister for Health (Deputy Simon Harris): The HSE has informed me that there were 40 applications for the addition of new chemical entities ongoing as at 1 March 2017. A new chemical entity is a medicine that is not classified as a new generic, new biosimilar or new parallel imported or parallel distributed medicine.

The HSE reports the number of new applications on an annual basis. The HSE has stated that, in 2015 and 2016, there were 63 and 82 applications respectively for new chemical entities. The HSE further advises that 20 to 50 applications would be expected to be ongoing at all times for new medicines and new indications for existing medicines.

Hospitals Funding

30. **Deputy Eoin Ó Broin** asked the Minister for Health the additional public funding that would be required to replace current private income in public hospitals at current levels; the details of private incomes in public hospitals and hospital groups in each of the past five years; and if he will make a statement on the matter. [11895/17]

Minister for Health (Deputy Simon Harris): Private patient income in public hospitals was €626m in 2016. This is exclusive of private patient consultant fees which are remitted directly to the treating consultant.

Over €2.7 billion income from private patient fees has been generated in public hospitals over the last 5 years. A detailed breakdown of this income by Hospital Group and individual hospital for each of the last 5 years is being provided directly to the Deputy.

At the simplest level, an additional €626m in public funding would be required to replace private income in public hospitals. However, there are also a range of potential indirect costs which it is not possible to quantify. For example, certain categories of hospital consultant enjoy rights to treat private patients in public hospitals and to receive fees directly for doing so. Elimination of private practice in public hospitals might have implications for the attractiveness of consultant appointments in public hospitals, and the salary levels required to successfully attract consultants generally or in particular specialties.

Ambulance Service

31. **Deputy Pat Buckley** asked the Minister for Health his views on the ongoing issues with the ambulance service in Midleton, County Cork; and if he will make a statement on the matter. [12038/17]

Minister for Health (Deputy Simon Harris): The National Ambulance Service (NAS) is committed to providing a quality ambulance service to the Midleton area. Work is underway to relocate the Midleton station to a more suitable location in Midleton with direct access to the road infrastructure transport arteries. This move is scheduled for the second quarter of this year. I am advised that the current station will remain in operation until the new station opens.

The Deputy may wish to note that, services to the Midleton area are not exclusively provided by staff based at the Midleton station. NAS is moving to a policy of dynamic deployment, where vehicles are strategically located where they are most likely to be required, rather than located at a particular station. Under this policy of dynamic deployment, Midleton is supported by other NAS ambulance bases in East Cork, Cork City, West Waterford and South Tipperary, and resources are dispatched using the Advanced Medical Priority Dispatch System (AMPDS). The AMPDS uses international standards and protocols to determine the priority level of each emergency call which ensures life threatening situations receive an immediate and appropriate response.

Mental Health Services Staff

32. **Deputy Pat Casey** asked the Minister for Health the targets in place for the recruitment of CAMHS personnel in CHO 7 during 2017. [12109/17]

Minister of State at the Department of Health (Deputy Helen McEntee): The Child and Adolescent Mental Health Services/CAMHS is a specialist mental health service for children and young people. Referrals are accepted for those under the age of 18 where the severity and complexity of the presenting mental health disorder is such that treatment at primary care service level is unlikely to be unsuccessful. The service provides assessment and treatment through a multi-disciplinary team for young people and their families who are experiencing mental health difficulties.

Community Healthcare Organisation 7 provides Child and Adolescent Mental Health Services to the majority of the population under the age of 18 within its boundaries. Other services are provided in a portion of the area, through the Lucena Services, which are managed through CHO 6.

The CHO7 Child and Adolescent Mental Health Service currently operate 8 Community Teams, with a clinical staffing compliment of 76.7 whole time equivalent posts, including a Community Team currently being developed for the Kildare area, in line with new population growth locally. There are currently 8 vacancies on these teams and recruitment is underway to fill these posts.

In addition, the CAMHS service for the wider region will be enhanced by 13 extra whole time clinical staff members in 2017, across a range of disciplines including Psychiatry, Psychology, Nursing, Occupational Therapy, Dietetics and Social Work. This includes approval for CHO7 to develop a multi-disciplinary CAMHS Eating Disorder Service. This Team will consist of a Senior Clinical Psychologist, Senior Social Worker, Senior Occupational Therapist, Senior Dietician, Clinical Nurse Manager, Clinical Nurse Specialist and a Staff Nurse. Recruit-

ment of these additional posts is also underway.

CHO7 is also engaged in discussions with the HSE Mental Health Division in relation to initiating new developments across mental health services in 2017, including CAMHS. I, and my Department officials, will continue to closely monitor mental health developments across all CHO areas over the remainder of this year.

Suicide Prevention

33. **Deputy Maureen O'Sullivan** asked the Minister for Health his plans, in conjunction with the Minister for Education and Skills, to implement a multi-pronged strategy to address the level of youth suicide here. [6761/17]

Minister of State at the Department of Health (Deputy Helen McEntee): In 2015, the Government launched Connecting for Life, Ireland's National Strategy to Reduce Suicide with the aim of reducing suicide and self-harm over 2015-2020. The Strategy sets out a vision where fewer lives are lost through suicide, and where communities and individuals are empowered to improve their mental health and well-being. It provides community-based organisations with guidelines, protocols and training on effective suicide prevention.

One of the main goals in Connecting for Life is to target approaches to reduce suicidal behaviour and improve mental health among priority groups, including young people. Several key actions have been identified to further this goal in the Education sector, including supporting the implementation of the relevant guidelines for mental health promotion and suicide prevention across primary and post-primary schools; supporting Student Support Teams; working with the HSE to develop national guidance for higher education institutions in relation to suicide risk and critical incident response; implementing the National Anti-bullying Action Plan; supporting all junior and senior schools to implement a new Wellbeing programme; and delivering early intervention and psychological support service for young people at primary care level. These actions are part of the overall policy objectives of the Department of Education and Skills. They are supported by my Department and the HSE through the inter-agency implementation arrangements provided for in Connecting for Life and overseen by the Cabinet Committee on Social Policy and Public Service Reform.

Education is recognised as key to improving the mental health, resilience and emotional well-being of our young people. Last year saw the launch of the first Action Plan for Education by the Department of Education and Skills. This included a section on Mental Health and Well-being. The aims in this section were to roll out a national programme to support the implementation of Well-being Guidelines to all primary and post-primary schools; to implement Well-being at Junior Cycle; and to publish the 2015 Lifeskills survey, providing information on how schools cater for the well-being of their students. This plan outlines hundreds of actions and sub-actions to be implemented across 2016-2019, with timelines and lead responsibility assigned. I will be working closely with my colleague the Minister for Education and Skills on this issue to ensure these actions are implemented.

In 2013, the Department of Education and Skills, the HSE, and the Department of Health jointly developed the Well-Being in Post Primary Schools Guidelines for Mental Health Promotion and Suicide Prevention. This was followed in 2015 by the publication of Guidelines setting out a framework for mental health promotion in primary schools. The Department of Health and the Department of Education and Skills continue to work in partnership to support youth mental health.

Hospital Waiting Lists

34. **Deputy Barry Cowen** asked the Minister for Health the targets in place for reducing outpatient waiting times in the Midland Regional Hospital, Tullamore, in 2017. [12126/17]

Minister for Health (Deputy Simon Harris): This Government is committed to reducing waiting times for patients, both for patients waiting for inpatient or daycase procedures and for outpatient appointments. During 2016, there has been evidence of a considerable increase in demand for health services, as our population grows and ages. In order to reduce the numbers of long-waiting patients, the HSE is currently developing Waiting List Action Plans for 2017 in the area of Inpatient Daycase, Scoliosis and Outpatient Services. Draft Waiting List Action Plans for Inpatient Daycase and Scoliosis have been submitted. My Department is currently reviewing these plans and engagement is ongoing with the HSE and the NTPF.

In addition, in November, the HSE launched the Strategy for the Design of Integrated Outpatient Services 2016-2020. This strategy seeks to improve waiting times for outpatient services in the long term by restructuring referral pathways and utilising technology to improve service delivery. The HSE has also significantly progressed the development of a draft Outpatient Waiting List Action Plan. In this Plan, the HSE will identify proposals to reduce the number of patients waiting long periods of time for outpatient appointments across all hospitals including the Midlands Regional Hospital, Tullamore.

I expect to make known the details of the HSE's Outpatient Waiting List Action Plan in the coming weeks.

HSE Staff Remuneration

35. **Deputy Peter Burke** asked the Minister for Health if he will provide an update on intern health care assistants pay discrepancies in the Midlands Regional Hospital, Mullingar and nationally which was the subject of negotiation with trade unions; and if he will make a statement on the matter. [11901/17]

Minister for Health (Deputy Simon Harris): The Public Service Agreement 2013 to 2016 provided for the introduction of an Intern Scheme for Health Support Staff during the moratorium on recruitment and promotion within the public service as an exceptional recruitment measure. Under the terms of this Scheme, Interns were given a 2 year contract with a starting salary of 85% of the first point of the salary scale in year 1, progressing to 90% of same in year 2.

Later discussions during the Lansdowne Road Agreement provided that where Interns had completed 18 months of satisfactory service, they would be regularised into permanent positions. HSE HR Circular 025/2015 on the Intern Scheme advised Hospital Groups that support grades should not be recruited to positions in services where there are existing Interns in situ unless those positions have been made available to those interns in the first instance.

Separately and outside of the Public Service Agreement process, the National Recruitment Service for the HSE, after the ending of the moratorium on recruitment, resumed the process of filling a number of vacancies on a permanent basis from panels that had been in place for some time. Given the time frames involved in completing the Intern scheme, a situation has arisen where interns who have not yet completed their 18 months satisfactory service are working alongside new recruits to these support grades.

It is accepted by all parties that this situation has given rise to some unintended anomalies. It is expected that these anomalies will be addressed as part of the discussions in the next round of pay talks expected to commence later this year.

Medicinal Products

36. **Deputy Michael Moynihan** asked the Minister for Health his plans to provide for medicinal use of cannabis. [12122/17]

Minister for Health (Deputy Simon Harris): On 3 November 2016 I asked the Health Products Regulatory Authority to examine the issue of medicinal cannabis and provide me with a report on the matter. I received the Authority's report 'Cannabis for Medical Use – A Scientific Review' on 31 January last.

On 10 February, I published the report and announced the establishment of an access programme for cannabis-based treatments for the following conditions;

- Spasticity associated with multiple sclerosis resistant to all standard therapies and interventions;
- Intractable nausea and vomiting associated with chemotherapy, despite the use of standard anti-emetic regimes;
- Severe, refractory (treatment-resistant) epilepsy that has failed to respond to standard anticonvulsant medications.

Patients accessing cannabis through the programme are required to be under the care of a medical consultant.

The report has been referred to the Joint Oireachtas Committee on Health for consideration. Meanwhile officials from my Department and the Health Products Regulatory Authority will consult with stakeholders on how the access programme will operate. It will be particularly important to engage with the clinical community in the development of a framework. Officials are also examining legislative changes that will be required to underpin the access programme.

I intend to progress the establishment of this access programme as a priority. However, to be clear, patients accessing cannabis through the cannabis access programme will need to be recommended for cannabis treatment by a relevant clinician involved in the patient's care. This recognises the relevance of such treatment for overall case planning and management of the underlying medical condition.

For the period during which this access programme is being established, it remains open to me as the Minister for Health to grant a licence under the Misuse of Drugs Act for access to cannabis for medical purposes in individual cases. Such applications will be considered on a case by case basis. The granting of a licence must, however, be premised on an appropriate application being submitted to the Department of Health, which is endorsed by a consultant who is responsible for the management of the patient and who is prepared to monitor the effects of the treatment over time.

The doctor-patient relationship is a fundamental principle upon which medical practice is based and decisions by me as the Minister for Health must respect the primacy and independence of this relationship in delivering patient care.

Hospital Staff

37. **Deputy Jack Chambers** asked the Minister for Health his plans to increase nursing levels in hospitals; the measures in place to attract Irish nurses that are working abroad; and if he will make a statement on the matter. [12056/17]

Minister for Health (Deputy Simon Harris): During recent engagement between this Department, the Department of Public Expenditure and Reform, the HSE, INMO and SIPTU to avert the proposed industrial action by the INMO scheduled for the 7th March, the management side supplied a joint proposal document setting out a number of specific measures to attract and retain nursing staff. This was done in the context of HSE management having developed a fully funded workforce plan for an additional 1,208 nursing/midwifery posts in 2017. The proposal includes extensive education and personal development opportunities for nurses and midwives to upskill, and a pilot pre-retirement initiative as a method of retaining the expertise of experienced nursing/midwifery staff. It also includes 127 promotional posts for staff nurses/midwives to Clinical Nurse/Midwife Manager 1 to provide attractive career pathways for retention purposes and provide direct support to all nursing staff, including newly recruited staff. The management side is also positively disposed to a proposal from the union side for the restoration of a number of allowances for new entrant nurses and this consideration will be concluded in the upcoming pay talks in the summer.

The above is in addition to the many other initiatives currently underway to improve nursing and midwifery staffing levels throughout the country. The number of nursing and midwifery staff increased by 1,650 whole time equivalents between December 2013 and December 2016, notwithstanding intense global competition for our nurses and midwives. The HSE has offered permanent posts to 2016 degree programme graduates in order to retain its graduates. The HSE is also offering full time permanent contracts to those in temporary posts and is also focused on converting posts filled by agency staffing to permanent posts. Its National Recruitment Service is actively operating rolling nursing recruitment campaigns. The HSE ran a 3 day open recruitment event over the Christmas holiday period in Dr Steevens' Hospital for nurses and midwives from all disciplines interested in working in the Irish Public Health Service. A further event is scheduled for 31 March 2017. A relocation package of up to €1,500 continues to be available to nurses who return from overseas.

Medicinal Products Reimbursement

38. **Deputy Ruth Coppinger** asked the Minister for Health if he will address the case of a person (details supplied) with a pharmaceutical company; his views on the National Plan for Rare Diseases; and if he will make a statement on the matter. [12076/17]

Minister for Health (Deputy Simon Harris): The HSE has statutory responsibility for decisions on pricing and reimbursement of medicines in the community drugs schemes, in accordance with the Health (Pricing and Supply of Medical Goods) Act 2013. As Minister for Health I have no function in this statutory process.

I am informed that the manufacturer has submitted an application to the HSE for reimbursement of Procysbi. As far back as December 2015, the manufacturer was asked to submit a health technology assessment dossier to assist in decision-making. That dossier is awaited.

The NCPE recommendation in relation to the need for a full health technology assessment is published online on the NCPE website. The NCPE reviewed the medicine again in January 2017, following some revisions by the manufacturer, and recommended that an HTA dossier

would still be required to assist decision-making. The HSE informed the manufacturer of this ongoing requirement again on 31 January 2017.

I have asked the HSE to reply directly to the Deputy in relation to the individual case raised.

The National Rare Disease Plan provides a policy framework for the diagnosis and treatment of people with rare diseases, of which there are between 5000 and 8000 in Ireland. The plan made 48 recommendations designed to help improve the lives of people affected by rare disease. An Oversight Group – chaired by the Department – is overseeing progress with the plan.

An Interim Report on the implementation of the National Rare Disease Plan for Ireland was published last Tuesday, 28th February. Implementation of the plan is well underway and we are already into the second half of the implementation period.

In 2016 a number of projects were funded by the State with €1.686m, matched by charity funding of €1.224m. The total funding of €2.91m is shared between 11 charities. The next round of this joint funding initiative will open in autumn 2017.

The EU commission now intends to explore the possibility to further strengthen the collaboration between Member States and the Commission in the area of research on rare diseases. In addition, rare diseases have already been tabled on the agenda for North-South meetings. Therefore, future work to deepen cooperation between both jurisdictions on rare diseases is anticipated.

Disease Management

39. **Deputy John McGuinness** asked the Minister for Health the supports in place for persons with Lyme disease. [12083/17]

Minister for Health (Deputy Simon Harris): Lyme disease (also known as Lyme borreliosis or LB) is an infection caused by a spiral-shaped bacterium called *Borrelia burgdorferi* that is transmitted to humans by bites from ticks infected with the bacteria. The infection is generally mild affecting only the skin, but can occasionally be more severe. Lyme disease is the commonest cause of tick-borne infection in Europe.

Lyme disease can be very successfully treated using common antibiotics. These antibiotics are effective at clearing the rash and helping to prevent the development of complications. Antibiotics are generally given for up to three weeks. If complications develop, intravenous antibiotics may be considered. In Ireland, treatment by most clinicians is based on that laid out in evidence-based guidelines for the management of patients with Lyme disease, human granulocytic anaplasmosis (formerly known as human granulocytic ehrlichiosis), and babesiosis published by the Infectious Diseases Society of America in 2006.

A Lyme Borreliosis Sub-Committee of the Scientific Advisory Committee of the Health Protection Surveillance Centre has been established to look at methods of raising awareness especially in those areas (including recreation areas) where Lyme carrying ticks can be most expected to be found. The aim of this Sub-Committee is to develop strategies to undertake primary prevention in order to minimise the harm caused by Lyme Borreliosis in Ireland. The membership of the Sub-Committee includes specialists in Public Health Medicine, Consultants in Infectious Diseases, Clinical Microbiology, Occupational Health, an Entomologist from the Parks and Wildlife Service, a representative from the Local Government Management Agency, an Environmental Health Officer, and a member of Tick Talk who has been invited to be the patient representative on the Sub-Committee. The initial work stream involves a survey of lab-

oratory methods for the diagnosis of Lyme borreliosis in Ireland, the development of Lyme borreliosis guidance for general practitioners, the publication of medical media articles to highlight diagnostics and laboratory methods relating to Lyme borreliosis available in Ireland for general practitioners, and ongoing work in drawing together the Final Report of the Sub-Committee.

Health Services Provision

40. **Deputy John Brady** asked the Minister for Health if provision has been made within the HSE Action Plan for Scoliosis for the reintroduction of checks in primary schools by public health nurses for the identification of scoliosis; and if he will make a statement on the matter. [11816/17]

Minister for Health (Deputy Simon Harris): A draft Waiting List Action Plan for Scoliosis has been submitted by the HSE to my Department. The draft action plan for Scoliosis includes both measures to increase capacity for scoliosis treatments in the children's hospitals and proposals for the outsourcing of procedures. Officials are currently reviewing and evaluating the plan and engagement is ongoing with the HSE and the NTPF towards its finalisation. I expect to make known the details of the HSE's Waiting List Action Plan including the Action Plan for Scoliosis in the coming weeks.

In relation to the Deputy's query on screening in primary schools, I have recently been in contact with the Director General of the HSE on this matter and have asked my Department to review policy in this area and provide me with advice.

Services for People with Disabilities

41. **Deputy Joan Collins** asked the Minister for Health his views on the lack of services for children with complex and non-complex intellectual and physical disability needs in St. John of God special needs school in Islandbridge, Dublin 8 (details supplied). [12062/17]

Minister of State at the Department of Health (Deputy Finian McGrath): The Government is committed to providing services and supports for people with disabilities which will empower them to live independent lives, provide greater independence in accessing the services they choose, and enhance their ability to tailor the supports required to meet their needs and plan their lives. This commitment is outlined in the Programme for Partnership Government, which is guided by two principles: equality of opportunity and improving the quality of life for people with disabilities.

As the Deputy's question relates to service matters, I have arranged for the question to be referred to the Health Service Executive (HSE) for direct reply to the Deputy.

Respite Care Services Provision

42. **Deputy John Brassil** asked the Minister for Health the funding in place for the proposed respite care facility at Kilmorna, Listowel, County Kerry; and if he will make a statement on the matter. [12092/17]

Minister of State at the Department of Health (Deputy Finian McGrath): The Government is committed to providing services and supports for people with disabilities which will empower them to live independent lives, provide greater independence in accessing the servic-

es they choose and enhance their ability to tailor the supports required to meet their needs and plan their lives. This commitment is outlined in the Programme for Partnership Government, which is guided by two principles: equality of opportunity and improving the quality of life for people with disabilities.

The Programme for Partnership Government states that the Government wishes to provide more accessible respite care to facilitate full support for people with a disability.

As the Deputy's question relates to service matters, I have arranged for the question to be referred to the Health Service Executive (HSE) for direct reply to the Deputy.

Mental Health Services Provision

43. **Deputy John Brassil** asked the Minister for Health when the Deerpark mental health facility in Killarney will open; and if he will make a statement on the matter. [12093/17]

Minister of State at the Department of Health (Deputy Helen McEntee): As this is a service issue, this question has been referred to the HSE for direct reply.

Hospital Services

44. **Deputy Shane Cassells** asked the Minister for Health his plans in place to enable Our Lady's Hospital, Navan to carry out more scheduled treatments; and if he will make a statement on the matter. [12096/17]

49. **Deputy Shane Cassells** asked the Minister for Health the status of plans for a regional hospital in Navan. [12097/17]

Minister for Health (Deputy Simon Harris): I propose to take Questions Nos. 44 and 49 together.

There are currently no plans to construct a regional hospital for the north east in Navan. The proposal that a regional hospital be developed in Navan originated in a report prepared for the HSE in 2008. This proposal was superseded by the Government's decision, in 2013, to re-organise acute hospitals into Hospital Groups.

Our Lady's Hospital Navan is part of the Ireland East Hospital Group. Every hospital in that Group, large and small, has a vital role to play within the Group, with smaller hospitals managing routine, urgent or planned care locally and more complex care managed in the larger hospitals.

Currently, the Hospital Group is engaged in a programme of re-design work to further integrate and enhance the role of Navan hospital within the Group and to ensure that it will provide more services safely and appropriately. A key development has been efforts to promote better integration between the Mater and Navan hospitals, in relation to day surgical activity in Navan, with surgeons from the Mater carrying out surgery in Navan. Recent capital investments include upgrade of general theatres and the Sterile Services Unit and refurbishment of the Emergency Department.

The Hospital Redesign Working Group includes representation from local GPs, the National Ambulance Service, the Mater and Navan Hospitals and from the Ireland East Hospital Group. It is intended that the Hospital Group will continue to engage closely with all interested parties

to ensure that the needs of patients, staff, the local and wider community are addressed.

Hospital Services

45. **Deputy Aindrias Moynihan** asked the Minister for Health the status of the proposed improvement works for Macroom Community Hospital and services; and if he will make a statement on the matter. [11829/17]

Minister of State at the Department of Health (Deputy Helen McEntee): As this is a service matter it has been referred to the Health Service Executive for direct reply.

General Practitioner Services Provision

46. **Deputy Louise O'Reilly** asked the Minister for Health the number of children that have been refused access to general practitioner registration at their first choice of surgery; if he has been contacted by any general practitioners as a result of problems with under six registrations; and if he will make a statement on the matter. [11890/17]

Minister for Health (Deputy Simon Harris): The introduction of GP care without fees to children under 6 represents a major step forward in improving access, quality and affordability of health care in Ireland. The under-6s GP service contract, which includes age-based preventive checks focused on health and well-being and a cycle of care for children with asthma, underlines the Government's commitment to enhancing primary care and keeping people well in their own community. To date, approximately 94% of GMS GPs have entered into agreements with the HSE for the provision of services to children under 6 and almost 364,000 children under 6 have access to GP care without fees through a medical card or GP visit card.

Complaints in relation to registration with a GP are dealt with by the HSE in the first instance. Where a GMS patient experiences difficulty in finding a GP to accept him/her as a patient, the HSE has the power to assign an eligible person to a GP's GMS patient list where the person has been removed from another GP's list or refused entry onto a GP's list, and the person has unsuccessfully applied to at least three GPs in the area, who are contracted to provide services under the GMS.

Hospital Services

47. **Deputy Brendan Griffin** asked the Minister for Health the position regarding the provision of a dedicated obstetrics theatre at UHK; and if he will make a statement on the matter. [12035/17]

Minister for Health (Deputy Simon Harris): In relation to this particular query, as this is a service matter, I have asked the HSE to respond to you directly.

Hospital Waiting Lists

48. **Deputy Lisa Chambers** asked the Minister for Health the targets in place for reducing outpatient waiting times in Mayo University Hospital in 2017; and if he will make a statement on the matter. [12095/17]

53. **Deputy Seán Haughey** asked the Minister for Health the targets in place for reducing outpatient waiting times in Beaumont Hospital in 2017. [12100/17]

60. **Deputy Billy Kelleher** asked the Minister for Health if the South/South West Hospital Group has an action plan to reduce the waiting times for outpatients, with almost 11,000 appointments outstanding for more than 18 months at the end of January 2017. [12080/17]

101. **Deputy Éamon Ó Cuív** asked the Minister for Health the targets in place for reducing outpatient waiting times in University College Hospital, Galway in 2017. [12117/17]

Minister for Health (Deputy Simon Harris): I propose to take Questions Nos. 48, 53, 60 and 101 together.

This Government is committed to reducing waiting times for patients, both for patients waiting for inpatient or daycase procedures and for outpatient appointments.

During 2016, there has been evidence of a considerable increase in demand for health services, as our population grows and ages.

In order to reduce the numbers of long-waiting patients, the HSE is currently developing Waiting List Action Plans for 2017 in the area of Inpatient Daycase, Scoliosis and Outpatient Services.

Draft Waiting List Action Plans for Inpatient Daycase and Scoliosis have been submitted. My Department is currently reviewing these plans and engagement is ongoing with the HSE and the NTPF.

In addition, in November, the HSE launched the Strategy for the Design of Integrated Outpatient Services 2016-2020. This strategy seeks to improve waiting times for outpatient services in the long term by restructuring referral pathways and utilising technology to improve service delivery. The HSE has also significantly progressed the development of a draft Outpatient Waiting List Action Plan. In this Plan, the HSE will identify proposals to reduce the number of patients waiting long periods of time for outpatient appointments across all hospitals.

I expect to make known the details of the HSE's Outpatient Waiting List Action Plan in the coming weeks.

Question No. 49 answered with Question No. 44.

Hospital Services

50. **Deputy Eugene Murphy** asked the Minister for Health if he will provide a progress report on the proposed ten bed rehabilitation unit at Roscommon University Hospital. [12128/17]

Minister of State at the Department of Health (Deputy Finian McGrath): As the Deputy's question relates to service matters, I have arranged for the question to be referred to the Health Service Executive for direct reply to the Deputy.

Hospital Waiting Lists

51. **Deputy Mary Butler** asked the Minister for Health his plans to address the 6,906 patients on a waiting list in University Hospital Waterford for an ear, nose and throat appointment; if he will purchase capacity under the NTPF to significantly reduce this waiting list, which is

one of the highest in the country; and if he will make a statement on the matter. [11793/17]

88. **Deputy Mary Butler** asked the Minister for Health his plans to address the 6,376 orthopaedic patients on a waiting list in University Hospital Waterford; if he will purchase capacity under the NTPF to significantly reduce this waiting list which is the highest in the country; and if he will make a statement on the matter. [11792/17]

Minister for Health (Deputy Simon Harris): I propose to take Questions Nos. 51 and 88 together.

This Government is committed to reducing waiting times for patients, both for patients waiting for inpatient or daycase procedures and for outpatient appointments.

During 2016, there has been evidence of a considerable increase in demand for health services, as our population grows and ages.

In order to reduce the numbers of long-waiting patients, the HSE is currently developing Waiting List Action Plans for 2017 in the area of Inpatient Daycase, Scoliosis and Outpatient Services.

Draft Waiting List Action Plans for Inpatient Daycase and Scoliosis have been submitted. My Department is currently reviewing these plans and engagement is ongoing with the HSE and the NTPF.

In addition, in November, the HSE launched the Strategy for the Design of Integrated Outpatient Services 2016-2020. This strategy seeks to improve waiting times for outpatient services in the long term by restructuring referral pathways and utilising technology to improve service delivery. The HSE has also significantly progressed the development of a draft Outpatient Waiting List Action Plan. In this Plan, the HSE will identify proposals to reduce the number of patients waiting long periods of time for outpatient appointments across all hospitals.

I expect to make known the details of the HSE's Outpatient Waiting List Action Plan in the coming weeks.

Mental Health Services Provision

52. **Deputy Tony McLoughlin** asked the Minister for Health the status of the development of a new 25 bed mental health unit at Sligo University Hospital; the status of the plans to develop mental health and CAMHS services in the northwest region; and if he will make a statement on the matter. [11826/17]

Minister of State at the Department of Health (Deputy Helen McEntee): As this is a service issue, this question has been referred to the HSE for direct reply.

Question No. 53 answered with Question No. 48.

Maternity Services Provision

54. **Deputy Louise O'Reilly** asked the Minister for Health the current level of provision of anomaly scans to persons in the public health system; the timeframe of plans to roll out these scans to all maternity sites; when the clinical guidance in respect of provision of detailed routine scans at 20 weeks will be developed and published; if this scan will be available as a matter

of choice and personal decision or if it will be confined strictly to clinical guidance and recommendation; and if he will make a statement on the matter. [11891/17]

Minister for Health (Deputy Simon Harris): I am advised that foetal anomaly scans are available in all Hospital Groups. Those hospitals/maternity units currently providing anomaly scans accept referrals from other maternity units, if requested. This occurs where the medical team in the referring maternity unit consider that an anomaly scan is clinically indicated.

The National Maternity Strategy is very clear that all women must have equal access to standardised ultrasound services and, consequently, the issue of anomaly scanning is a priority issue for the newly established HSE National Women and Infants Health Programme (NWIHP). An early priority for the Programme will be to develop clinical guidance regarding routine detailed scans at 20 weeks. In the meantime, the NWIHP will continue to work with the six Hospital Groups to assist in increasing access to anomaly scans for those units with limited availability.

One of the current challenges to increase access to anomaly scans is the recruitment of ultrasonographers. In this context it is expected that the establishment of maternity networks across hospital groups will assist in developing a sustainable model that ensures that all women within each hospital group can access anomaly scans.

In relation to your specific service queries, I have asked the HSE to reply to you directly.

Hospital Beds Data

55. **Deputy Aengus Ó Snodaigh** asked the Minister for Health further to Parliamentary Question No. 38 of 1 February 2017, if he will highlight, of those 105 beds that are closed due to staffing constraints, the staff that are needed; the number of nurses that have taken up and left employment respectively in the acute hospital sector since the start of 2017; and if he will make a statement on the matter. [11893/17]

Minister for Health (Deputy Simon Harris): In relation to the particular query raised, as this is a service matter, I have asked the HSE to respond to you directly.

Non-Consultant Hospital Doctors Remuneration

56. **Deputy Dara Calleary** asked the Minister for Health the total cost of the deal reached between the Health Service Executive and the Irish Medical Organisation for the restoration of the living out allowance for non-consultant doctors; the source of the money for same; and if he will make a statement on the matter. [10592/17]

Minister for Health (Deputy Simon Harris): The Living Out Allowance was abolished for new entrant non-consultant hospital doctors (Intern, Senior House Officer and Registrar grades) in 2012. Following the agreement reached last month the allowance will be incorporated in to the basic salary of these doctors from 1 July 2017. It is estimated that this will cost approximately €16 million in a full year and €8 million in 2017. This restoration will be implemented and funded in the context of the forthcoming Public Sector Pay Talks.

Medicinal Products Prices

57. **Deputy Mick Barry** asked the Minister for Health his views on the high prices charged

by pharmaceutical companies, including those with operations here, for essential medicines; and if he will make a statement on the matter. [12061/17]

Minister for Health (Deputy Simon Harris): The issue of affordability and access to medicines is a major challenge for the Irish health service and for systems internationally. It is important that we take steps to ensure that a sustainable supply of medicines. This Government is committed to reducing the cost of medicines for Irish patients and a number of actions are currently reducing medicine costs.

In relation to new medicines, the Health (Pricing and Supply of Medical Goods) Act 2013 sets out the conditions under which new medicines can be reimbursed in the community drugs schemes. Before approving reimbursement of a new medicine, the HSE is required to consider a number of criteria, including the potential or actual impact of a medicine, its cost-effectiveness, the health needs of the public and the resources available to the HSE. The HSE therefore undertakes a robust analysis of the pricing points of new medicines and this is factored into negotiations with manufacturers. In the negotiation process, the HSE will often seek significant price reductions so that medicines reimbursed are both cost-effective and affordable.

The pricing arrangement agreed with IPHA last year is providing ongoing and increasing savings, both for the taxpayer and for patients in pharmacies. Under the 2016 Framework Agreement, medicines are now subject to an annual downward only price realignment. In addition, the price will ensure that the State achieves better value for money on the cost of medicines as prices in the reference countries are adjusted downwards over time. It also ensures that the prices paid by Ireland remain in line with other member states. The agreement, which also includes a rebate of 5.25% is estimated to reduce expenditure on medicines by up to €750 million over 4 years.

Reference pricing for generics is also an important pricing mechanism. Medicines which are off patent are subject to generic substitution and reference pricing. The list of medicines approved for substitution, which allows pharmacies to dispense the most cost effective version of a drug to patients continues to expand.

The introduction of biosimilars, the equivalent of generics for very expensive and complex biologic products, will free up significant resources to allow more people to be treated across the health system. The estimated expenditure in Ireland on six biologic medicines that are due to lose exclusivity over the next 3 years was approximately €170 million in 2015. My department is developing a biosimilars policy in order to maximise the benefit of these products throughout clinical decision making and supply. Recognising the importance of biosimilar medicines, the 2016 framework agreement included a 30% reduction on the price of a biologic medicine when a biosimilar is launched in Ireland.

International cooperation on pricing and reimbursement of new medicines is also an opportunity to secure better value for individual medicines. In June 2016, the Employment, Social Policy, Health and Consumer Affairs Council adopted conclusions on strengthening the balance in the pharmaceutical systems in the EU and its member states. Those conclusions invited member states to explore opportunities for cooperation on pricing and reimbursement of medicines and to identify areas for cooperation which could contribute to affordability and better access to medicines. I have indicated my support for these measures and I welcome the opportunity for member states to cooperate by sharing information, so that we can achieve affordable and sustainable access to medicines.

In addition, I used the opportunity at the second Round Table meeting for European Health Ministers and heads of Europe-based pharmaceutical companies in Portugal last December, and the recent OECD meeting in January, to engage with Ministers from other countries on how to

address the challenge of securing access to new medicines for citizens at an affordable price.

The commitment to reduce the cost of medicines includes reducing prescription charges for medical card holders. I have begun this process by reducing the prescription charge and monthly cap for medical card holders over 70, and their dependants, on an administrative basis, pending the enactment of the required legislation.

My department continues to examine new ways to achieve efficiencies in the cost of medicines. The HSE keeps the price of medicines under ongoing review, and works continuously to achieve greater efficiencies in the areas of drug pricing, supply and distribution. The Executive has a number of initiatives already underway or in development, particularly under the National Drug Cost Management Programme and the Medicines Management Programme, which provides national leadership relating to issues such as the quality of the medicines management process, access to medicines and overall expenditure on medicines.

Maternity Services Provision

58. **Deputy Niamh Smyth** asked the Minister for Health his plans to implement the 20 week anomaly scan on site at Cavan General Hospital; and if he will make a statement on the matter. [11898/17]

Minister for Health (Deputy Simon Harris): I am advised that foetal anomaly scans are available in all Hospital Groups. Those hospitals/maternity units currently providing anomaly scans accept referrals from other maternity units, if requested. This occurs where the medical team in the referring maternity unit consider that an anomaly scan is clinically indicated.

The National Maternity Strategy is very clear that all women must have equal access to standardised ultrasound services and, consequently, the issue of anomaly scanning is a priority issue for the newly established HSE National Women and Infants Health Programme (NWIHP). An early priority for the Programme will be to develop clinical guidance regarding routine detailed scans at 20 weeks. In the meantime, the NWIHP will continue to work with the six Hospital Groups to assist in increasing access to anomaly scans for those units with limited availability.

One of the current challenges to increase access to anomaly scans is the recruitment of ultrasonographers. In this context it is expected that the establishment of maternity networks across hospital groups will assist in developing a sustainable model that ensures that all women within each hospital group can access anomaly scans.

In relation to your specific query regarding Cavan General Hospital, I have asked the HSE to reply to you directly.

Orthodontic Services Provision

59. **Deputy Richard Boyd Barrett** asked the Minister for Health if he will ensure a replacement consultant orthodontist in Loughlinstown hospital to address the fact that persons in need of orthodontic surgery cannot get a referral to St. James's Hospital as was the case in the past; and if he will make a statement on the matter. [12068/17]

Minister for Health (Deputy Simon Harris): As this is a service matter it has been referred to the HSE for reply to the Deputy.

Question No. 60 answered with Question No. 48.

Hospital Waiting Lists

61. **Deputy Willie O’Dea** asked the Minister for Health the targets in place for reducing outpatient waiting times in Limerick University Hospital in 2017. [12103/17]

69. **Deputy Niall Collins** asked the Minister for Health the targets in place for reducing outpatient waiting times in the Mid Western Regional Hospital, Croom in 2017. [12104/17]

Minister for Health (Deputy Simon Harris): I propose to take Questions Nos. 61 and 69 together.

This Government is committed to reducing waiting times for patients, both for patients waiting for inpatient or daycase procedures and for outpatient appointments.

During 2016, there has been evidence of a considerable increase in demand for health services, as our population grows and ages.

In order to reduce the numbers of long-waiting patients, the HSE is currently developing Waiting List Action Plans for 2017 in the area of Inpatient Daycase, Scoliosis and Outpatient Services.

Draft Waiting List Action Plans for Inpatient Daycase and Scoliosis have been submitted. My Department is currently reviewing these plans and engagement is ongoing with the HSE and the NTPF.

In addition, in November, the HSE launched the Strategy for the Design of Integrated Outpatient Services 2016-2020. This strategy seeks to improve waiting times for outpatient services in the long term by restructuring referral pathways and utilising technology to improve service delivery. The HSE has also significantly progressed the development of a draft Outpatient Waiting List Action Plan. In this Plan, the HSE will identify proposals to reduce the number of patients waiting long periods of time for outpatient appointments across all hospitals.

National Treatment Purchase Fund Waiting Times

62. **Deputy Thomas P. Broughan** asked the Minister for Health if he will report on the reactivation of the National Treatment Purchase Fund to tackle excessive waiting lists; the amount of funding and resources that will be provided to this; the areas that will be prioritised; the impact in waiting times he expects for key operation waiting lists; and if he will make a statement on the matter. [11900/17]

Minister for Health (Deputy Simon Harris): In December 2016, I granted approval to the NTPF to dedicate €5m to a daycase waiting list initiative with the aim of ensuring that no patient will be waiting more than 18 months for a daycase procedure by 30 June 2017. In excess of 2,000 daycases will be managed through this process. The NTPF expects that patients will start to receive their appointments in March. The majority of daycase procedures delivered under this Initiative will be in the areas of ENT, Ophthalmology, General Surgery Dental, Urology and Vascular Surgery.

The HSE is currently developing a 2017 Waiting List Action Plan for inpatient/daycase procedures to ensure that no patient is waiting more than 15 months by the end of October. The Plan is being developed in conjunction with the NTPF’s approach for utilisation of its remaining €10m funding for patient treatment in 2017. The Draft Plan is currently being reviewed by my Department and engagement is ongoing with the HSE and the NTPF towards its finalisation.

During 2017 the €15m of funding allocated to the NTPF for patient treatment will be dedicated to inpatient and daycase procedures.

Mental Health Services Provision

63. **Deputy John McGuinness** asked the Minister for Health the targets in place for the recruitment of CAMHS personnel in CHO 5 during 2017. [12082/17]

Minister of State at the Department of Health (Deputy Helen McEntee): As this is a service issue, this question has been referred to the HSE for direct reply.

Maternity Services Provision

64. **Deputy Ruth Coppinger** asked the Minister for Health his views on the lack of access to scans for pregnant women; his plans to enable access for all; and if he will make a statement on the matter. [12074/17]

Minister for Health (Deputy Simon Harris): I am advised that foetal anomaly scans are available in all Hospital Groups. Those hospitals/maternity units currently providing anomaly scans accept referrals from other maternity units, if requested. This occurs where the medical team in the referring maternity unit consider that an anomaly scan is clinically indicated.

The National Maternity Strategy is very clear that all women must have equal access to standardised ultrasound services and, consequently, the issue of anomaly scanning is a priority issue for the newly established HSE National Women and Infants Health Programme (NWIHP). An early priority for the Programme will be to develop clinical guidance regarding routine detailed scans at 20 weeks. In the meantime, the NWIHP will continue to work with the six Hospital Groups to assist in increasing access to anomaly scans for those units with limited availability.

One of the current challenges to increase access to anomaly scans is the recruitment of ultrasonographers. In this context it is expected that the establishment of maternity networks across hospital groups will assist in developing a sustainable model that ensures that all women within each hospital group can access anomaly scans.

In relation to your specific service query, I have asked the HSE to reply to you directly.

Hospital Procedures

65. **Deputy David Cullinane** asked the Minister for Health the way in which UHW and the South/Southwest Hospital Group will provide both planned and emergency PPCI work at the cardiac unit at UHW with one lab; if this goes against the recommendation of the Herity report; his views on whether it is possible and safe to provide both planned and emergency work for the effective population with a single lab; and if he will make a statement on the matter. [11824/17]

Minister for Health (Deputy Simon Harris): As the Deputy will be aware, an independent report undertaken by Dr Niall Herity recommended that the provision of PPCI services at UHW should cease, in order to allow the hospital to focus on the much larger volume of planned cath lab work. However, as I have made clear, before any changes are made to how a service is delivered, I want to establish how services are improved for the patients using that service. Therefore, the implications of ceasing primary PCI services at UHW will be addressed

by undertaking a national review of all primary PCI services with the aim to ensure that as many patients as possible have access on a 24/7 basis to safe and sustainable emergency interventions following a heart attack.

I should also mention that while Dr Herity found that the needs of the effective catchment population of UHW can be accommodated in a single cath lab, he recommended increased investment in cardiology services at the hospital. I am therefore pleased to confirm that an additional €.5m funding has been provided to UHW in 2017 which will enable the hospital to provide 2 additional cath lab sessions (8 hours) per week. The UHW cath lab will now be funded to provide 12 sessions i.e. 48 hours activity per week.

Electronic Health Records

66. **Deputy Aengus Ó Snodaigh** asked the Minister for Health the status of an evaluation being undertaken by his Department in respect of the business case for a national electronic health record, EHR; the time it will take to deliver a full EHR; and if he will make a statement on the matter. [11892/17]

Minister for Health (Deputy Simon Harris): The Government is committed to improving the position of eHealth and ICT in the health delivery system as highlighted in the specific Programme for Partnership Government commitment where it is stated that “We will mandate the HSE to engage strategic partners to help with the planning, financing and roll-out of a 21st century ICT health infrastructure, working towards the universal use of data to improve integrated care and outcomes across primary and secondary care”. It is also noteworthy that the Oireachtas Committee on Future Health in its 2nd Interim Report in January 2017 noted that all stake holders that came before the Committee highlighted the need to develop electronic healthcare records in the healthcare system. In 2013 my Department published an eHealth strategy which outlined a way forward to improve the use of information technology including electronic healthcare records to support health care efficiency and importantly patient safety.

In order to improve the penetration of ICT across the health services and to provide an integration capability to support new models of care, significant new systems deployments, that can provide the necessary patient information across the continuum of care, particularly between Primary/Community and the Acute sector, are now required. This is what the National Electronic Health Record Programme business case is designed to do by providing, a structured, prioritised approach to the deployment of core technology to allow information to flow between the various care settings and also within those settings. It is a programme of work to make patient information available through technology to support improved patient care, safety and efficiency. It is not a single system or technology but a structured coherent programme to improve the quality and the availability of information across the system, facilitated by the Individual Health Identifier to provide the necessary integration. It is worth noting that the National EHR programme has been designed to specifically build on the investments to date in the current suite of systems such the patient administration systems, radiology and other ICT projects and to avoid a big bang approach and unnecessary disruption to current key systems. The EHR business case looks at 5 year and 9 year scenarios.

The scale and the scope of this investment programme is significantly larger than any other information technology programmes to date in Irish health care and the linkage with the provision of an electronic health record in the context of the New Children’s Hospital is also being examined. Technology projects in the public sector using voted funds require a peer review process with the Office of Chief Government Information Officer (OGCIO) in the Department of Public Expenditure and Reform. My Department is working closely with the OGCIO and

other stakeholders to develop a robust independent review mechanism appropriate to the scale and complexity of the investment required and its is also being considered in the context of the Mid Year Capital Review currently underway.

Disabilities Assessments

67. **Deputy Margaret Murphy O'Mahony** asked the Minister for Health the action being taken by the HSE to ensure that children requiring assessments for services under the Disability Act 2005 receive them within the statutory timeframe. [12089/17]

Minister of State at the Department of Health (Deputy Finian McGrath): The Government is committed to providing services and supports for people with disabilities which will empower them to live independent lives, provide greater independence in accessing the services they choose, and enhance their ability to tailor the supports required to meet their needs and plan their lives. This commitment is outlined in the Programme for Partnership Government, which is guided by two principles: equality of opportunity and improving the quality of life for people with disabilities.

As the Deputy's question relates to service matters, I have arranged for the question to be referred to the Health Service Executive (HSE) for direct reply to the Deputy.

Mental Health Policy

68. **Deputy Thomas Pringle** asked the Minister for Health the status of the forthcoming review of the mental health policy, *A Vision for Change*; the timeframe for the development of a new national mental health policy; and if he will make a statement on the matter. [12064/17]

Minister of State at the Department of Health (Deputy Helen McEntee): *'A Vision for Change'* has guided national mental health policy for the past 10 years and its term came to an end in 2016. The Department of Health recently commissioned an expert evidence review and analysis of national and international best practice in the development and delivery of mental health services, including an assessment of the current delivery of mental health services in Ireland. This review of evidence has now been completed and will inform the parameters of the ongoing review of mental health policy.

Consideration is currently being given to establishing an appropriate oversight structure for the mental health policy review process, based on the outcome of the expert review.

Question No. 69 answered with Question No. 61.

Hospitals Data

70. **Deputy Jack Chambers** asked the Minister for Health the reason there has been an apparent drop in the number of elective procedures despite the increased health budget; and if he will make a statement on the matter. [12057/17]

Minister for Health (Deputy Simon Harris): Performance of the public acute hospital sector must be considered within the context of the totality of hospital activity.

Data reported in the HSE Performance Report October to December 2016, indicate that,

up to the end of November 2016, while elective inpatient discharges had reduced by 1.6% in comparison with the same period in 2015, daycase discharges increased by 1.9%. In addition, data to the end of November with respect to emergency inpatient discharges showed an increase of 4.2% in comparison with the same period in 2015, while 2016 saw an increase in ED attendances of 4.6% over the equivalent period in 2015.

This Government is committed to improving access to, and enhancing, health services. This commitment is reflected in the allocation in 2017 of the highest ever health budget of €14.6 billion.

In terms of increasing staffing, from 31 January 2016 - 2017, 135 additional hospital consultants, 216 extra non-consultant hospital doctors and 415 additional nurses and midwives have been employed by the HSE.

As the reduction of waiting times for the longest waiting patients is one of the Government's key priorities, €20 million has been allocated to the NTPF in the Budget 2017, rising to €55 million in 2018. This funding will be dedicated to the provision of daycase and inpatient treatment to patients. Under the NTPF Daycase Initiative 2017, patients will commence receiving treatment during March.

Further, under the 'Winter Initiative Plan 2016-2017' €40 million of additional funding was provided to manage the expected winter surge in demand for hospital care, in an integrated way across primary, acute and social care. So far, the Initiative has delivered 90 additional beds in the Mercy Hospital Cork, University Hospital Galway, the Mater, Beaumont and Mullingar Hospital. A reduction in delayed discharges nationally from a high of 659 earlier in 2016 to 517 this week, has made additional hospital bed capacity available to alleviate ED pressures.

I, and my Department, continue to meet with senior HSE officials on a weekly basis to monitor performance regarding EDs and waiting lists.

HSE Funding

71. **Deputy Bobby Aylward** asked the Minister for Health if he will ensure that the HSE expedites the allocation of funding to a service (details supplied) which is the only residential detoxification and treatment service for adolescents in the country; and if he will make a statement on the matter. [12065/17]

Minister of State at the Department of Health (Deputy Catherine Byrne): In the 2017 budget, an additional €3m has been provided for a number of measures aimed at improving the health outcomes of those affected by addiction issues. The increased funding will support the development of a pilot supervised injection facility in Dublin city centre, the wider availability of alternative opiate substitution treatments for those who are not suited to methadone, improved services for under 18s and more detoxification beds.

I understand from the Health Service Executive that the addiction services in Community Health Organisation 5 are currently working with Aiséirí to review the model of services provided in Aislínn. As the specific issue raised by the Deputy relates to a service issue, I have referred it to the Health Service Executive for attention and direct reply to the Deputy.

Medical Card Administration

72. **Deputy Martin Ferris** asked the Minister for Health the data collection processes that

exist in respect of the return of medical cards following death; the number of medical cards that were returned and cancelled as a result of patient death in each of the past five years; the number of death certificates signed by general practitioners in respect of GMS patients; the number of medical cards that were not reissued following the expiration date as a result of the death of a patient; and if he will make a statement on the matter. [11896/17]

Minister for Health (Deputy Simon Harris): The Health Service Executive has been asked to examine this matter and to reply to the Deputy as soon as possible.

The Health Service Executive operates the General Medical Services scheme, which includes medical cards and GP visit cards, under the Health Act 1970, as amended. It has established a dedicated contact service for members of the Oireachtas specifically for queries relating to medical cards and GP visit cards, which the Deputy may wish to use for an earlier response. Contact information was issued to Oireachtas members.

Legislative Process

73. **Deputy Pat Buckley** asked the Minister for Health the status of the Cannabis for Medicinal Use Regulation Bill 2016; and if he will make a statement on the matter. [12039/17]

Minister for Health (Deputy Simon Harris): As you will be aware, the Cannabis for Medicinal Use Regulation Bill 2016 is a private members bill and not a Government Bill. All such questions related to the Bill should be addressed to either Deputy Gino Kenny T.D. or Deputy Bríd Smith T.D..

As the Deputy will also be aware, I did not oppose the Bill at Second Stage, despite having a number of serious concerns with aspects of it, in light of the shared desire of many Oireachtas to try to make progress on this matter on behalf of patients. Therefore, it is continuing in the legislative process and I understand is due for pre-legislative scrutiny at the Oireachtas Health Committee next month.

Ambulance Service Funding

74. **Deputy Catherine Connolly** asked the Minister for Health the additional resources that have been made available by his Department to the National Ambulance Service in 2017; and if he will make a statement on the matter. [11885/17]

Minister for Health (Deputy Simon Harris): The Programme for a Partnership Government commits to additional annual investment in terms of ambulance personnel and vehicles. In that regard, an additional sum of €3.6m has been made available to the National Ambulance Service (NAS) in 2017, which includes €1m to fund new developments. The total funds available to the NAS this year, as set out in the National Service Plan 2017, is therefore €155m.

Development funding will be used to continue service improvements with the recruitment and training of additional staff, the development of alternative care pathways such as *Hear and Treat*, and the implementation of the Electronic Patient Care Record.

Mental Health Services Staff

75. **Deputy Anne Rabbitte** asked the Minister for Health the number of additional CAMHS

personnel which each CHO plans to recruit in 2017 in tabular form; and if he will make a statement on the matter. [12124/17]

Minister of State at the Department of Health (Deputy Helen McEntee): As this is a service issue, this question has been referred to the HSE for direct reply.

Hospitals Capital Programme

76. **Deputy Peter Burke** asked the Minister for Health the status of the major capital plan for the Midlands Regional Hospital, Mullingar, which includes four new operating theatres, a new endoscopy unit, a new stroke unit and a new Intensive care unit; and if he will make a statement on the matter. [11902/17]

Minister for Health (Deputy Simon Harris): My Department is working with the HSE and the Department of Public Expenditure and Reform to conduct a mid-term review of the capital programme. My Department will also conduct a Bed Capacity Review which will assess projected health care needs over the next decade and the associated infrastructural requirements to meet these needs.

Future investment in hospitals must be considered within the overall acute hospital sector infrastructure programme, the prioritised needs of the hospital groups and within the overall capital envelope available to the health service. The HSE will continue to apply the available funding for infrastructure development in the most effective way possible to meet current and future needs, having regard to the level of commitments and the costs to completion already in place.

In relation to the specific service issue raised, I have asked the HSE to respond to you directly.

Autism Support Services

77. **Deputy Clare Daly** asked the Minister for Health the steps he has taken or will take to improve the quality of service provided to children with autism; if he is satisfied with the service currently provided by Beechpark services; and if he will make a statement on the matter. [11822/17]

Minister of State at the Department of Health (Deputy Finian McGrath): The Government is committed to providing services and supports for people with disabilities which will empower them to live independent lives, provide greater independence in accessing the services they choose, and enhance their ability to tailor the supports required to meet their needs and plan their lives. This commitment is outlined in the Programme for Partnership Government, which is guided by two principles: equality of opportunity and improving the quality of life for people with disabilities.

As the Deputy's question relates to service matters, I have arranged for the question to be referred to the Health Service Executive (HSE) for direct reply to the Deputy.

Services for People with Disabilities

78. **Deputy Robert Troy** asked the Minister for Health when the service improvement re-

view of St Christopher's, Longford and St Hilda's, Athlone will be published. [12084/17]

Minister of State at the Department of Health (Deputy Finian McGrath): The Government is committed to providing services and supports for people with disabilities which will empower them to live independent lives, provide greater independence in accessing the services they choose, and enhance their ability to tailor the supports required to meet their needs and plan their lives. This commitment is outlined in the Programme for Partnership Government, which is guided by two principles: equality of opportunity and improving the quality of life for people with disabilities.

As the Deputy's question relates to service matters, I have arranged for the question to be referred to the Health Service Executive (HSE) for direct reply to the Deputy.

General Medical Services Scheme

79. **Deputy Mick Wallace** asked the Minister for Health the steps he is taking to enforce certain provisions of the Health Act 1970, specifically, to ensure that persons covered by the general medical services scheme are not being incorrectly charged for routine phlebotomy services and other generalised medical services provided by their general practitioner; and if he will make a statement on the matter. [11904/17]

Minister for Health (Deputy Simon Harris): There is no provision under the GP GMS contract for persons who hold a medical card or GP visit card to be charged for routine phlebotomy services provided by their GP, or the Practice Nurse on behalf of the GP, which are required to either assist in the diagnosis of illness or the treatment of a condition. The HSE has advised GPs that where a blood test forms part of the investigation or necessary treatment of a patient's symptoms or conditions, this should be free of charge for patients who hold a medical card or GP visit card. Notwithstanding this, I understand that in recent times, some GPs are charging GMS patients for these services.

If a patient who holds a medical card or GP visit card believes he or she has been incorrectly charged for routine phlebotomy services by his or her GP, then that patient may make a complaint to the HSE Local Health Office, who will deal with the matter in accordance with the HSE's Complaints Policy.

In order to achieve clarity on this issue, I have asked that any difference of perspective in relation to the provision of phlebotomy services be addressed in the GP contractual review. I am pleased that initial engagement with GP representative bodies to progress this process has commenced and I look forward to constructive and positive further engagements.

Hospital Services

80. **Deputy Margaret Murphy O'Mahony** asked the Minister for Health his plans in place to expand services at Bantry hospital; and if he will make a statement on the matter. [12088/17]

Minister of State at the Department of Health (Deputy Helen McEntee): As this is a service matter it has been referred to the Health Service Executive for direct reply.

Accident and Emergency Departments

81. **Deputy Niamh Smyth** asked the Minister for Health his plans to refurbish the emergency department at Cavan General Hospital; and if he will make a statement on the matter. [11839/17]

110. **Deputy Brendan Smith** asked the Minister for Health if he will ensure that a project (details supplied) is included in the 2017 HSE capital programme due to the inadequate facilities at the health facility at present; and if he will make a statement on the matter. [11820/17]

Minister for Health (Deputy Simon Harris): I propose to take Questions Nos. 81 and 110 together.

The Emergency Department in Cavan has been performing well this winter and is not currently a site of concern.

The RCSI Hospital Group has identified the need for development of the resuscitation area in Cavan Emergency Department. Any future investment in Cavan General Hospital must be considered within the overall acute hospital infrastructure programme, the prioritised needs of the hospital groups and within the overall capital envelope available to the health service.

The HSE will continue to apply the available funding for infrastructure development in the most cost effective way possible to meet current and future needs, having regard to the level of commitments and costs to completion already in place. During 2017 my Department will work with the HSE and the Department of Public Expenditure and Reform to conduct a mid-term review of the capital programme.

Mental Health Services

82. **Deputy Gino Kenny** asked the Minister for Health if his Department has been in touch with or has received any reports from the HSE with regard to the ongoing issue of children with mental health difficulties being treated in adult mental health facilities. [7042/17]

Minister of State at the Department of Health (Deputy Helen McEntee): The reduction in the numbers of children admitted to adult psychiatric units has been a priority for the HSE Mental Health Services over recent years, and this important objective is reiterated in the 2017 HSE Service Plan.

Progress in this area has been significant since 2008 when there were 247 such admissions to adult units in that year. This declined to 68 in 2016, despite a background of increasing demands overall on Child and Adolescent Mental Health services. It is important to note, that the number of admissions does not necessarily equate to the actual number of children admitted, as an individual child may be admitted on more than one occasion in any given year. In 2016, there were a total of 380 Child and Adolescent Mental Health admissions, of which 312 (82%) were to age-appropriate units and 68 (18%) were to Adult Units. In terms of bed days used, in 2016, based on the most recent figures available, 97.4% of bed days used were in Child and Adolescent Inpatient Units. Performance generally continues to be above the HSE Service Plan target figure of 95%, and indications are that where a child has been admitted to an adult acute in-patient unit, the length of stay has been kept to a minimum.

The current HSE Service Plan allows for some operational flexibility surrounding emergency placements in Adult Units, particularly where very short-term placements take place. Full account is taken of all relevant factors such as the preferences of all those involved, and geographical factors relating to access or visiting. In this context, the HSE continues to closely monitor on a weekly basis all child admissions to adult units, with a view to minimising such

admissions as much as possible.

I, and my Department officials, regularly meet with the HSE to review various mental health issues, including the potential for further improvement on age appropriate CAMHS admissions. In addition, relevant data is published as part of the monthly Performance Reports, available on the HSE website, and this is subject to regular monitoring by the Department of Health. I will continue to engage with the Executive over coming months, on possible additional Child and Adolescent Mental Health acute beds, and also further enhancing community based care for young people nationally, as additional mental health staffing comes on-stream. Bearing in mind all the circumstances, I am satisfied that, where children have to be placed short-term in adult mental health units, the Executive makes any special arrangements necessary, such as one-to-one care, to protect and monitor these young people. The Mental Health Commission is also notified of such admissions.

Primary Care Centres Data

83. **Deputy Billy Kelleher** asked the Minister for Health the number of centres with regard to the primary care centre projects announced on 17 July 2012 that are now open; and if he will make a statement on the matter. [12081/17]

Minister for Health (Deputy Simon Harris): Delivery of primary care infrastructure is a dynamic process, constantly evolving to take account of changing circumstances including the feasibility of implementation. The following table gives details of the 35 locations and their current status including opening dates. One of these primary care centres is already operational and a further six are projected to open in 2017 and ten in 2018. However, it should be noted that 56 primary care centres have been opened since 2011.

In addition to the primary care centres shown in the following table a further 13 primary care centres are projected to open in 2017 or early 2018.

Count	HSE Region	County	Location/PCT Name	Delivery Method	Project Status - Q4 2016: PQ 12081/17 answer date 08/03/2017
1	DML	Dublin	Rowlagh/North Clondalkin	Direct build	Stage 2a design team report completed. HSE finalising purchase agreement of site at Collinstown Park School. Purchase agreement is subject to planning permission being granted for the development.
2	DML	Dublin	Curlew Road/Crumlin/Drimnagh	Direct build	Planning permission in place
3	DML	Dublin	Knocklyon/Rathfarnham	Direct build	Planning permission in place
4	DML	Wicklow	Rathdrum	Operational Lease	Planning approved. HSE has finalised layouts. Construction due to commence to commence Q2 2017 and projected to open Q3 2018
5	DML	Kildare	Kilcock	PPP	In construction. Projected opening 2018
6	DNE	Dublin	Coolock/Darndale	PPP	In construction. Projected opening 2018
7	DNE	Dublin	Summerhill, north inner city Dublin	PPP	In construction. Projected opening 2018
8	DNE	Dublin	Balbriggan	Operational Lease	Construction completed, projected to open Q2 2017
9	DNE	Dublin	Swords	Operational Lease	Expressions of interest received. Currently being reviewed

Questions - Written Answers

Count	HSE Region	County	Location/PCT Name	Delivery Method	Project Status - Q4 2016: PQ 12081/17 answer date 08/03/2017
10	DNE	Louth	Drogheda north	Operational Lease	Developer re-engaged. Existing building requires fit-out. If legal discussions complete successfully, projected completion Q1 2018 and operational Q2 2018.
11	DNE	Meath	Laytown and Bettystown	Operational Lease	Project is progressing as operational lease. Schedule of accommodation under review
12	DNE	Meath	Kells	Operational Lease	Operational since Q1 2016
13	DNE	Monaghan	Carrickmacross	Operational Lease	Viable expression of interest has recently been received. Currently waiting for formal submissions.
14	South	Carlow	Tullow/Rathvilly/Hacketstown	Direct build	Adjoining landowner has re-engaged with HSE. Options being reviewed.
15	South	Kilkenny	Kilkenny city (East)	Operational Lease	Priced offer approved. Letter of Intent issued.
16	South	Wexford	Wexford town	PPP	In Construction. Projected opening 2018
17	South	Waterford	Dungarvan	PPP	In Construction. Projected opening 2018
18	South	Waterford	Waterford city (east)	PPP	In Construction. Projected opening 2018
19	South	Cork	Cork city - Ballyphehane/Togher/Greenmount/The Lough	Operational Lease	Stage 3 submissions under review
20	South	Kerry	Tralee	Operational Lease	Stage 3 submissions under review
21	South	Tipperary	Carrick-on-Suir	PPP	In Construction. Projected opening 2018
22	South	Tipperary	Clonmel	Operational Lease	Awaiting stage 3 submissions
23	West	Tipperary	Thurles	Operational Lease	Letter of Intent issued 10/12/2015. Project progressing towards Agreement for Lease.
24	West	Limerick	Limerick city (Ballinacurra/Weston)	PPP	In Construction. Projected opening late 2017
25	West	Clare	Ennis	Operational Lease	Expressions of interest received. Currently being reviewed
26	West	Galway	Tuam	PPP	In Construction. Projected opening late 2017
27	West	Galway	Gort	Operational Lease	Letter of Intent withdrawn 24/05/2016. Possible re-advertisement.
28	West	Roscommon	Boyle	PPP	In Construction. Projected opening late 2017
29	West	Roscommon	Ballaghadereen	Operational Lease	Letter of Intent issued 27/10/2015. Project progressing to Agreement for Lease.
30	West	Mayo	Westport	PPP	In Construction. Projected opening 2018
31	West	Mayo	Claremorris	PPP	In Construction. Projected opening late 2017
32	West	Sligo	Ballymote	PPP	In Construction. Projected opening late 2017
33	West	Donegal	Dungloe - An Clochán Liath	Operational Lease	Re-advertised for Operational Lease option. Expressions of interest received.
34	West	Donegal	Donegal town	Operational Lease	Expressions of interest received. Currently being reviewed

Coolock and Darndale were announced as two separate locations

While the Government's objective is to deliver a high quality, integrated and cost effective health care service the mechanism and timescale for delivery of primary care centres is dependent on a number of factors. Some of these factors are outside the control of the Health Service Executive. Regardless of the delivery mechanism, all potential primary care infrastructure is subject to suitable locations being offered/provided/available, to successful planning processes and GP commitment to sharing accommodation and delivering health care services with HSE staff. In addition the operational lease mechanism is subject to market pressures such as the developers' access to adequate financing.

Hospital Waiting Lists

84. **Deputy Kevin O'Keeffe** asked the Minister for Health if he will address the serious delays in ophthalmic appointments at Cork University Hospital; if his attention has been drawn to the fact that all five ophthalmic surgeons at the hospital have written to the hospital's risk management division warning that the hospital must accept full responsibility for any adverse consequences to patients as a result of the failure to adequately resource the doctors to carry out the service demanded of them; if his attention has been further drawn to the fact that as a result of inadequate capacity, patient appointments are being delayed beyond that clinically recommended; and if his attention has been drawn to the figures from surgeons at the hospital that show an estimated shortfall in capacity of 28,260 patient appointments per year. [11828/17]

Minister for Health (Deputy Simon Harris): This Government is committed to reducing waiting times for patients, both for patients waiting for inpatient or daycase procedures and for outpatient appointments.

During 2016, there has been evidence of a considerable increase in demand for health services, as our population grows and ages.

In order to reduce the numbers of long-waiting patients, the HSE is currently developing Waiting List Action Plans for 2017 in the area of Inpatient Daycase, Scoliosis and Outpatient Services.

Draft Waiting List Action Plans for Inpatient Daycase and Scoliosis have been submitted. My Department is currently reviewing these plans and engagement is ongoing with the HSE and the NTPF.

In addition, in November, the HSE launched the Strategy for the Design of Integrated Outpatient Services 2016-2020. This strategy seeks to improve waiting times for outpatient services in the long term by restructuring referral pathways and utilising technology to improve service delivery. The HSE has also significantly progressed the development of a draft Outpatient Waiting List Action Plan. In this Plan, the HSE will identify proposals to reduce the number of patients waiting long periods of time for outpatient appointments across all hospitals.

I expect to make known the details of the HSE's Outpatient Waiting List Action Plan in the coming weeks. In relation to your specific query regarding Cork University Hospital, I have asked the HSE to reply to you directly.

National Treatment Purchase Fund

85. **Deputy Eoin Ó Broin** asked the Minister for Health further to Parliamentary Question No. 125 of 1 February 2017, the exact details of his Department's robust monitoring framework

that will be implemented to ensure quality patient treatment, value for money and efficient processes in all NTPF initiatives; the person or body that will monitor the hospital performance on the criteria against which tenders will be evaluated; the chain of accountability that exists between the HSE, his Department and the NTPF in relation to waiting list initiatives and the way funding is spent; and if he will make a statement on the matter. [11894/17]

Minister for Health (Deputy Simon Harris): I wish to advise the Deputy that, in line with procurement practice, the criteria against which tenders received by the NTPF will be evaluated is set out in the tender documentation. These criteria consist of a combination of price per treatment and the experience of the hospital in providing similar treatments to its patients during 2016. The performance of each hospital against these criteria will be monitored by the NTPF on a constant basis.

Each hospital that is successful in the tendering process will be required to sign up to a formal comprehensive contract, which contains detailed provisions and obligations in relation to providing patient treatment, to ensure that all patient treatment delivered under the initiatives meet with the appropriate quality standards and that costs are in line with tendered prices. The detailed contract management process will be undertaken by the NTPF.

In addition to managing the tender process, the NTPF has developed a set of operational plans to ensure that all aspects of the patient treatment process are mapped and that the patient journey follows the agreed process to ensure quality outcomes for the patient and value for money for the State.

Furthermore the NPTF will be asked by the Department of Health to submit monthly reports on the number of patients treated, referring hospitals, treating hospitals, and treatment specialty. It may not be possible to make specific information on costs in relation to individual private hospitals available due to its commercial sensitivity, however, the NTPF will be required to provide to the Department of Health financial reports regarding the waiting list initiatives.

In relation to initiatives run by the NTPF, the Department will continue to engage on an ongoing basis bilaterally with the NTPF and in a tripartite manner with the NTPF and the HSE as appropriate to monitor their performance in the delivery of their targets in terms of reduction of waiting times for patients.

Health Screening Programmes

86. **Deputy Richard Boyd Barrett** asked the Minister for Health if he will initiate an early screening programme for scoliosis and adequate early intervention measures including physiotherapy as preventative measures which can reduce the need for invasive surgery and unnecessary deterioration and resulting suffering; and if he will make a statement on the matter. [12069/17]

Minister for Health (Deputy Simon Harris): I have recently been in contact with the Director General of the HSE on this matter and have asked my Department to review policy and provide me with advice.

Industrial Disputes

87. **Deputy Mick Barry** asked the Minister for Health his views on industrial action by nurses and the pay and conditions faced by nurses in public hospitals; and if he will make a

statement on the matter. [12060/17]

Minister for Health (Deputy Simon Harris): I am pleased that the INMO and SIPTU reached an understanding on nursing recruitment and retention issues by engaging with management through the State's industrial relations mechanisms and welcome the deferral of the threatened industrial action by the INMO that was scheduled to commence on the 7th March. I am pleased that the INMO will be recommending that their membership accept the proposals developed with the assistance of the Workplace Relations Commission and respect the process the INMO is now undertaking to ballot its members. If the membership accepts the management proposal it allows them to remain within the Lansdowne Road Agreement and benefit from it.

The initial conclusions of the Public Service Pay Commission, expected in Quarter 2 2017, will form the basis for discussions between parties to the Lansdowne Road Agreement on a successor to that Agreement. Arrangements are already in place to commence partial restoration of public service pay in 2017, reflecting the Government's recognition of the need to address pay and, at the same time, manage the public finances in a prudent manner. The first stage of the pay restoration will take effect from 1st April.

During recent engagement between this Department, the Department of Public Expenditure and Reform, the HSE, INMO and SIPTU to avert the proposed industrial action by the INMO scheduled for the 7th March, the management side supplied a joint proposal document setting out a number of specific measures to attract and retain nursing staff. The proposal includes extensive education and personal development opportunities for nurses and midwives to upskill, and a pilot pre-retirement initiative as a method of retaining the expertise of experienced nursing/midwifery staff. It also includes 127 promotional posts for staff nurses/midwives to Clinical Nurse/Midwife Manager 1. The management side is also positively disposed to a proposal from the union side for the restoration of a number of allowances for new entrant nurses and this consideration will be concluded in the upcoming pay talks in the summer.

I wish to reiterate my commitment to working with the staff unions to further improve and invest in the Irish health service and those who work within it in a fair and equitable manner.

Question No. 88 answered with Question No. 51.

HSE Waiting Lists

89. **Deputy Brendan Smith** asked the Minister for Health his plans to reduce waiting lists for orthopaedics in the north-east region with particular reference to the delays for patients in counties Cavan and Monaghan accessing assessments and treatment; and if he will make a statement on the matter. [11821/17]

Minister for Health (Deputy Simon Harris): Reducing waiting times for the longest-waiting patients is one of the Government's key priorities. It is for this reason that €20 million was allocated to the NTPF in the Budget 2017, rising to €55 million in 2018.

In December 2016, I granted approval to the NTPF to dedicate €5m to a daycase waiting list initiative with the aim of ensuring that no patient will be waiting more than 18 months for a daycase procedure by 30 June 2017. In excess of 2,000 daycases will be managed through this process. The NTPF expects that patients will start to receive their appointments in March.

In order to reduce the numbers of patients waiting long periods of time for inpatient and daycase treatment, including patients waiting for orthopaedic treatment, the HSE was asked to

develop a Waiting List Action Plan for 2017. The HSE has now submitted a draft Action Plan and my Department is currently reviewing the draft plan and is engaging with the HSE with a view to its finalisation.

Medicinal Products Prices

90. **Deputy Ruth Coppinger** asked the Minister for Health his plans to reduce the high prices charged by pharmaceutical companies for essential medicines; if any additional leverage can be exerted on companies with operations here; and if he will make a statement on the matter. [12075/17]

Minister for Health (Deputy Simon Harris): The issue of affordability and access to medicines is a major challenge for the Irish health service and for systems internationally. It is important that we take steps to ensure a sustainable supply of medicines. This Government is committed to reducing the cost of medicines for Irish patients and a number of actions are currently reducing medicine costs.

In relation to new medicines, the Health (Pricing and Supply of Medical Goods) Act 2013 sets out the conditions under which new medicines can be reimbursed in the community drugs schemes. Before approving reimbursement of a new medicine, the HSE is required to consider a number of criteria, including the potential or actual impact of a medicine, its cost-effectiveness, the health needs of the public and the resources available to the HSE. The HSE therefore undertakes a robust analysis of the pricing points of new medicines and this is factored into negotiations with manufacturers. In the negotiation process, the HSE will often seek significant price reductions so that medicines reimbursed are both cost-effective and affordable.

The pricing arrangement agreed with IPHA last year is providing ongoing and increasing savings, both for the taxpayer and for patients in pharmacies. Under the 2016 Framework Agreement, medicines are now subject to an annual downward only price realignment. In addition, the price will ensure that the State achieves better value for money on the cost of medicines as prices in the reference countries are adjusted downwards over time. It also ensures that the prices paid by Ireland remain in line with other member states. The agreement, which also includes a rebate of 5.25% is estimated to reduce expenditure on medicines by up to €750 million over 4 years.

Reference pricing for generics is also an important pricing mechanism. Medicines which are off patent are subject to generic substitution and reference pricing. The list of medicines approved for substitution, which allows pharmacies to dispense the most cost effective version of a drug to patients continues to expand.

The introduction of biosimilars, the equivalent of generics for very expensive and complex biologic products, will free up significant resources to allow more people to be treated across the health system. The estimated expenditure in Ireland on six biologic medicines that are due to lose exclusivity over the next 3 years was approximately €170 million in 2015. My department is developing a biosimilars policy in order to maximise the benefit of these products throughout clinical decision making and supply. Recognising the importance of biosimilar medicines, the 2016 framework agreement included a 30% reduction on the price of a biologic medicine when a biosimilar is launched in Ireland.

International cooperation on pricing and reimbursement of new medicines is also an opportunity to secure better value for individual medicines. In June 2016, the Employment, Social Policy, Health and Consumer Affairs Council adopted conclusions on strengthening the

balance in the pharmaceutical systems in the EU and its member states. Those conclusions invited member states to explore opportunities for cooperation on pricing and reimbursement of medicines and to identify areas for cooperation which could contribute to affordability and better access to medicines. I have indicated my support for these measures and I welcome the opportunity for member states to cooperate by sharing information, so that we can achieve affordable and sustainable access to medicines.

In addition, I used the opportunity at the second Round Table meeting for European Health Ministers and heads of Europe-based pharmaceutical companies in Portugal last December, and the recent OECD meeting in January, to engage with Ministers from other countries on how to address the challenge of securing access to new medicines for citizens at an affordable price.

The commitment to reduce the cost of medicines includes reducing prescription charges for medical card holders. I have begun this process by reducing the prescription charge and monthly cap for medical card holders over 70, and their dependants, on an administrative basis, pending the enactment of the required legislation.

My department continues to examine new ways to achieve efficiencies in the cost of medicines. The HSE keeps the price of medicines under ongoing review, and works continuously to achieve greater efficiencies in the areas of drug pricing, supply and distribution. The Executive has a number of initiatives already underway or in development, particularly under the National Drug Cost Management Programme and the Medicines Management Programme, which provides national leadership relating to issues such as the quality of the medicines management process, access to medicines and overall expenditure on medicines.

HSE Investigations

91. **Deputy Thomas P. Broughan** asked the Minister for Health the number of investigations ongoing into the care of vulnerable adults in foster care, residential settings or any other State care setting; the number of investigations into the care of vulnerable adults in foster care, residential settings or any other State care setting in each of the years 2013 to 2016; and if he will make a statement on the matter. [11899/17]

Minister of State at the Department of Health (Deputy Finian McGrath): The safety and protection of vulnerable people in the care of the State is paramount. This Government's primary concern is that the needs of the residents are being prioritised and addressed.

As the particular issues raised by the Deputy are service matters, I have arranged for the question to be referred to the Health Service Executive for direct reply to the Deputy.

Maternity Services Provision

92. **Deputy Robert Troy** asked the Minister for Health when anomaly scans will be provided to expectant mothers at the Midland Regional Hospital, Mullingar. [12085/17]

Minister for Health (Deputy Simon Harris): I am advised that foetal anomaly scans are available in all Hospital Groups. Those hospitals/maternity units currently providing anomaly scans accept referrals from other maternity units, if requested. This occurs where the medical team in the referring maternity unit consider that an anomaly scan is clinically indicated.

The National Maternity Strategy is very clear that all women must have equal access to standardised ultrasound services and, consequently, the issue of anomaly scanning is a priority issue

for the newly established HSE National Women and Infants Health Programme (NWIHP). An early priority for the Programme will be to develop clinical guidance regarding routine detailed scans at 20 weeks. In the meantime, the NWIHP will continue to work with the six Hospital Groups to assist in increasing access to anomaly scans for those units with limited availability.

One of the current challenges to increase access to anomaly scans is the recruitment of ultrasonographers. In this context it is expected that the establishment of maternity networks across hospital groups will assist in developing a sustainable model that ensures that all women within each hospital group can access anomaly scans.

In relation to your specific query regarding the Midland Regional Hospital, Mullingar, I have asked the HSE to reply to you directly.

HSE Waiting Lists

93. **Deputy Martin Kenny** asked the Minister for Health his plans to deal with the waiting lists for diagnosis by the child and adolescent mental health service in counties Sligo and Leitrim. [12136/17]

Minister of State at the Department of Health (Deputy Helen McEntee): As this is a service issue, this question has been referred to the HSE for direct reply.

Mental Health Services Provision

94. **Deputy Mick Wallace** asked the Minister for Health the services available in County Wexford for children and adolescents who present with suicidal ideation and are not deemed by CAMHS to have a psychiatric disorder; and if he will make a statement on the matter. [11903/17]

Minister of State at the Department of Health (Deputy Helen McEntee): As this is a service issue, this question has been referred to the HSE for direct reply.

HSE Waiting Lists

95. **Deputy John Brady** asked the Minister for Health when the HSE action plan for scoliosis will be published; his plans for the implementation of the action plan; the funding put in place for this implementation; and if he will make a statement on the matter. [11815/17]

Minister for Health (Deputy Simon Harris): While some progress has been made in 2016 as a result of investment in the scoliosis service, it is clear there is much more to do to provide the level service that is needed.

A draft Waiting List Action Plan for Scoliosis has been submitted by the HSE to my Department. The draft action plan for Scoliosis includes both measures to increase capacity for scoliosis treatments in the children's hospitals and proposals for the outsourcing of procedures. Officials are currently reviewing and evaluating the plan and engagement is ongoing with the HSE and the NTPF towards its finalisation. I expect to make known the details of the HSE's Waiting List Action Plan including the Action Plan for Scoliosis in the coming weeks.

In addition to the action plan, efforts have been made to improve access to scoliosis ser-

vices. Our Lady's Children's Hospital Crumlin has undertaken an aggressive recruitment drive to attract new theatre nurses with the necessary paediatric training. As a result, four new nurses will be in place by April, and a further 16 international nurses have been offered posts and have commenced the registration process.

The recruitment of these nurses means that the new theatre will be used to provide the additional capacity for scoliosis procedures in Crumlin from April. This will allow an additional day of procedures to be carried out in the medium term.

In addition I am advised by the hospital that an orthopaedic surgeon post in Crumlin Hospital will be filled by June. This means that from July, the hospital expects that the theatre use will be further increased.

Hospitals Funding

96. **Deputy Bobby Aylward** asked the Minister for Health if additional resources will be allocated to the existing cardiac catheterisation laboratory at University Hospital Waterford in order to increase the laboratory's current capacity to accommodate the estimated 450 additional procedures that will be referred there through additional diagnostic angiograms set to be provided by the mobile catheterisation laboratory; and if he will make a statement on the matter. [12067/17]

Minister for Health (Deputy Simon Harris): I am pleased to confirm that, as recommended by Dr Niall Herity in his review of cath lab services at UHW, an additional €5m funding has been provided to UHW in 2017 which will enable the hospital to provide 2 additional cath lab sessions (8 hours) per week. The UHW cath lab will now be funded to provide 12 sessions i.e. 48 hours activity per week.

As the Deputy may be aware, I have written to the HSE Director General requesting that consideration be given to a targeted Cardiology Waiting List initiative. Such an initiative would, I envisage, incorporate a range of measures including the sharing of facilities and resources within and between Hospital Groups, the use of any appropriate facilities in the private hospital sector, as well as the deployment of a mobile cath lab. I look forward to receiving the HSE's proposals in this regard.

General Practitioner Services

97. **Deputy Bríd Smith** asked the Minister for Health if he will report on the general practitioner service availability for parents of children under five years of age and address problems they have accessing this service. [12058/17]

Minister for Health (Deputy Simon Harris): The introduction of GP care without fees to children under 6 years of age represents a major step forward in improving access, quality and affordability of health care in Ireland. The under 6s GP service contract, which includes age-based preventive checks focused on health and well-being and a cycle of care for children with asthma, underlines the Government's commitment to enhancing primary care and keeping people well in their own community. To date, approximately 94% of GMS GPs have entered into agreements with the HSE for the provision of services to children under 6 and almost 364,000 children under 6 have access to GP care without fees through a medical card or GP visit card.

Nationally the HSE has recently written to those GMS GPs who have not yet signed up to

the under 6 contract, and provided them with a copy of the contract and the Form of Agreement for their consideration. I would hope that those GPs who have not yet signed up to offer this improved and expanded primary care service will do so and so ensure that all children aged under 6 are easily able to access general practitioner services without their parent or guardian having to pay a fee. Where a GMS patient experiences difficulty in finding a GP to accept him/her as a patient, and has unsuccessfully applied to at least three GPs in the area who are contracted to provide services under the GMS, then the HSE will assign that person to a GP's GMS patient list.

Hospitals Capital Programme

98. **Deputy Charlie McConalogue** asked the Minister for Health the additional resources he will allocate to Letterkenny General Hospital in view of the fact that the full capacity protocol has been implemented again on 28 February 2017; and if he will make a statement on the matter. [11817/17]

Minister for Health (Deputy Simon Harris): There has been significant capital investment in Letterkenny Hospital in recent years; most of the works required to repair the flood damage sustained by the Hospital in August 2013 are now complete.

In addition, a significant number of other capital projects are operational. These include the: Medical Academy; Blood Science Laboratory; replacement of sterilisation equipment; expansion of the Recovery Unit; provision of additional space for expansion of the Dialysis Unit; and renovations to provide accommodation for a Pharmacy, Respiratory Lab, Cardiac Investigations facility, Medical Records and Mental Health.

Further projects are underway, or planned, such as the CCU and Haematology/Oncology Ward Restoration/Upgrade, and the Radiology & Interventional Suite Restoration/Upgrade, among others.

With regard to ED performance of Letterkenny University Hospital, data for 2016 from the HSE's Special Delivery Unit indicate that, patient experience times at the ED have been better than the national average, while trolley performance has been close to the national median.

In relation to the particular query raised, as this is a service matter, I have asked the HSE to respond to you directly.

Mental Health Services Staff

99. **Deputy Martin Kenny** asked the Minister for Health his plans to provide adequate staffing for the child and adolescent mental health service in the Sligo Leitrim region; and if he will make a statement on the matter. [12135/17]

Minister of State at the Department of Health (Deputy Helen McEntee): As this is a service issue, this question has been referred to the HSE for direct reply.

National Children's Hospital Expenditure

100. **Deputy Mattie McGrath** asked the Minister for Health the details of all moneys provided by the State toward the development of a national paediatric hospital since 2006,

including all costs associated with development such as design, planning, land acquisition, consultation, media and public relations, board payments, bonuses and so on; if approvals have been sought for an increase in the original estimate for the current National Children's Hospital project; the details of the increase; if such an increase has been approved; and if he will make a statement on the matter. [10850/17]

Minister for Health (Deputy Simon Harris): There has been much speculation about the cost of building this hospital. It is not accurate to compare the €650 million of Exchequer funding approved in 2014 for the core construction of the new children's hospital and two satellite centres with the full programme costs set out in the Final Project Brief. The costs set out in the Final Project Brief provide for the construction of the core hospital and satellite centres, including VAT provision, risk provision, all fees, decant, external works, enabling costs and project management costs. Importantly, it also includes commercial spaces (underground carpark and retail space), higher education facilities, the Children's Research and Innovation Centre, and equipment.

The updated capital costs have now been incorporated into the Final Project Brief which has been submitted to my Department by the HSE and is currently under consideration. While I am not in a position to comment on contract prices and funding implications at this stage, the pricing proposed by the tenderers in the recently concluded tendering process for the main construction works took account of construction inflation (now running at higher than 9%), the extended project timeline, now scheduled to complete in 2021 and the final market cost of the build. As identified by my colleague the Minister for Expenditure and Reform and by the HSE, the new children's hospital is a priority Government project. I intend to bring a Memorandum to Government in the coming weeks on the new children's hospital. Full details of the costs and funding will be set out in the Memorandum for Government and will form the basis upon which the approval decision will be made. The costs and funding will span the period up to and including 2021, in line with project requirements.

The National Paediatric Hospital Development Board is the statutory body charged with delivery of the capital project, I have asked it to respond to you directly regarding all costs associated with the development of the project since 2006.

Question No. 101 answered with Question No. 48.

HIV-AIDS Programmes

102. **Deputy Ruth Coppinger** asked the Minister for Health if he will expedite the availability of pre exposure prophylaxis, PrEP, to prevent HIV transmissions, in view of the continuing rise in infections in 2016 and the fact that ten persons a week are now contracting HIV and the effectiveness of PrEP in dramatically reducing HIV transmissions in the UK; and if he will make a statement on the matter. [12072/17]

Minister for Health (Deputy Simon Harris): The use of PReP is only one component of comprehensive HIV prevention. The World Health Organisation(WHO) supports a combination of approaches to prevent the sexual transmission of HIV, including correct and consistent condom use, reduction in the number of sexual partners, HIV testing and counselling, delaying sexual debut, and prompt treatment for STIs (STIs).

Condoms, when used correctly and consistently, are highly effective in preventing HIV and other sexually transmitted infections (STIs). A large body of scientific evidence shows that male latex condoms have an 80% or greater protective effect against the sexual transmission of

HIV and other STIs.

The National Sexual Health Strategy 2015-2020 was launched in October 2015. The strategy was developed in response to a recommendation of the National AIDS Strategy Committee on the need to establish clear leadership within the health sector around the area of sexual health. The Strategy contains 71 recommendations that address all aspects of sexual health and a Sexual Health Action Plan for 2015-2016 that contains 18 priority actions for immediate attention.

One of the priority actions identified in the Action Plan for 2016 is to ‘Prioritise, develop and implement guidance to support clinical decision making for STI testing, screening and treatment and on the appropriate use of antiretroviral therapy in HIV prevention’. An Implementation Group has now been established within the HSE as an outcome of this action. This group will make recommendations on the appropriate use of HIV pre-exposure prophylaxis (PrEP) in the overall context of the national approach to HIV prevention. Any decision concerning the availability of PrEP will be made following the completion of this work.

Hospital Waiting Lists

103. **Deputy Joan Collins** asked the Minister for Health the number of persons on the waiting list for scoliosis surgery in Galway University Hospital for six, 12, 18, 24 and 48 months; and the reason a person (details supplied) is still waiting for surgery. [12034/17]

Minister for Health (Deputy Simon Harris): In relation to the particular query raised, as this is a service matter, I have asked the HSE to respond to you directly.

Accident and Emergency Departments

104. **Deputy Bríd Smith** asked the Minister for Health if he will report on measures he will take to address the concerns and issues of nursing staff in the public hospitals and the current crisis in the hospital accident and emergency departments. [12059/17]

Minister for Health (Deputy Simon Harris): As Minister I, and my Department, are aware of the concerns that many nurses have in relation to the provision of services in our EDs and in the wider health services. I welcome the recent decision by the Irish Nursing and Midwifery Organisation (INMO) to defer their planned industrial action and ballot their members on the terms as negotiated at the WRC. I would also take this opportunity to acknowledge the crucial role nurses play on a daily basis in delivering our health services and providing patients with effective, compassionate and dignified care.

Recent data from the HSE indicates that in 2016 there was circa 5% increase in Emergency Department attendances nationally. In addition, early January 2017 saw continued significant pressure on our EDs due to high demand, increased incidence of flu mainly affecting older people, as well as on-going bed capacity constraints due to staff shortages.

As the Deputy may be aware, in September 2016, the HSE launched the ‘Winter Initiative Plan 2016-2017’ which provided €40 million of additional funding for winter preparedness and to assist hospitals to deal with increased demand. In January 2017, in response to significant pressures in our EDs in the early New Year, a series of enhanced measures were added to this Initiative.

So far, the Initiative has delivered 90 newly-opened additional beds. Also since the start of

the initiative delayed discharges have reduced nationally from 638 in September to 517 on 28 February, freeing up hospital beds to alleviate ED pressures. In addition, over 4,440 patients have availed of aids and appliances and circa 1000 additional homecare packages and 615 additional transitional care beds have been provided, enabling patients to be discharged from hospital sooner.

A key element of the Winter Initiative has been for the HSE to work with hospitals to develop key improvement actions and Winter Plans at each site aimed at preparing for the expected increased demand during the winter period. Learning from this Winter Initiative will be used to improve planning for future years and along with my Department, every week, I meet with senior officials from the HSE, including the Director General, to monitor progress on the Winter Initiative and ED Performance.

Services for People with Disabilities

105. **Deputy Eamon Scanlon** asked the Minister for Health if he will ensure that the HSE does not reduce the availability of services at the Solas respite centre for children in County Sligo. [12086/17]

Minister for Health (Deputy Simon Harris): The Government is committed to providing services and supports for people with disabilities which will empower them to live independent lives, provide greater independence in accessing the services they choose and enhance their ability to tailor the supports required to meet their needs and plan their lives. This commitment is outlined in the Programme for Partnership Government, which is guided by two principles: equality of opportunity and improving the quality of life for people with disabilities.

The Programme for Partnership Government states that the Government wishes to provide more accessible respite care to facilitate full support for people with a disability.

As the Deputy's question relates to service matters, I have arranged for the question to be referred to the Health Service Executive (HSE) for direct reply to the Deputy.

Assisted Human Reproduction

106. **Deputy Fiona O'Loughlin** asked the Minister for Health the anticipated timeframe for providing supports for those persons undergoing IVF and associated treatments; and if he will make a statement on the matter. [11819/17]

117. **Deputy Fiona O'Loughlin** asked the Minister for Health the details of plans in his Department to support persons enduring fertility issues and that require a number of cycles of IVF; and if he will make a statement on the matter. [11818/17]

Minister for Health (Deputy Simon Harris): I propose to take Questions Nos. 106 and 117 together.

In February 2016, the Health Research Board (HRB) was engaged to conduct a comprehensive review of international public funding models for assisted human reproduction (AHR). This HRB evidence review is due to be published in the near future. The HRB evidence review will be analysed by officials in the Department of Health in the context of considering policy options for a potential public funding model for AHR treatment.

The final evidence review will be published on the websites of both the Department of

Health and the HRB.

Separately to the evidence review being conducted by the HRB, officials in the Department of Health are currently drafting the General Scheme of legislative provisions on AHR and associated research. It is intended that the General Scheme will be completed by the end of June 2017. This comprehensive piece of legislation will regulate a range of practices for the first time, including: gamete (sperm or egg) and embryo donation for AHR and research; surrogacy; pre-implantation genetic diagnosis (PGD) of embryos; posthumous assisted reproduction; and stem cell research. The General Scheme will also provide for an independent regulatory authority for AHR.

Once the General Scheme has been completed, a memo will be submitted for Government approval, and once approved by Government, the General Scheme will be submitted to the Joint Oireachtas Committee on Health for pre-legislative scrutiny.

It should be noted that while IVF treatment is not currently provided by the Irish public health service, there is some support available in that patients who access IVF treatment privately may claim tax relief on the costs involved under the tax relief for medical expenses scheme. In addition, a defined list of fertility medicines needed for fertility treatment is covered under the High Tech Scheme administered by the HSE. Medicines covered by the High Tech Scheme must be prescribed by a consultant/specialist and approved by the HSE 'High Tech Liaison Officers'. The cost of the medicines is then covered, as appropriate, under the Medical Card or Drugs Payment Scheme.

Air Ambulance Service Provision

107. **Deputy Louise O'Reilly** asked the Minister for Health the contingencies that are in place to ensure that transport for paediatric cardiac and liver transplants are guaranteed in view of the fact that staffing difficulties have meant that transport of and timelines for Priority 1 children cannot be guaranteed at this time; if any firm arrangements or contracts have been put in place to guarantee the use of these services should the need arise aside from the five options that have been explored or liaisons that have been made with other contractors; and if he will make a statement on the matter. [11889/17]

Minister for Health (Deputy Simon Harris): A Service Level Agreement (SLA) is in place between the Department of Defence and the Department of Health/HSE in relation to the provision of air (inter hospital) ambulance services. In accordance with the SLA, inter hospital air ambulance services are provided using the duty aircraft on an *as available* basis. Therefore the service is, and always has been, dependent on the availability of suitable aircraft and crew.

The Department of Defence has advised my Department that in the coming months, availability of aircraft will be restricted due to a shortage of pilots and difficulties arising from the loss of Air Traffic Control personnel. I understand however, that every effort is being made to address the personnel shortages faced by the Air Corps.

The restrictions notified are particularly problematic for paediatric transplant patients who require urgent transfer to the UK when organs become available. I am assured that the HSE has taken every step possible to ensure that contingency arrangements are in place in light of the reduced Air Corp availability. The contingency plans in place include access to the Irish Coast Guard resources and private air ambulance services.

Our Lady's Hospital, Crumlin has confirmed that the families involved have been apprised of the current transport challenges and every assistance possible is being given to these fami-

lies. My Department will continue to engage with the Department of the Defence, the National Ambulance Service and all relevant agencies to explore all options to improve the service.

Hospital Accommodation Provision

108. **Deputy Lisa Chambers** asked the Minister for Health if prefabs will be used to provide additional capacity at Mayo University Hospital; and if he will make a statement on the matter. [12094/17]

Minister for Health (Deputy Simon Harris): The HSE has put in place a National Framework for the provision of temporary alternative accommodation, as just one part of a broad range of measures undertaken under the Winter Initiative Plan 2016-2017. Under the Framework, consideration will also be given to managed temporary patient accommodation solutions which are staffed. The HSE advises that the next stage will be for a mini-tender to be coordinated in the coming weeks to request proposals in relation to temporary patient accommodation solutions.

Decisions in relation to the opening of temporary alternative accommodation in specific locations and information on associated costs will be made based on the outcome of this procurement process and the submissions made by Hospitals and Hospital Groups.

With regard to the ED at Mayo University Hospital, it was designed to accommodate approximately 25,000 patients per annum. Emergency presentations now number approximately 37,000.

In light of the ED escalation process, the Hospital has used its Acute Medical Assessment Unit (AMAU) for admitted patients awaiting a bed; this has impacted on effective patient flow.

Given the incremental increases in ED attendances since the time of construction, Mayo University Hospital has raised the issue of additional capacity, to manage both unscheduled and scheduled care effectively.

The HSE advises that Mayo University Hospital has put forward a short term proposal regarding the procurement of a modular unit through the National Framework, to expand capacity in order to facilitate effective functioning of the AMAU.

With regard to ED performance, patient experience times and trolley numbers at Mayo University Hospital ED were better than the national average during 2016.

Medicinal Products Reimbursement

109. **Deputy Brendan Griffin** asked the Minister for Health the position regarding the approval of the cystic fibrosis drugs Orkambi and Kalydeco for the long-term illness scheme; and if he will make a statement on the matter. [12036/17]

Minister for Health (Deputy Simon Harris): The HSE has statutory responsibility for decisions on pricing and reimbursement of medicines, in accordance with the Health (Pricing and Supply of Medical Goods) Act 2013.

With regard to Orkambi for the treatment of cystic fibrosis patients aged 12 and older, an application to the HSE from the manufacturer was received in March 2016. The application was considered and not recommended for reimbursement at the submitted price by both the

National Centre for Pharmacoeconomics – the NCPE – and the HSE’s Drugs Committee. In December, the HSE Directorate took the decision not to reimburse at the submitted price. The HSE called on the company to re-enter negotiations, with a view to significantly reducing the cost of the treatment.

Further meetings were held with the manufacturer in December and early January. The discussions with the company have broadened to include Orkambi, Kalydeco and further treatments for CF patients. The matter is currently under consideration by the HSE Directorate and by officials in my Department.

I expect that this process will conclude in a period of weeks. However, given the scale of the investment, the potential benefits for Irish patients and the impact of this decision on the health service overall, I would call on all deputies to allow this statutory process to be concluded.

I am acutely aware that the last number of months have been a stressful and worrying time for CF patients and their families. However, the Government’s priority is to achieve the best outcome for Irish patients and the health system overall.

Question No. 110 answered with Question No. 81.

Abortion Services Provision

111. **Deputy Ruth Coppinger** asked the Minister for Health his views on allowing access to the abortion pill; and if he will make a statement on the matter. [12073/17]

Minister for Health (Deputy Simon Harris): No medicines indicated for the termination of pregnancy are authorised in Ireland.

It is illegal to procure an abortion in Ireland, whether by surgical, medication or other means, outside of the circumstances specified in the Protection of Life During Pregnancy Act, 2013, which regulates access to lawful termination of pregnancy in accordance with the X case and the judgement in the European Court of Human Rights in the A, B and C v Ireland case.

Health Services Funding

112. **Deputy Martin Ferris** asked the Minister for Health the investment required in the Health Service Executive, HSE, information technology budget to bring it up to the OECD average; the projects that are being held up as a result of lower levels of investment in the HSE information technology budget; the investment that would be required in HSE information technology in order to modernise and bring benefits to the health system; the additional resources that are needed to deliver the digital solutions for waiting list challenges in respect of the approach to funding that has been agreed within the HSE office of the chief information officer; and if he will make a statement on the matter. [11897/17]

Minister for Health (Deputy Simon Harris): The Government acknowledges the need to improve the investment profile for ICT and eHealth in healthcare in Ireland and in the Programme for Partnership Government it is clearly stated that “we will mandate the HSE to engage strategic partners to help with the planning, financing and roll out of a 21st century ICT health infrastructure, working towards the universal use of data to improve integrated care and outcomes across primary and secondary care”.

In order to give a strategic focus to improving the use of eHealth and ICT technology in

Irish health care my Department published an eHealth strategy in 2013. Since 2012, the actual capital and revenue expenditure (excluding salaries) on healthcare ICT has risen from €110.0m to €167.3m in 2016. While significant improvements have taken place it is recognised that Ireland's expenditure in this area is below the amount needed to provide the optimum contribution that eHealth and ICT can make and that is why there is now a strategic approach underpinning these investments. The estimated current HSE ICT expenditure for 2017 is around 1.2% (inclusive of capital and revenue but excluding salaries) of all HSE health expenditure. International experience would indicate that a figure between 2% and 3% of total health expenditure would be required, in this strategic area, to provide the requisite investment for modern health environments. Based on 2017 gross vote figures a 2% spend on ICT would amount to a figure €292.0m and 3% of around €438.0m p.a.

In terms of planning the future deployment of ICT the HSE has developed a strategic programme for the rollout of a national electronic health care record that outlines how an improved investment profile could build on the current investments made to date and provide the necessary systems environment to improve patient care and efficiency and also support new models of care. The key areas of focus for these additional systems would be in the acute, primary and community sectors where there is a need to have a shared care record so that GP's and Community Care can see what is happening with patients in a timely way for scheduling and care planning and to maximise improved information sharing across the continuum of the patient journey. In the acute care setting, systems are needed to improve safety and efficiency such as Order Communications and Results Reporting on wards, clinical note taking, closed loop medication and other critical departmental systems for specialist areas such as oncology, nephrology and surgical care. These are the core components that comprise an electronic health care environment and are not currently available in most Irish hospitals.

In relation to the ICT supports for managing waiting list challenges, the Office of the Chief Information Officer of the HSE outlined a number of possible technology solutions that might assist in improving the efficiency of the current arrangements. My understanding is that those specific proposals were capable of being funded within current resources. If there is any further business or technology improvements that can be brought forward by HSE and the National Treatment Purchase Fund then my Department will give these careful consideration and prioritisation when we receive the proposals.

Hospital Waiting Lists

113. **Deputy Frank O'Rourke** asked the Minister for Health the action being taken to address the inadequate resourcing of adult degenerative spine services at Tallaght and Naas hospitals; the further action being taken to address the long delays for persons awaiting spinal surgery; the action being taken to address the growing numbers on the outpatient list awaiting assessment; and if he will make a statement on the matter. [11827/17]

Minister for Health (Deputy Simon Harris): Reducing waiting times for the longest waiting patients is one of this Government's key priorities. Consequently, Budget 2017 allocated €20 million to the NTPF, rising to €55 million in 2018.

I wish to assure the Deputy that action is being taken to address the number of persons awaiting spinal surgery throughout the country. The €40 million Winter Initiative 2016/2017 includes a €7m fund for a targeted waiting list programme for orthopaedics, spinal and scoliosis procedures. Specific actions included provision of €3m for additional orthopaedic procedures at the National Tertiary Referral Centre at Cappagh for patients referred from Tallaght, Tullamore, Beaumont and St. James Hospitals and it is of note that 521 additional orthopaedic

patients received treatment in Cappagh by year end 2016 as a result of this funding.

In addition, in November, the HSE launched the Strategy for the Design of Integrated Outpatient Services 2016-2020. This strategy seeks to improve waiting times for outpatient services in the long term by restructuring referral pathways and utilising technology to improve service delivery. The HSE has also significantly progressed the development of a draft Outpatient Waiting List Action Plan. In this Plan, the HSE will identify proposals to reduce the number of patients waiting long periods of time for outpatient appointments across all hospitals including Tallaght and Naas Hospitals. I expect to make known the details of the HSE's Outpatient Waiting List Action Plan in the coming weeks.

Hospital Waiting Lists

114. **Deputy Bernard J. Durkan** asked the Minister for Health the extent to which waiting lists for the various procedures are likely to be improved in the course of 2017, having regard to the demographics and the improvements made or to be made in terms of improving staffing levels and facilities and the maximisation of the utilisation of theatre facilities; and if he will make a statement on the matter. [12041/17]

Minister for Health (Deputy Simon Harris): As the reduction of waiting times for the longest waiting patients is one of the Government's key priorities, €20 million has been allocated to the NTPF in the Budget 2017, rising to €55 million in 2018. This funding will be dedicated to the provision of daycase and inpatient treatment to patients. Under the NTPF Daycase Initiative 2017, patients will commence receiving appointments for treatment during March.

During 2016, there has been evidence of a considerable increase in demand for health services, as our population grows and ages. In order to reduce the numbers of long-waiting patients, the HSE is currently developing Waiting List Action Plans for 2017 in the area of Inpatient Daycase, Scoliosis and Outpatient Services. Draft Waiting List Action Plans for Inpatient Daycase and Scoliosis have been submitted. My Department is currently reviewing these plans and engagement is ongoing with the HSE and the NTPF. The HSE has also significantly progressed the development of a draft Outpatient Waiting List Action Plan. In this Plan, the HSE will identify proposals to reduce the number of patients waiting long periods of time for outpatient appointments across all hospitals.

In terms of increasing staffing, from 31st January 2016 - 2017, 135 additional hospital consultants, 216 extra non-consultant hospital doctors and 415 additional nurses and midwives have been employed by the HSE.

More generally, as the Deputy is aware, my Department has commenced a capacity review in line with the Programme for Government commitments. The intention is that this review will be broader than previous exercises that focused solely on acute bed capacity. While the exact parameters of the review are still subject to considerations, I expect that it will seek to take into account, to some degree, other aspects of hospital capacity, including theatres.

Medicinal Products Licensing

115. **Deputy Gino Kenny** asked the Minister for Health the changes since the Minister of State, Deputy Finian McGrath, confirmed to Dáil Éireann on 15 November 2016 that compassionate access to cannabis-based medicine should be prescribed by an Irish-registered doctor and recent comments by himself and the Taoiseach on 28 February 2017 and 1 March 2017

that this medicine now needs to be prescribed by a consultant neurologist; and if he will make a statement on the matter. [12070/17]

Minister for Health (Deputy Simon Harris): The granting of an individual licence under the Misuse of Drugs Act for the use of cannabis for medical purposes sets aside the usual regulatory processes which are in place to protect the public and which ensure that only those medications which have been found to be both effective and safe are made available to the public.

Applications for controlled drugs licences are considered on a case by case basis. The Chief Medical Officer has advised me that it is crucial that the granting of any such licence takes due care and consideration of the potential unintended consequences associated with the prescription of cannabis, a schedule 1 controlled drug, for medical purposes, and that its use is endorsed by a consultant who is familiar with and responsible for the care of the individual for whom the licence application is being made and who is prepared to monitor the effects of the treatment over time.

Ambulance Service Response Times

116. **Deputy Thomas Pringle** asked the Minister for Health the way in which he plans to improve ambulance response times for rural areas such as County Donegal; and if he will make a statement on the matter. [12063/17]

Minister for Health (Deputy Simon Harris): The National Ambulance Service (NAS) has been undertaking a significant and ongoing reform programme, to reconfigure the management and delivery of pre-hospital care services. This programme will ensure a clinically driven, nationally co-ordinated system, supported by improved technology.

The Capacity Review, published last year, makes it clear that a very significant programme of investment in our ambulance services is needed. In that context, a phased investment in a multi annual programme involving manpower, vehicles and technology is required. The Programme for a Partnership Government commits to additional annual investment in terms of ambulance personnel and vehicles. In that regard an additional €3.6m has been made available to the NAS in 2017, which includes €1m to fund new developments.

The review identifies particular difficulties serving rural areas on the basis that population density in Ireland is significantly different to that of many other countries. The only practical way to provide an initial response within the 8 minute window in rural areas is through voluntary Community First Responders i.e. members of the community, equipped with a defibrillator and supported by the ambulance service. Where such schemes exist, they can provide a high level of initial response to their local community.

In relation to your specific query in relation to the ambulance services in Donegal, I have asked the HSE to respond to you directly.

Question No. 117 answered with Question No. 106.

Primary Care Centres Data

118. **Deputy Catherine Connolly** asked the Minister for Health the status of the primary care programme; the number and location of primary care centres in Galway city, county and the islands; the status of the roll-out of primary care centres for 2017 and each of the next five years in Galway city, county and the islands; and if he will make a statement on the matter.

[11886/17]

Minister for Health (Deputy Simon Harris): The HSE has responsibility for the provision, maintenance and operation of Primary Care Centres. Therefore, as this question relates to service matters, I have arranged for the question to be referred to the Health Service Executive (HSE) for direct reply.

Special Educational Needs Staff

119. **Deputy Aindrias Moynihan** asked the Minister for Health his plans to have nurses on site in special needs schools (details supplied). [11830/17]

Minister of State at the Department of Health (Deputy Finian McGrath): The Government is committed to providing services and supports for people with disabilities which will empower them to live independent lives, provide greater independence in accessing the services they choose, and enhance their ability to tailor the supports required to meet their needs and plan their lives. This commitment is outlined in the Programme for Partnership Government, which is guided by two principles: equality of opportunity and improving the quality of life for people with disabilities.

As the Deputy's question relates to service issues, I have arranged for the question to be referred to the Health Service Executive (HSE) for direct reply to the Deputy.

Hospital Staff Recruitment

120. **Deputy Charlie McConalogue** asked the Minister for Health when a second consultant breast surgeon will be appointed to Letterkenny General Hospital; and if he will make a statement on the matter. [11825/17]

Minister for Health (Deputy Simon Harris): The Breast Cancer Service at Letterkenny University Hospital (LUH) operates as a satellite centre of University Hospital Galway (UHG). The Saolta Hospital Group is committed to continuing the Letterkenny University Hospital service as a fully integrated part of the Galway service, including through a joint Multi-Disciplinary Team approach.

The service at Letterkenny University Hospital is run by a single consultant who also undertakes general surgery at the hospital. This service is augmented by locum consultants and by Galway-based Saolta consultants who travel to carry out clinics in the Letterkenny service to meet needs arising.

At present, efforts are being made to recruit a locum Consultant surgeon to deal with the current demands on the service. Increased levels of support from other Saolta consultants are also envisaged. Consideration is also being given to longer term measures to meet the future requirements of the service. In that regard, the level of staffing at Consultant, G.P. support and Advanced Nurse Practitioner levels will be among a range of issues to be considered.

Hospitals Policy

121. **Deputy Louise O'Reilly** asked the Minister for Health the reason no comprehensive theatre modelling exercise or review has been completed by the HSE; the details of the project

which has commenced to allow regular tracking of hospital reported unused theatre sessions in acute hospitals; the reasons for same; and if he will make a statement on the matter. [11887/17]

Minister for Health (Deputy Simon Harris): The HSE has advised that a project has commenced to allow regular tracking of hospital reported unused theatre sessions in acute hospitals and reasons for same. The information gathered includes number of theatres, minor surgery rooms and endoscopy rooms managed by theatre services in the acute hospitals, and information on scheduled sessions. This initiative is at test phase only at this time.

More generally, as the Deputy is aware my Department has commenced a capacity review in line with the Programme for Government commitment. The intention is that this review will be broader than previous exercises that focused solely on acute bed capacity. While the exact parameters of the review are still subject to considerations, I expect that it will seek to take into account, to some degree, other aspects of hospital capacity, including theatres.

Maternity Services

122. **Deputy Clare Daly** asked the Minister for Health the number of hospitals that perform routine anomaly scans at 20 weeks; and the timeframe for making such scans available to all pregnant women as a matter of routine. [11823/17]

Minister for Health (Deputy Simon Harris): I am advised that foetal anomaly scans are available in all Hospital Groups. Those hospitals/maternity units currently providing anomaly scans accept referrals from other maternity units, if requested. This occurs where the medical team in the referring maternity unit consider that an anomaly scan is clinically indicated.

The National Maternity Strategy is very clear that all women must have equal access to standardised ultrasound services and, consequently, the issue of anomaly scanning is a priority issue for the newly established HSE National Women & Infants Health Programme (NWIHP). An early priority for the Programme will be to develop clinical guidance regarding routine detailed scans at 20 weeks. In the meantime, the NWIHP will continue to work with the six Hospital Groups to assist in increasing access to anomaly scans for those units with limited availability.

One of the current challenges to increase access to anomaly scans is the recruitment of ultrasonographers. In this context it is expected that the establishment of maternity networks across hospital groups will assist in developing a sustainable model that ensures that all women within each hospital group can access anomaly scans.

In relation to your specific service query, I have asked the HSE to reply to you directly.

Irish Naturalisation and Immigration Service Administration

123. **Deputy Jonathan O'Brien** asked the Tánaiste and Minister for Justice and Equality the company or companies contracted by the International Protection Office, IPO, to translate the new protection questionnaire into different languages; if the IPO is satisfied as to the quality of the translations received; if complaints have been received in relation to same; and if she will make a statement on the matter. [12227/17]

Tánaiste and Minister for Justice and Equality (Deputy Frances Fitzgerald): Translation services for the International Protection Office (IPO) of the Irish Naturalisation and Immigration Service (INIS) are provided on the basis of a public procurement process and subsequent contractual arrangements entered into between a service provider and INIS.

The current service provider is Word Perfect Translation Services Ltd which has considerable experience in providing translation services and is contractually obliged to provide such services in accordance with industry standards.

The company is also required to ensure that the personnel performing translation services are appropriately experienced and trained for the work that they do and to be proficient in both English and the language/dialect for which they are engaged so as to properly discharge their duties with due care and diligence.

The IPO is in touch with the service provider at present about a number of issues that have come to light very recently in relation to the Application for International Protection Questionnaire. When the matters in question are clarified, the IPO intends to contact relevant applicants to advise them of the steps, if any, they should take having regard to the Questionnaire.

Prisoner Transfers

124. **Deputy Thomas Pringle** asked the Tánaiste and Minister for Justice and Equality when the transfer of sentenced persons and transfer of execution of sentences Bill will come before Dáil Éireann to allow prisoners apply to complete their sentences here; and if she will make a statement on the matter. [12230/17]

Tánaiste and Minister for Justice and Equality (Deputy Frances Fitzgerald): The transfer of sentenced persons and transfer of execution of sentences Bill is currently being drafted by the Office of the Parliamentary Council. The Bill once drafted will include provisions to give effect to certain European Union obligations regarding the transfer of Prisoners as well as to certain agreements between Ireland and other states.

It is expected that when drafting of the Bill has been completed, and subject to Government approval, the Transfer of Sentenced Persons and Transfer of Execution of Sentences Bill will be published later this year with a view to bringing the Bill before the Oireachtas as soon as possible thereafter.

Departmental Bodies

125. **Deputy Clare Daly** asked the Tánaiste and Minister for Justice and Equality the supports that have been put in place by the International Protection Office and other relevant bodies, including the Legal Aid Board, for illiterate applicants and those with disabilities, such as visually impaired applicants, in terms of providing information regarding the single protection procedure and assistance with completing the international protection questionnaire. [12240/17]

Tánaiste and Minister for Justice and Equality (Deputy Frances Fitzgerald): It is the policy of the International Protection Office (IPO) to ensure that the special needs of vulnerable applicants such as those with reading difficulties and with disabilities such as visual impairments, are addressed at various stages of the investigation and determination process in that office. This includes when an application for international protection is first made and subsequently at the interview and investigation stages.

Extensive training is provided to staff in the IPO known as international protection officers for this purpose many of whom worked in the former Office of the Refugee Applications Commissioner. Training programmes have been developed in conjunction with the United Nations

High Commissioner for Refugees in line with international best practice.

In terms of the information provision, where the use of English is not feasible and it is necessary to ensure appropriate communication between an applicant and the staff of the International Protection Office, interpretation in the person's own language is generally provided whenever necessary. This includes applicants who are illiterate or those with reading or comprehension difficulties. Information material is provided in some 17 languages.

At the interview stage, the IPO provides a number of supports to applicants in vulnerable circumstances. Caseworkers will take note of any vulnerability documented on file and take into account an individual's physical limitations, if any. On arrival at interviews, insofar as practicable, all necessary guidance and support will be offered to applicants in relation to accessing interview rooms and facilities in the office. If necessary, the IPO will offer to accommodate family members to provide support to vulnerable applicants regardless of minor-adult status. If the applicant is unable to read, all documentation relevant to the interview will be read aloud and it will be ascertained that the applicant understands the process.

Applicants who are disabled or with reading difficulties may also be accompanied by a personal assistant, social worker or other helper to assist them while attending at the International Protection Office.

All applicants are reassured about the confidentiality of the determination process and will be facilitated with adequate breaks during interviews. Regardless of requests, vulnerable applicants will be encouraged to avail of extra breaks.

In order to protect the integrity of the protection process, the completion of the Application for International Protection Questionnaire (Form IPO2) is a matter for individual applicants to arrange in consultation with their legal representative. In this regard, a specialised service for international protection applicants is provided out of Legal Aid Board law centres in Dublin, Cork and Galway. I refer the Deputy to my response to Question 87 of Thursday 23 February, 2017, in which I referred to the Legal Aid Board's role in assisting applicants for international protection with the completion of their questionnaire.

The Legal Aid Board has an access officer to arrange for and co-ordinate the provision of assistance and guidance to people with disabilities who are seeking to access their services. In international protection matters, clients with disabilities, literacy issues or visual impairments are facilitated in bringing a friend, family member or other support (for example a representative from one of the specialist disability services and supports which are funded by the Health Service Executive) to their information and advice consultations with the Legal Aid Board. Legal Aid Board staff will communicate with applicants with hearing and visual impairments in a form that is accessible to them and compatible with adaptive technology.

Information on the international protection procedure is also available on the Legal Aid Board's website. The Legal Aid Board is committed to ensuring that its website achieves 'Level AA' conformance to the Web Content Accessibility Guidelines, to comply with the National Disability Authority's Code of Practice on Accessibility of Public Services and Information provided by Public Bodies.

Departmental Bodies Reports

126. **Deputy Catherine Murphy** asked the Tánaiste and Minister for Justice and Equality the date on which she received a report by the Garda internal audit section that covers financial transactions at the Garda training college for the period 2009 to 2015; the reason she did not

bring this report to Dáil Éireann; if she is satisfied that no misappropriation of public moneys has taken place; and if she will make a statement on the matter. [12244/17]

Tánaiste and Minister for Justice and Equality (Deputy Frances Fitzgerald): The report to which the Deputy refers is a draft interim Internal Audit Report of the financial procedures in the Garda College prepared by the Internal Audit Section of An Garda Síochána. My Department received a copy of the draft report from An Garda Síochána's Head of the Internal Audit on 16 September 2016. I understand that the draft report was sent to all interested parties for their observations before being finalised. This was in accordance with standard practice on reports of this nature.

As I have stated previously, I would of course be concerned by any irregularity in audits and accounting at the Garda College. Under the Garda Síochána Act 2005 the Garda Commissioner is the Accounting Officer for the Garda Vote and it is, therefore, for her to address the findings and recommendations in the report. While the report remains to be finalised, I understand that the Commissioner has accepted in principle its findings and that steps are in train to address the recommendations. In particular, a Steering Committee chaired by the Chief Administrative Officer and including a representative of my Department, has been established to oversee the implementation of the recommendations. In addition, I understand that the Policing Authority considered this matter at its January meeting with the Garda Síochána and has requested that the final report be furnished to it once it is available.

In the normal course it can also be expected that the final report will be furnished to the Comptroller and Auditor General by the Commissioner for his information and for any further enquiries he may wish to make.

Prisoner Transfers

127. **Deputy Bríd Smith** asked the Tánaiste and Minister for Justice and Equality if she will address a matter in relation to a person (details supplied). [12282/17]

Tánaiste and Minister for Justice and Equality (Deputy Frances Fitzgerald): As referred to by the Deputy, I understand that this matter relates to an Irish national serving a sentence in England and who was released recently with a requirement that he wear an electronic monitoring device until the end of March, 2017.

I can only advise that if the person referred to wishes to return to Ireland they should contact their probation office in England to inform them of what his intentions are and that office will, as appropriate, consider the matter and make any necessary contact with the relevant authorities here.

Courts Service

128. **Deputy Michael Healy-Rae** asked the Tánaiste and Minister for Justice and Equality if she will address a matter (details supplied) regarding the closure and refurbishments of Killoeglin courthouse; and if she will make a statement on the matter. [12401/17]

Tánaiste and Minister for Justice and Equality (Deputy Frances Fitzgerald): As the Deputy will be aware, under the provisions of the Courts Service Act 1998, management of the courts, including the provision of accommodation for court sittings, is the responsibility of the Courts Service which is independent in exercising its functions.

However, in order to be of assistance to the Deputy, I have had enquiries made and the Courts Service has informed me that, following professional inspections, immediate health and safety issues in relation to Killorglin Courthouse were highlighted and therefore court hearings could not continue there in the short term. The Courts Service also informed me that immediate works that are necessary include a full rewiring of the building, the installation of emergency lighting and fire alarms, as well as repairs to the raised floor area in the courtroom. In addition consideration needs to be given to the extent and cost of any further works required to bring the courthouse up to modern standards.

The Courts Service has advised that this is a very recent issue and that, in the short term, sittings are being moved to Caherciveen. This will allow for court hearings to continue and thus avoid creating a backlog of cases. It will also allow the Courts Service time to consider and consult as appropriate in regard to the medium term plan for Killorglin Courthouse and its business.

Office of Public Works Properties

129. **Deputy Jackie Cahill** asked the Tánaiste and Minister for Justice and Equality the person or body that has ownership and is responsible for the property that housed the Garda station at Upperchurch, County Tipperary; and if she will make a statement on the matter. [12423/17]

Tánaiste and Minister for Justice and Equality (Deputy Frances Fitzgerald): The general position is that the properties which serve as Garda stations are owned or leased on behalf of the State by the Office of Public Works (OPW) which also has responsibility for the provision and maintenance of Garda accommodation.

The Garda Station located at Upperchurch, Shevry, Co. Tipperary, is owned by the OPW which also has responsibility for the maintenance of the property.

Tax Credits

130. **Deputy Sean Sherlock** asked the Minister for Finance if he will grant the single parent tax credit to a person (details supplied); and if he will make a statement on the matter. [12276/17]

Minister for Finance (Deputy Michael Noonan): I am advised by Revenue that section 462B of the Taxes Consolidation Act (TCA) 1997 provides for the Single Person Child Carer Credit which is available to a single person who is the parent of a child or has the custody of and maintains a child who is living with him or her.

Subsection 462B (1)(c)(i) TCA provides that where an individual is married the credit will not apply unless the parties are separated under an order of a court or by deed of separation, or are in fact separated in such circumstances that the separation is likely to be permanent.

While the information provided by the Deputy indicates that the taxpayer does not live with her spouse, to avail of the credit the taxpayer will need to provide Revenue with either details of a court order of separation, a deed of separation or sufficient evidence to show that the marriage has ended and that the separation is likely to be permanent. Full information on the Single Person Child Carer Credit is available from the Revenue website at: <http://www.revenue.ie/en/tax/it/credits/single-credit-faq.pdf>.

It is my understanding, following contact with the Deputy's office to clarify the question, that the individual has made initial contact with her local Revenue office in relation to this is-

sue, and I have requested that Revenue contact the individual with further information as to the qualifying criteria for the credit.

Pension Provisions

131. **Deputy Pearse Doherty** asked the Minister for Finance the expected annuities on retirement based on reaching the standard fund threshold of €1.3 million if the standard fund threshold was reduced to €1.3 million; and if he will make a statement on the matter. [12218/17]

132. **Deputy Pearse Doherty** asked the Minister for Finance the expected annuities on retirement based on reaching the standard fund threshold of €2 million; and if he will make a statement on the matter. [12219/17]

Minister for Finance (Deputy Michael Noonan): I propose to take Questions Nos. 131 and 132 together.

In Budget 2013 I indicated that tax relief on pension contributions would in future only serve to subsidise pension schemes that deliver income of up to €60,000 per annum. Extensive work was subsequently undertaken to consider the technical aspects of delivering on this Budget undertaking. This work was of necessity based on 2013 valuations. While there was not a direct specific correlation, this led to the reduction from €2.3 million to €2 million in the SFT in Budget 2014 and Finance (No.2) Act 2013 with effect from 1 January 2014. Without engaging in similar detailed work it would not be possible to make an estimate of the annuities that could be expected where the SFT had been reduced to €1.3 million.

Pension Provisions

133. **Deputy Pearse Doherty** asked the Minister for Finance the number of pension funds drawn down on retirement on which there was an initial drawdown, that had valuations (details supplied), in each of the years 2013 to 2016, in tabular form. [12226/17]

Minister for Finance (Deputy Michael Noonan): Section 790AA of the Taxes Consolidation Act 1997 provides for the taxation of retirement lump sums, paid under various pension arrangements, that are above the specified tax-free limit of €200,000.

Revenue has advised me that its records are not maintained in a manner that facilitates the provision of the information in the tranches requested by the Deputy. However, the following table sets out the total number of relevant retirement lump sum payments (> €200,000) and the associated tax collected for the years 2013 to 2016.

Revenue has also confirmed that it holds no data in regard to retirement lump sums where the amounts paid were below the tax-free limit.

Year	Total number of retirement lump sum payments > €200,000	Total tax paid (millions)
2013	857	€14.4
2014	888	€12.2
2015	883	€14.8
2016	910	€13.2

Tax Credits

134. **Deputy Pearse Doherty** asked the Minister for Finance the number of taxpayers that availed of the incapacitated child benefit in each of the past five years; and if he will make a statement on the matter. [12249/17]

135. **Deputy Pearse Doherty** asked the Minister for Finance his views on whether there is sufficient awareness of the incapacitated child benefit among taxpayers; if consideration has been given to proactively bringing it to the attention of possible candidates such as through collaboration with the Departments of Health, Children and Youth Affairs or Social Protection; and if he will make a statement on the matter. [12250/17]

Minister for Finance (Deputy Michael Noonan): I propose to take Questions Nos. 134 and 135 together.

I have assumed for the purposes of this reply that the Deputy's questions refer to the Incapacitated Child Tax Credit.

I am advised by Revenue that the trend in the number of claims, and associated costs, for the Incapacitated Child Tax Credit is available in the Costs of Tax Expenditures Table on the Revenue Statistics webpage at <http://www.revenue.ie/en/about/statistics/costs-expenditures.html>.

The information provides an annual breakdown of the cost to the Exchequer and the associated numbers claiming the "Additional Credit for Incapacitated Child" for the years 2004 to 2014; which are the years for which complete PAYE and self-employed income tax filing data are available. The published information will be updated in due course as newer data, including from the 2015 Form 11 for self-employed cases, is available. However, despite the absence of complete information for 2015 onwards, Revenue has also advised that there is more timely information available on claims in respect of PAYE taxpayers in employment. That data reflects the number of PAYE taxpayers with the Incapacitated Child Credit on their record, irrespective of whether the taxpayer has the earning capacity to use some or all of the credit.

The comparison of the published website data (PAYE and self-employed taxpayers who have used all or some of the incapacitated child credit) up to 2014, and provisional data for PAYE taxpayers only up to 2017, is as follows:

Year	PAYE taxpayers in employment credit on record	PAYE and self-employed taxpayers: claims giving rise to a cost to the Exchequer (years for which complete data is available)
2013	14,682	17,700
2014	15,292	20,300
2015	15,673	
2016	15,890	
2017	15,893	

The entitlement to the Incapacitated Child Tax Credit is set out in section 465 Taxes Consolidation Act 1997 (as amended). This provides that a taxpayer is entitled to the tax credit for a year if it is proven that he or she had a permanently incapacitated living child:-

- under 18 years of age, or
- over 18 years who is permanently incapacitated from maintaining himself/herself and became permanently incapacitated either before reaching 21 years, or had become so incapacitated after reaching the age of 21 years but while receiving full-time instruction at any university, college, school or other educational establishment.

To establish entitlement to the credit in respect of any child, medical evidence is required. Once confirmation of entitlement has been provided with the initial claim, the credit will be awarded to the eligible taxpayer in subsequent tax years provided the relevant conditions continue to be met.

I am advised by Revenue that they have regular contact with relevant Government bodies and agencies, and voluntary bodies, about the Incapacitated Child Tax Credit. Those contacts include regular updating of information to the Citizens Information Board for their website Citizensinformation.ie.

Revenue has also advised that they have ongoing contact with the Departments of Social Protection, Health and Children and Youth Affairs; and update those Departments specifically about the credit, including information about the conditions for claiming the credit, how to claim it (including that the credit is available to claim online on PAYE Services), and the necessary evidence which is required from medical practitioners. Revenue is always open to exploring ways in which awareness of the credit may be increased.

The approach towards raising awareness of the Incapacitated Child Tax Credit is in keeping with other initiatives undertaken by Revenue to publicise taxpayers' entitlements to tax credits and reliefs which included sending a targeted, written reminder, late last year, to almost 140,000 taxpayers who had not claimed any additional tax credits in the previous four years.

Tax Credits

136. **Deputy Martin Heydon** asked the Minister for Finance the reason tax on a pension for a person (details supplied) in County Kildare has increased in the past couple of months; and if he will make a statement on the matter. [12424/17]

Minister for Finance (Deputy Michael Noonan): I am advised by Revenue that the person concerned is, based on the information available to Revenue, paying the correct tax for 2017. The person was incorrectly granted an additional PAYE tax credit in 2016. This credit was correctly removed for 2017 resulting in an additional tax liability. A tax credit certificate issued to the person concerned on 12 December 2016 showing the correct credits.

I am advised by Revenue that the local Revenue District will be in direct contact with the person concerned in the matter very shortly.

Skills Shortages

137. **Deputy Thomas Byrne** asked the Minister for Education and Skills if his attention has been drawn to a shortage in the availability of the trade of shuttering carpenters here at present. [12285/17]

Minister of State at the Department of Education and Skills (Deputy John Halligan): As levels of activity in the construction sector continues to increase, demand for skilled and semi-skilled occupations is forecast to increase over the coming years. The planning of education and training provision is taking account of this forecasted growth in demand in both the apprenticeship system and also the broader Further Education and Training programmes.

While there is no dedicated apprenticeship for form shuttering in Ireland, aspects of the skills required to carry out formwork are covered in the statutory carpentry and joinery apprenticeship. There has been strong growth in the numbers of registrations in the carpentry and join-

ery apprenticeship with 399 apprentices registering in 2016, a 37% increase on the 2015 figure.

Further Education and Training providers deliver a range of specific skills programmes for the construction sector outside of the apprenticeship system. SOLAS, in consultation with Industry and Education and Training Boards continue to expand provision to meet the needs of the construction sector in a number of semi-skilled areas. I understand that formwork skills will be covered in a new Construction Operative Programme which will be rolled out in 2017 with approximately 100 places.

School Accommodation Provision

138. **Deputy Catherine Murphy** asked the Minister for Education and Skills the status of plans to provide additional classrooms at a school (details supplied); if prefabs are likely to be required; and if he will make a statement on the matter. [12220/17]

Minister for Education and Skills (Deputy Richard Bruton): I wish to advise the Deputy that the primary school in question is recognised as a single stream school and is expected to continue operating at this level. There is no requirement therefore for additional classrooms.

The Deputy will be aware that the school building in which the primary school is accommodated is also hosting a new post primary school during its start-up years. In that regard, it is my Department's intention to construct a new school building for the post-primary school and architectural planning to deliver the building project concerned has commenced.

School Accommodation Provision

139. **Deputy Catherine Murphy** asked the Minister for Education and Skills if approval will be given to proceed with the classrooms in advance of a hall for a school (details supplied); if his attention has been drawn to the fact that prefabs are currently costing €40,000 per annum; and if he will make a statement on the matter. [12222/17]

Minister for Education and Skills (Deputy Richard Bruton): In March 2015 my Department approved a devolved grant for the provision of two mainstream classrooms with en-suite toilets and the conversion of an existing classroom to a multi-purpose room at the school to which the Deputy refers.

The School subsequently submitted an application for funding for a GP room which the school said it would co-fund. In the circumstances, the Department agreed to make a contribution towards the provision of a GP room in addition to the accommodation already approved.

The Board of Management submitted documentation in December 2016 with a projected cost plan well in excess of the approved grant generated, in the main, by the extent of the GP provision the school had planned.

The school was advised in a letter dated 14 December 2016 to scale back the works to be consistent with the scope of works and grant originally approved.

My Department has no difficulty with the project proceeding within the scope of work and grant approved, provided that this course of action is now compliant with all Statutory approvals. It would be prudent for the School Authority to contact my Department's Planning and Building Unit to discuss this matter.

Education and Training Boards

140. **Deputy Niamh Smyth** asked the Minister for Education and Skills the status of a project (details supplied); the timeframe for provision of same; and if he will make a statement on the matter. [12225/17]

Minister for Education and Skills (Deputy Richard Bruton): The project referred to by the Deputy was advocated during consultation meetings surrounding the development of a local authority strategy. The ETB in question is a member of the strategy group established by the local authority and has participated in its public consultation process.

The project is a matter for the local authority in the first instance in line with its strategy. I understand that while the ETB's premises may be part of the consideration for same, no decision to house the project there has been taken.

The ETB, in the context of its training remit, provides IT-related courses and apprenticeships from the location in question.

As indicated in my reply of 16 and 29 November, the proposed project is primarily a matter for the relevant local authority, which would be best placed to provide further information. My Department is not directly involved in the project and accordingly I am not in a position to provide the type of information requested by the Deputy.

Schools Building Projects Status

141. **Deputy Seán Haughey** asked the Minister for Education and Skills the proposed new primary schools in the Dublin 13 area on the school building programme; the stages at which these schools are at on the programme; when these schools will be operational; and if he will make a statement on the matter. [12233/17]

Minister for Education and Skills (Deputy Richard Bruton): I wish to advise the Deputy that it is my Department's intention to construct two new 16-classroom schools to be co-located on a campus site serving the Dublin 13 area. The building projects will shortly be progressed to tender stage. The schools in question are currently operational.

Teachers' Remuneration

142. **Deputy Joan Burton** asked the Minister for Education and Skills to set down the number of primary teachers on his Department's payroll who are currently paid a qualification allowance at the pass degree rate. [12258/17]

Minister for Education and Skills (Deputy Richard Bruton): The information requested by the Deputy is as follows and refers to the school year 2016/2017:

Number of primary school teachers being paid a qualification allowance at the pass rate:

Pass Primary Degree allowance - 6,550

Pass Masters Degree allowance - 96

Pass Higher Diploma in Education allowance - 504.

School Staff

143. **Deputy Joan Burton** asked the Minister for Education and Skills to set down the number of substitute teachers employed per school day, on average, in primary schools; if these positions are taken account of in planning for the supply of teachers; if his attention has been drawn to an acute shortage of teachers to fill substitute teacher positions; and his plans to address this serious issue for schools. [12259/17]

Minister for Education and Skills (Deputy Richard Bruton): In overall terms the Department has no evidence of a recent or current general shortage of primary teachers, including for substitute positions. However, I am aware that some schools are experiencing difficulty in recruiting substitute teachers, and I am committed to examining all possible means of addressing this issue.

The Deputy will be aware that a Technical Working Group (TWG) was set up by the Teaching Council to formulate advice on teacher supply. The TWG's Report sets out an approach to planning which scopes out the work necessary to develop a model for teacher supply in the medium to long term. It recognises that the implementation of its recommendations will have significant resource implications, including staffing.

The Report identifies that the number of substitute teachers necessary to cover for teacher absences is an important variable in any teacher supply model. The Action Plan for Education for 2017 contains commitments to progress the recommendations this year.

The specific information sought by the Deputy is not readily available. However, an analysis of the data for one recent school day indicated that 3,661 primary substitute teachers were paid for that day. The figure includes short term and long term substitution including for example maternity leave.

Third Level Staff

144. **Deputy Joan Burton** asked the Minister for Education and Skills if all the recommendations of the Cush report in respect of fixed-term workers in third level colleges have been accepted and implemented by him; and if not, the specific recommendations that remain outstanding. [12260/17]

Minister for Education and Skills (Deputy Richard Bruton): The Report of the Chair of the Expert Group on Fixed Term and Part-Time issues in Lecturing in Ireland was published in May 2016 and the Report contains a number of recommendations that will assist in addressing concerns raised about the level of part-time and fixed-term employment in lecturing in the third level sector. My Department issued directions to the sector on the 4th July 2016 to implement the recommendations contained in the report in accordance with the terms of the Lansdowne Road Agreement and my understanding is that the Institutions are taking steps to do so.

If a union representing lecturing grades believes that a third level college is not implementing the recommendations contained within the Report of the Chair of the Expert Group, that union can seek to have the matter addressed using the dispute resolution procedures provided for in the Public Service Agreement.

Commemorative Events

145. **Deputy Colm Brophy** asked the Minister for Education and Skills to outline his views on a submission made to his Department regarding the provision of lumper potatoes to schools teaching children about the Famine; and if he will make a statement on the matter. [12269/17]

Minister for Education and Skills (Deputy Richard Bruton): My Department is keen to support Famine commemoration where it is feasible and practicable to do so. My officials will seek further clarification regarding the project outlined in the submission. This will include seeking copies of the literature being proposed for issue to schools and clarification regarding how the project would work during the period when schools are closed (i.e. holiday times). When these details have been provided, they will be considered by my Department and a decision will be made.

Educational Disadvantage

146. **Deputy Seán Crowe** asked the Minister for Education and Skills to outline the mechanism and criteria for a Youthreach programme to apply and receive funding for DEIS status supports; if his attention has been drawn to difficulties or a lack of awareness among Youthreach management on the process to access the funding; and his plans to update the current management on the scheme. [12272/17]

Minister for Education and Skills (Deputy Richard Bruton): DEIS is my Department's main policy initiative to tackle educational disadvantage. The DEIS Plan 2017 sets out my Department's goals, targets and actions for improving the learning outcomes and overall life chances of children and young people at greatest risk of not reaching their potential by virtue of their socio-economic circumstances.

The Youthreach programme is delivered and funded through SOLAS, the Further Education and Training Authority and the 16 Education and Training Boards. Youthreach is a programme for early school leavers and offers vocational and general education programmes to provide young people with the skills and qualifications required to access further education, training and employment. Youthreach is resourced in an entirely different way than the school system and is not supported through the DEIS programme. Youthreach centres have low staff student ratios to support individualised learner planning and a model that blends education and youthwork approaches.

Accordingly I have no plans to extend the DEIS programme to Youthreach.

Education and Training Boards Staff

147. **Deputy Lisa Chambers** asked the Minister for Education and Skills to outline the reason he has not approved the appointment of two members (details supplied) to the governing body of Galway-Mayo Institute of Technology when the names have been forwarded to him since February 2015 by Mayo, Sligo and Leitrim Education and Training Board via Galway and Roscommon Education and Training Board; and if he will approve the appointments without delay. [12313/17]

Minister for Education and Skills (Deputy Richard Bruton): The appointment of the first individual referred to by the Deputy has been finalised and written confirmation has issued to Galway Roscommon Education and Training Board (GRETB) confirming this. The second individual referred to was not a nominee put forward to my Department by GRETB.

While the legislation provides for me, as Minister, to appoint members of the Governing Body, I have no power to nominate the members to be appointed.

Educational Disadvantage

148. **Deputy Marc MacSharry** asked the Minister for Education and Skills to outline the reason a school (details supplied) in County Sligo has not been granted DEIS status in view of the fact that two other primary schools, which are located within six kilometres of the school concerned and are servicing the same catchment area, have DEIS status; and if he will make a statement on the matter. [12377/17]

Minister for Education and Skills (Deputy Richard Bruton): DEIS is my Department's main policy initiative to tackle educational disadvantage and the DEIS Plan 2017 sets out our vision for future intervention in the critical area of social inclusion in education policy.

A key element of DEIS Plan 2017 is the availability of a new identification process for the assessment of schools for inclusion in DEIS using centrally held CSO and DES data.

The key data sources are the DES Primary Online Database (POD) and Post-Primary Online (PPOD) Databases, and CSO data from the National Census of Population as represented in the Pobal HP Index for Small Areas which is a method of measuring the relative affluence or disadvantage of a particular geographical area. Variables used in the compilation of the HP Index include those related to demographic growth, dependency ratios, education levels, single parent rate, overcrowding, social class, occupation and unemployment rates. This data is combined with pupil data, anonymised and aggregated to small area, to provide information on the relative level of concentrated disadvantage present in the pupil cohort of individual schools. This data is applied uniformly across all the schools in the country. Further information on the development of the identification process is available in the DEIS Review report which can be found on my Department's website at <http://www.education.ie/en/Schools-Colleges/Services/DEIS-Delivering-Equality-of-Opportunity-in-Schools/>.

In its initial application, the new identification model has identified that there are schools in disadvantaged areas, not previously included in DEIS, whose level of disadvantage is significantly higher than many schools already in the programme. Accordingly, we are moving as a first step to include these schools within the DEIS School Support Programme.

Schools included in the list published by the Department on 13th February are those whose level of concentrated disadvantage has been identified as being at the same level as the current DEIS category for schools serving the highest concentrations of disadvantage.

Schools which have not been included at this stage, including the school referred to by the Deputy, are those which have not been identified as having the highest levels of concentrated disadvantage amongst their pupil cohort, under the new model, which is fair and objective.

It should be noted that each school's level of disadvantage is based on the CSO small area of population in which the student cohort of the school resides.

The new DEIS Plan provides for a verification process and any school wishing to seek verification of the information used to assess the level of disadvantage of its pupil cohort may submit an application for same to social_inclusion@education.gov.ie.

It is important to note that the school details published on 13th February represent a first step in the application of the assessment process to support pupils in schools with the highest con-

centrations of disadvantage. I am fully aware that there are further schools whose concentrated level of disadvantage may not be at the highest level, but may nevertheless be at a level which warrants additional supports for pupils under DEIS.

However, as noted in the DEIS Plan, the implementation of a new objective central data-based model of identifying levels of disadvantage within school populations will be followed by a further programme of work to create a more dynamic model where levels of resource more accurately follow the levels of need identified by that model.

Once this work has been completed, consideration will be given to extending DEIS supports to a further group of schools as resources permit.

In delivering on the DEIS Plan 2017 we must be conscious that there are ongoing changes in demographics which may be more marked in some areas than others. Populations in some areas have changed considerably since schools were originally evaluated for inclusion in DEIS 2006. The new model may reveal that some schools currently included in DEIS have a level of disadvantage within their school population much lower than that in some schools not included within DEIS. If this turns out to be the case, then we must consider whether it is fair that those schools continue receiving these additional resources, using resources that may be more fairly allocated to the schools with greater levels of disadvantage.

School Services Staff

149. **Deputy Brendan Griffin** asked the Minister for Education and Skills if school secretaries that are being paid by grants from his Department will be recognised as employees of his Department similar to many of their peers; and if he will make a statement on the matter. [12384/17]

Minister for Education and Skills (Deputy Richard Bruton): A scheme was initiated in 1978 for the employment of Clerical Officers in primary and secondary schools. While a small number of these staff remain in schools, the scheme is being phased out and has been superseded by a more extensive capitation grant scheme.

The majority of primary and voluntary secondary schools in the Free Education Scheme now receive capitation grant assistance to provide for secretarial services (and caretaking and cleaning services). Within the capitation grant schemes, it is a matter for each individual school to decide how best to apply the grant funding to suit its particular needs. Where a school uses the capitation grant funding to employ a secretary, such staff are employees of individual schools.

My Department has no plans to develop an alternative scheme for schools to employ secretaries separate to the current system of capitation grant assistance.

Water and Sewerage Schemes Funding

150. **Deputy Eamon Scanlon** asked the Minister for Housing, Planning, Community and Local Government when he will allocate funding to a group sewage scheme (details supplied) in County Leitrim; and if he will make a statement on the matter. [12247/17]

151. **Deputy Eamon Scanlon** asked the Minister for Housing, Planning, Community and Local Government when he will allocate funding to a group sewage scheme (details supplied) in County Leitrim; and if he will make a statement on the matter. [12248/17]

Minister for Housing, Planning, Community and Local Government (Deputy Simon Coveney): I propose to take Questions Nos. 150 and 151 together.

My Department's new Multi-annual Rural Water Programme 2016-2018 includes funding of groups sewerage schemes, through Measure 4(d), where clustering of households on individual septic tanks is not a viable option, particularly from an environmental perspective.

Local authorities were invited in January 2016 to submit bids under the programme. The invitation envisaged no more than two demonstration group sewerage projects being brought forward under the measure in any one year of the three year programme. The demonstrations will allow my Department, over the course of the programme, to determine the appropriate enduring funding levels and relationship with the current grant scheme. Proposed Group Sewerage Schemes for both Fawn and Cloonturk were included by Leitrim County Council in its bids under the measure. In total, 83 Bids were received from 17 Local Authorities requesting funding under this measure.

An Expert Panel was convened by my Department to examine the 2016 bids from local authorities for projects under a number of the programme's measures, including Measure 4(d), and to make recommendations to the Department on funding. The Panel recommended a priority list of demonstration schemes under this measure to my Department which accepted the recommendations in full when approving the rural water allocations for 2016. The priority list recommended by the Panel did not include the proposed Fawn and Cloonturk schemes.

As only two demonstration projects can be advanced in any given year and a priority list of new demonstration group sewerage schemes has already been identified for the duration of the programme, there is currently no scope for any additional schemes.

A copy of the Expert Panel's report and consideration of all proposals under the Programme is available on my Department's website at the following link:

<http://www.housing.gov.ie/water/water-services/rural-water-programme/group-water-schemes-and-rural-water-issues>.

Cross-Border Co-operation

152. **Deputy Niamh Smyth** asked the Minister for Housing, Planning, Community and Local Government to set out the status of PEACE IV funding; if it is expected that Brexit will have any implications on PEACE funding and the way it is administered; and if he will make a statement on the matter. [12322/17]

Minister for Housing, Planning, Community and Local Government (Deputy Simon Coveney): My Department has policy responsibility for, and provides funding under, two themes under the PEACE IV Programme. These themes are Shared Spaces and Services and Building Positive Relations at Local Level. Progress under these themes, and the roll-out of the programme generally, is proceeding as expected. I anticipate a successful implementation of the PEACE IV Programme and, at this stage, I don't expect Brexit to impact significantly on the funding or administration arrangements under either theme for which my Department has responsibility.

To this end, arrangements have been agreed between Ireland and the UK, which seek to mitigate the impact of Brexit on programme funding agreements and secure funding arrangements for programme beneficiaries that allow them to plan for the future with confidence. These arrangements have facilitated full implementation of the programmes to proceed on a firmer

basis than would have been possible otherwise.

Accordingly, I anticipate a full spend under the programme, with approximately €270 million invested in actions that promote positive relations between people from different communities and backgrounds, across both Northern Ireland and the border counties of Ireland. This investment includes some €9 million and €32 million from Ireland and the UK respectively, with a matching contribution of €229 million from the EU.

Planning Issues

153. **Deputy Clare Daly** asked the Minister for Housing, Planning, Community and Local Government if his attention has been drawn to a planning application (details supplied) currently before Cavan county council; and if he will make a statement on the matter. [12398/17]

Minister for Housing, Planning, Community and Local Government (Deputy Simon Coveney): I refer the Deputy to the reply to Question Number 99 of 2 March 2017, which sets out the position in relation to this matter.

Local Authority Housing Data

154. **Deputy Tony McLoughlin** asked the Minister for Housing, Planning, Community and Local Government the number of empty local authority housing units in counties Sligo and Leitrim at present; and if he will make a statement on the matter. [12217/17]

Minister for Housing, Planning, Community and Local Government (Deputy Simon Coveney): Statistics in relation to social housing stock are gathered by the National Oversight and Audit Commission (NOAC) in their annual reports on Performance Indicators in Local Authorities. These statistics are set out by local authority and include the percentage of such dwellings that were vacant at the end of the year, with the last year for which the statistics are available being 2015. This report is available at the following link: <http://noac.ie/wp-content/uploads/2016/12/2015-PI-Report.pdf>.

The ongoing management of its social housing stock, including dealing with vacant units, is a matter in the first place for each individual local authority. However, funding support from my Department to local authorities in recent years, including to Sligo and Leitrim County Councils, has assisted the return of vacant social stock to productive use, in an energy efficient condition.

While this focussed effort on dealing with vacant social housing has been of notable benefit, there will always be a level of vacant houses at any given point in time, as would be expected in the management of the thousands of homes owned by local authorities.

Local Authority Staff Data

155. **Deputy Catherine Murphy** asked the Minister for Housing, Planning, Community and Local Government the numbers employed either full-time or part-time by each local authority in 2014, 2015 and 2016; and if he will make a statement on the matter. [12223/17]

Minister for Housing, Planning, Community and Local Government (Deputy Simon Coveney): My Department is responsible for workforce planning for the local government sector, including monitoring of local government sector employment levels. Up-to-date staffing

numbers for the local authority sector are available on the Public Service Numbers Databank which is hosted and maintained by the Department of Public Expenditure and Reform and is available at the following link: <http://databank.per.gov.ie/>.

The Databank provides access to information from 1980 onwards.

The information requested is set out in the tables below on a full-time equivalent basis (FTE).

Full-time equivalent employment is the number of full-time equivalent jobs, defined as total hours worked divided by average annual hours worked in full-time jobs.

LOCAL AUTHORITY	Dec 2014	Dec 2015	Dec 2016
Cork City	1210.06	1217.68	1241.21
Dublin City	5445.7	5308	5290.15
Galway City	410.1	418.5	421.41
Limerick City & County	1008.14	1034.05	1068.09
Waterford City & County	773.13	785.73	769.17
Carlow	264.86	263.89	261.79
Cavan	360.55	362.3	372.3
Clare	712.81	719.21	719.34
Cork	1947.31	1947.41	1933.31
Donegal	832.33	851.91	893.11
Dún Laoghaire	951	930.9	908.1
Fingal	1250.66	1242.07	1257.05
Galway	752.08	740.22	751.4
Kerry	1050.34	1063.72	1080.88
Kildare	793.7	803.1	848.5
Kilkenny	486.86	482.25	501.63
Laois	348.57	376.12	390.89
Leitrim	253.09	251.05	255.69
Longford	272.85	268.6	280.68
Louth	606.05	594.28	596.81
Mayo	927.01	928.71	923.81
Meath	621.98	631.87	645.91
Monaghan	362.74	364.25	386.57

LOCAL AUTHORITY	Dec 2014	Dec 2015	Dec 2016
Offaly	376	373.8	378.4
Roscommon	407.89	403.96	384.75
Sligo	414.44	390.39	380.71
South Dublin	1055.69	1017.17	1102.47
Tipperary	1002.33	975.62	982.83
Westmeath	458.54	462.07	438.39
Wexford	699.9	693.68	724.25
Wicklow	678.65	666.85	611.85
LA TOTAL	26735.36	26569.36	26801.45

Property Tax

156. **Deputy Catherine Murphy** asked the Minister for Housing, Planning, Community and Local Government the amount that was allocated to each local authority in 2015 and 2016 from the local government fund in tabular form; the amount of local property tax collected by the Revenue Commissioners by each local authority, in 2015 and 2016 in tabular form; and if he will make a statement on the matter. [12228/17]

157. **Deputy Catherine Murphy** asked the Minister for Housing, Planning, Community and Local Government his plans to revise the basis for the distribution of the local property tax following the 2016 census of population; the point in time for establishing each local authority's needs and resources; his plans to review the local authority needs, such as staff ratios, the absence of identified facilities or services and additional new demands that have been acquired; and if he will make a statement on the matter. [12242/17]

158. **Deputy Catherine Murphy** asked the Minister for Housing, Planning, Community and Local Government the local authorities that were net contributors to the local property tax equalisation fund in 2015 and 2016; the amounts for each local authority; the counties that were net recipients in 2015 and 2016 and the amounts by local authority; if non-local property tax funds were used to make up any shortfall; and if he will make a statement on the matter. [12243/17]

159. **Deputy Catherine Murphy** asked the Minister for Housing, Planning, Community and Local Government the amount the local property tax has been varied by each local authority in 2015 and 2016; his plans to make any alterations to this aspect of the scheme; and if he will make a statement on the matter. [12245/17]

Minister for Housing, Planning, Community and Local Government(Deputy Simon Coveney): I propose to take Question Nos. 156 to 159, inclusive, together.

Local Property Tax (LPT) was introduced to provide an alternative, stable and sustainable funding base for the local authority sector, providing greater levels of connection between local revenue raising and associated expenditure decisions and giving greater funding certainty for the sector through removing the reliance on other taxes, which may fluctuate according to economic circumstances. LPT is collected and administered by the Revenue Commissioners

and is remitted to the Central Fund. The Minister for Finance pays an equivalent to the amount collected in LPT into the Local Government Fund. The Revenue Commissioners publish LPT information including details of LPT collected in all local authority areas on their website at the following link: <http://www.revenue.ie/en/about/statistics/local-property-tax.html>.

In 2015 and 2016, €548,029,200 and €588,636,453, respectively, were provided to local authorities from the Local Government Fund (LGF). The following tables outline the amount of funding provided to each local authority from the LGF in 2015 and 2016.

The audited accounts of the LGF are available on my department's website at the following link:

<http://www.housing.gov.ie/search/archived/archived/archived/current/type/publications?query=Local%20Government%20Fund%20Accounts>.

The 2016 accounts are currently being prepared.

Local retention of LPT commenced in 2015. The Government decided that no local authority would receive less income from LPT in 2015 and 2016 than they received as General Purpose Grants (GPGs) from the Local Government Fund in 2014. Given that local authorities vary significantly from one another in terms of size, population, public service demands, infrastructure and income sources, the Government decided that 80% of LPT is retained locally to fund public services. The remaining 20% is re-distributed to provide equalisation funding to certain local authorities that have lower property tax bases due to the variance in property values and density across the State. In accordance with the decisions taken by Government, no local authority received less discretionary income from LPT in 2015 or 2016 than they received as General Purpose Grants (GPGs) from the Local Government Fund in 2014, unless of course, the authority itself decided to reduce its LPT rate and forfeit the income in line with the power available to local authorities to vary the basic rate of LPT in their respective areas by up to 15%.

The LPT allocations to individual local authorities, amounting to €459m for 2015 and €453m for 2016, along with details of the amounts retained locally in each local authority area, local variation decisions, equalisation amounts etc., are published on my Department's website at the following links: Local Authority 2015 LPT Allocations:

<http://www.environ.ie/sites/default/files/migrated-files/en/Publications/LocalGovernment/Administration/FileDownload%2C43580%2Cen.pdf>.

Local Authority 2016 LPT Allocations: <http://www.environ.ie/sites/default/files/migrated-files/en/Publications/LocalGovernment/Administration/FileDownload%2C43581%2Cen.pdf>.

Sixteen local authorities were net contributors and 15 local authorities were net recipients of equalisation funding in 2015. In 2016, 15 local authorities were net contributors and 16 local authorities were net recipients of equalisation funding. Details of the 20% contribution from all local authorities and the distribution of equalisation funding for both years are set out in the 2015 and 2016 LPT allocations web links referred to above. The shortfall between the total amounts required for equalisation funding purposes and the 20% contribution from local authorities is met by the Exchequer. This approach ensures that every local authority has a basic minimum level of funding available to it. This is a significant investment by the State in the future of local government in a challenging national fiscal situation.

The same formula has been applied to all local authorities who needed to receive equalisation top-up funding from the Local Government Fund. The minimum LPT funding baseline in 2015 and 2016 is linked to previous General Purpose Grant amounts provided to authorities in 2014. The needs of local authorities vary significantly across the State, depending on a very

complex range of factors. While there is undoubtedly an infinite suite of options that could be utilised to manage the distribution of LPT between these competing demands, the Government has decided that the current methodology is appropriate as an equitable, comparable, consistent and balanced approach, taking all the relevant factors into account. It should also be noted that LPT is just one source of income for local authorities, with commercial rates and other local charges, for example, providing significant funding for the sector along with grants from Government Departments, such as my Department, and other bodies. My Department keeps the allocation mechanism under review to ensure equitable treatment for all local authorities. Matters relating to equalisation levels and allocation methods for future years will be reviewed as necessary and appropriate.

Section 20 of the Finance (Local Property Tax) Act 2012 provides local authority members with the power to vary the rates of LPT in their areas from 2015 onwards by up to 15%. Any changes to this legislation are a matter for my colleague, the Minister for Finance. If an authority decides to vary the LPT basic rate upwards (by up to 15%) it retains 100% of the resultant additional income collected in that area. Likewise, if the rate is reduced, the authority forgoes the full amount of the reduced income collected.

The elected members of 14 local authorities decided to reduce the LPT rates by between 1.5% and 15% for 2015 while 17 left the rates unchanged. 11 local authorities voted to reduce the LPT rates for 2016 by between 1.5% and 15%, with the remaining 20 leaving the rates unchanged. Details of the varied rates in individual local authorities for both years are set out in the 2015 and 2016 LPT allocations web links referred to above.

Table 1 – Funding to local authorities from Local Government Fund in 2015

Local Authority	Description	Payments from LGF - 2015
Carlow County Council	Local Property Tax Allocations	5,352,469.02
	Public Participation Networks	50,000.00
	Rural Water Programme Liaison Officer Salary	15,236.86
	Rural Water Programme - Group Water Schemes Subsidy Payments	189,211.54
	Recoupment of Lost Income from Rates on Water Infrastructure	48,862.00
	Flood Relief	21,886.00
		Total: 5,677,665.42
Cavan County Council	Local Property Tax Allocations	8,458,414.98
	Public Participation Networks	24,975.00
	Rural Water Programme - Group Water Schemes Subsidy Payments	3,485,881.65
	Local Authority Water Services Capital Loans Recoupment	184,596.11
	Recoupment of Lost Income from Rates on Water Infrastructure	27,614.34
	Pilot Social Inclusion Units	50,969.09
	Flood Relief	41,526.00
	Total: 12,273,977.17	
Clare County Council	Local Property Tax Allocations	6,763,901.58
	Public Participation Networks	50,000.00
	Rural Water Programme Liaison Officer Salary	35,552.67

Local Authority	Description	Payments from LGF - 2015
	Rural Water Programme - Group Water Schemes Subsidy Payments	1,012,045.00
	Local Authority Water Services Capital Loans Recoupment	732,785.90
	Recoupment of Lost Income from Rates on Water Infrastructure	165,023.00
	Flood Relief	900,000.00
		Total: 9,659,308.15
Cork City Council	Local Property Tax Allocations	8,013,088.56
	Public Participation Networks	100,000.00
	Local Authority Water Services Capital Loans Recoupment	1,822,773.39
	Recoupment of Lost Income from Rates on Water Infrastructure	711,651.00
	Pilot Social Inclusion Units	39,711.70
	Temporary Mortuary	16,987.48
		Total: 10,704,212.13
Cork County Council	Local Property Tax Allocations	29,282,224.62
	Rural Water Programme Liaison Officer Salary	15,236.86
	Rural Water Programme - Group Water Schemes Subsidy Payments	102,084.48
	Local Authority Water Services Capital Loans Recoupment	1,005,375.31
	Recoupment of Lost Income from Rates on Water Infrastructure	1,544,069.00
	Flood Relief	135,226.00
	Local Government Boundary Costs	47,499.01
		Total: 32,131,715.28
D. Laoghaire/Rathdown County Council	Local Property Tax Allocations	34,757,156.40
	Public Participation Networks	19,851.25
	Recoupment of Lost Income from Rates on Water Infrastructure	3,333,679.00
	Pilot Social Inclusion Units	27,496.67
		Total: 38,138,183.32
Donegal County Council	Local Property Tax Allocations	22,720,759.98
	Public Participation Networks	33,445.54
	Rural Water Programme Liaison Officer Salary	35,552.67
	Rural Water Programme - Group Water Schemes Subsidy Payments	119,207.59
	Local Authority Water Services Capital Loans Recoupment	599,866.57
	Recoupment of Lost Income from Rates on Water Infrastructure	350,327.00
	Pilot Social Inclusion Units	50,210.11
	Flood Relief	763,300.54
		Total: 24,672,670.00
Dublin City Council	Local Property Tax Allocations	53,728,543.92
	Public Participation Networks	50,000.00

Questions - Written Answers

Local Authority	Description	Payments from LGF - 2015
	Local Authority Water Services Capital Loans Recoupment	1,771,213.81
	Recoupment of Lost Income from Rates on Water Infrastructure	14,279,146.00
	Pilot Social Inclusion Units	46,289.79
	Improving and Modernising the Fire & Emergency Service	83,015.76
		Total: 69,958,209.28
Fingal County Council	Local Property Tax Allocations	25,398,587.58
	Public Participation Networks	46,291.36
	Local Authority Water Services Capital Loans Recoupment	2,419,490.61
	Recoupment of Lost Income from Rates on Water Infrastructure	5,248,396.80
	Temporary Mortuary	75,665.90
	Committee of the Regions	150,000.00
		Total: 33,338,432.25
Galway City Council	Local Property Tax Allocations	6,709,100.40
	Public Participation Networks	38,302.47
	Local Authority Water Services Capital Loans Recoupment	630,914.90
	Recoupment of Lost Income from Rates on Water Infrastructure	98,909.00
	Pilot Social Inclusion Units	44,849.00
	Flood Relief	39,387.00
	Local Government Boundary Costs	12,202.65
		Total: 7,573,665.42
Galway County Council	Local Property Tax Allocations	12,506,380.98
	Public Participation Networks	27,872.52
	Rural Water Programme - Group Water Schemes Subsidy Payments	2,809,310.43
	Local Authority Water Services Capital Loans Recoupment	980,832.45
	Recoupment of Lost Income from Rates on Water Infrastructure	32,783.00
	Pilot Social Inclusion Units	50,032.73
	Temporary Mortuary	16,730.66
	Flood Relief	980,418.00
		Total: 17,404,360.77
Kerry County Council	Local Property Tax Allocations	11,659,186.02
	Public Participation Networks	42,073.13
	Rural Water Programme Liaison Officer Salary	35,552.67
	Rural Water Programme - Group Water Schemes Subsidy Payments	144,439.00
	Local Authority Water Services Capital Loans Recoupment	195,063.83
	Recoupment of Lost Income from Rates on Water Infrastructure	253,146.00
	Flood Relief	244,447.00
		Total: 12,573,907.65

Local Authority	Description	Payments from LGF - 2015
Kildare County Council	Local Property Tax Allocations	16,082,282.16
	Public Participation Networks	30,650.25
	Rural Water Programme Liaison Officer Salary	35,552.67
	Rural Water Programme - Group Water Schemes Subsidy Payments	129,321.11
	Recoupment of Lost Income from Rates on Water Infrastructure	2,560,744.00
	Flood Relief	30,452.58
		Total: 18,869,002.77
Kilkenny County Council	Local Property Tax Allocations	9,356,019.00
	Public Participation Networks	15,783.24
	Rural Water Programme Liaison Officer Salary	15,236.86
	Rural Water Programme - Group Water Schemes Subsidy Payments	271,650.43
	Recoupment of Lost Income from Rates on Water Infrastructure	22,346.00
		Total: 9,681,035.53
Laois County Council	Local Property Tax Allocations	7,631,323.98
	Public Participation Networks	21,464.87
	Rural Water Programme Liaison Officer Salary	15,236.86
	Rural Water Programme - Group Water Schemes Subsidy Payments	355,744.95
	Recoupment of Lost Income from Rates on Water Infrastructure	75,690.84
	CCTV	50,000.00
		Total: 8,149,461.50
Leitrim County Council	Local Property Tax Allocations	8,282,319.00
	Public Participation Networks	16,835.00
	Rural Water Programme Liaison Officer Salary	35,552.67
	Rural Water Programme - Group Water Schemes Subsidy Payments	244,558.57
	Local Authority Water Services Capital Loans Recoupment	52,118.32
	Recoupment of Lost Income from Rates on Water Infrastructure	21,306.27
		Total: 8,652,689.83
Limerick City and County Council	Local Property Tax Allocations	14,139,275.52
	Public Participation Networks	50,000.00
	Rural Water Programme Liaison Officer Salary	15,236.86
	Rural Water Programme - Group Water Schemes Subsidy Payments	992,370.76
	Local Authority Water Services Capital Loans Recoupment	1,614,281.36
	Recoupment of Lost Income from Rates on Water Infrastructure	1,948,485.00
	Pilot Social Inclusion Units	16,051.31

Questions - Written Answers

Local Authority	Description	Payments from LGF - 2015
	Improving and Modernising the Fire & Emergency Service	89,765.28
	Document Management	10,378.47
	Flood Relief	328,839.92
		Total: 19,204,684.48
Longford County Council	Local Property Tax Allocations	8,054,219.34
	Public Participation Networks	17,093.75
	Rural Water Programme Liaison Officer Salary	35,552.67
	Rural Water Programme - Group Water Schemes Subsidy Payments	12,880.00
	Recoupment of Lost Income from Rates on Water Infrastructure	78,307.61
	Flood Relief	85,513.00
	North/South Bodies (All Island Forum)	43,350.00
		Total: 8,326,916.37
Louth County Council	Local Property Tax Allocations	8,098,323.18
	Public Participation Networks	34,798.13
	Rural Water Programme Liaison Officer Salary	35,552.67
	Rural Water Programme - Group Water Schemes Subsidy Payments	111,942.50
	Recoupment of Lost Income from Rates on Water Infrastructure	585,784.30
	Flood Relief	37,889.00
		Total: 8,904,289.78
Mayo County Council	Local Property Tax Allocations	17,171,286.06
	Public Participation Networks	48,102.63
	Rural Water Programme Liaison Officer Salary	35,552.67
	Rural Water Programme - Group Water Schemes Subsidy Payments	3,328,507.23
	Local Authority Water Services Capital Loans Recoupment	628,578.93
	Recoupment of Lost Income from Rates on Water Infrastructure	201,223.00
	Improving and Modernising the Fire & Emergency Service	10,725.60
	Flood Relief	980,000.00
		Total: 22,403,976.12
Meath County Council	Local Property Tax Allocations	14,366,383.98
	Public Participation Networks	4,135.25
	Rural Water Programme Liaison Officer Salary	15,236.86
	Rural Water Programme - Group Water Schemes Subsidy Payments	97,283.49
	Local Authority Water Services Capital Loans Recoupment	320,377.56
	Recoupment of Lost Income from Rates on Water Infrastructure	307,713.00
	Pilot Social Inclusion Units	23,732.01

Local Authority	Description	Payments from LGF - 2015
		Total: 15,134,862.15
Monaghan County Council	Local Property Tax Allocations	10,247,881.98
	Public Participation Networks	50,000.00
	Rural Water Programme Liaison Officer Salary	35,552.67
	Rural Water Programme - Group Water Schemes Subsidy Payments	2,589,005.29
	Recoupment of Lost Income from Rates on Water Infrastructure	95,995.10
	Flood Relief	45,500.00
		Total: 13,063,935.04
Offaly County Council	Local Property Tax Allocations	6,663,642.00
	Public Participation Networks	12,823.16
	Rural Water Programme Liaison Officer Salary	15,236.86
	Rural Water Programme - Group Water Schemes Subsidy Payments	523,668.59
	Local Authority Water Services Capital Loans Recoupment	41,354.04
		Total: 7,256,724.65
Roscommon County Council	Local Property Tax Allocations	9,107,439.00
	Public Participation Networks	17,368.86
	Rural Water Programme Liaison Officer Salary	35,552.67
	Rural Water Programme - Group Water Schemes Subsidy Payments	636,581.61
	Local Authority Water Services Capital Loans Recoupment	264,203.75
	Pilot Social Inclusion Units	26,560.31
	Flood Relief	285,000.00
		Total: 10,372,706.20
Sligo County Council	Local Property Tax Allocations	9,993,352.12
	Public Participation Networks	50,000.00
	Rural Water Programme Liaison Officer Salary	15,236.86
	Rural Water Programme - Group Water Schemes Subsidy Payments	953,670.21
	Local Authority Water Services Capital Loans Recoupment	573,894.67
	Recoupment of Lost Income from Rates on Water Infrastructure	132,440.66
	Flood Relief	297,000.00
		Total: 12,015,594.52
Sth Dublin County Council	Local Property Tax Allocations	21,224,720.64
	Public Participation Networks	36,791.25
	Local Authority Water Services Capital Loans Recoupment	562,331.56
	Recoupment of Lost Income from Rates on Water Infrastructure	6,852,495.00
	Pilot Social Inclusion Units	50,942.09

Questions - Written Answers

Local Authority	Description	Payments from LGF - 2015
		Total: 28,727,280.54
Tipperary County Council	Local Property Tax Allocations	23,320,110.00
	Public Participation Networks	50,000.00
	Rural Water Programme Liaison Officer Salary	15,236.86
	Rural Water Programme - Group Water Schemes Subsidy Payments	331,930.42
	Local Authority Water Services Capital Loans Recoupment	122,568.23
	Recoupment of Lost Income from Rates on Water Infrastructure	426,232.69
	Improving and Modernising the Fire & Emergency Service	130,780.31
	Flood Relief	52,000.00
		Total: 24,448,858.51
Waterford City and County	Local Property Tax Allocations	16,524,430.98
	Public Participation Networks	49,846.25
	Rural Water Programme Liaison Officer Salary	15,236.86
	Rural Water Programme - Group Water Schemes Subsidy Payments	8,200.89
	Local Authority Water Services Capital Loans Recoupment	494,819.62
	Recoupment of Lost Income from Rates on Water Infrastructure	4,503,996.00
	Pilot Social Inclusion Units	49,273.73
	Flood Relief	253,400.00
		Total: 21,899,204.33
Westmeath County Council	Local Property Tax Allocations	9,918,066.00
	Public Participation Networks	50,000.00
	Rural Water Programme Liaison Officer Salary	35,552.67
	Rural Water Programme - Group Water Schemes Subsidy Payments	35,463.51
	Recoupment of Lost Income from Rates on Water Infrastructure	68,986.30
	Flood Relief	241,309.00
	Local Government Boundary Costs	1,058.39
		Total: 10,350,435.87
Wexford County Council	Local Property Tax Allocations	11,888,575.98
	Public Participation Networks	50,000.00
	Rural Water Programme Liaison Officer Salary	35,552.67
	Rural Water Programme - Group Water Schemes Subsidy Payments	381,882.77
	Local Authority Water Services Capital Loans Recoupment	102,631.75
	Recoupment of Lost Income from Rates on Water Infrastructure	129,296.00
		Total: 12,587,939.17
Wicklow County Council	Local Property Tax Allocations	11,448,674.04

Local Authority	Description	Payments from LGF - 2015
	Public Participation Networks	35,655.63
	Rural Water Programme Liaison Officer Salary	35,552.67
	Rural Water Programme - Group Water Schemes Subsidy Payments	74,091.82
	Recoupment of Lost Income from Rates on Water Infrastructure	2,240,402.00
	Pilot Social Inclusion Units	38,919.95
		Total: 13,873,296.11
All Local Authorities		Grand Total: 548,029,200.31

Table 2 – Funding to local authorities from Local Government Fund in 2016

-	Description	Payments from LGF - 2016
Carlow County Council	Local Property Tax Allocations	5,352,469.02
	Public Participation Networks	27,406.92
	Reduced Pension Related Deductions Income	238,430.40
	Increased Pay & Pensions Costs	29,266.63
	DHPCLG 2016 Centenary Programme	32,258.00
	Rural Water Programme Liaison Officer Salary	15,236.86
	Rural Water Programme - Group Water Schemes Subsidy Payments	179,479.06
	Recoupment of Lost Income from Rates on Water Infrastructure	49,077.00
	Global Valuations	180,980.00
	Flood Relief	291,686.34
		Total: 6,396,290.23
Cavan County Council	Local Property Tax Allocations	8,458,414.98
	Public Participation Networks	45,839.84
	Reduced Pension Related Deductions Income	Local Authority
	Increased Pay & Pensions Costs	74,863.75
	DHPCLG 2016 Centenary Programme	32,258.00
	Rural Water Programme - Group Water Schemes Subsidy Payments	1,936,092.96
	Local Authority Water Services Capital Loans Recoupment	99,322.35
	Recoupment of Lost Income from Rates on Water Infrastructure	30,286.29
	Global Valuations	159,061.00
	Pilot Social Inclusion Units	51,108.73
	Flood Relief	91,128.00
		Total: 11,211,552.49
Clare County Council	Local Property Tax Allocations	6,436,991.94
	Public Participation Networks	19,071.69
	Reduced Pension Related Deductions Income	531,677.80
	Increased Pay & Pensions Costs	90,451.51
	DHPCLG 2016 Centenary Programme	32,258.00
	Rural Water Programme Liaison Officer Salary	35,552.00

Questions - Written Answers

-	Description	Payments from LGF - 2016
	Rural Water Programme - Group Water Schemes Subsidy Payments	182,100.80
	Local Authority Water Services Capital Loans Recoupment	755,732.67
	Recoupment of Lost Income from Rates on Water Infrastructure	165,023.09
	Global Valuations	477,945.00
		Total: 8,726,804.50
Cork City Council	Local Property Tax Allocations	8,013,088.56
	Public Participation Networks	25,454.37
	Reduced Pension Related Deductions Income	930,774.78
	Increased Pay & Pensions Costs	182,168.05
	DHPCLG 2016 Centenary Programme	32,258.00
	Local Authority Water Services Capital Loans Recoupment	1,766,253.83
	Recoupment of Lost Income from Rates on Water Infrastructure	711,650.85
	Global Valuations	751,361.00
	Pilot Social Inclusion Units	42,774.00
	Flood Relief	136,500.00
		Total: 12,592,283.44
Cork County Council	Local Property Tax Allocations	29,878,992.06
	Public Participation Networks	50,000.00
	Reduced Pension Related Deductions Income	1,537,888.06
	Increased Pay & Pensions Costs	278,443.76
	DHPCLG 2016 Centenary Programme	32,258.00
	Rural Water Programme Liaison Officer Salary	15,236.86
	Rural Water Programme - Group Water Schemes Subsidy Payments	78,738.74
	Local Authority Water Services Capital Loans Recoupment	733,982.54
	Recoupment of Lost Income from Rates on Water Infrastructure	1,544,068.78
	Global Valuations	1,409,877.00
	Flood Relief	1,672,528.00
		Total: 37,232,013.80
D. Laoghaire/Rathdown County Council	Local Property Tax Allocations	33,115,306.50
	Public Participation Networks	23,726.16
	Reduced Pension Related Deductions Income	750,443.49
	Increased Pay & Pensions Costs	182,516.70
	DHPCLG 2016 Centenary Programme	32,258.00
	Recoupment of Lost Income from Rates on Water Infrastructure	3,333,679.00
	Global Valuations	775,091.00
	Pilot Social Inclusion Units	27,572.00
		Total: 38,240,592.85
Donegal County Council	Local Property Tax Allocations	22,720,759.98
	Public Participation Networks	25,199.90

-	Description	Payments from LGF - 2016
	Reduced Pension Related Deductions Income	674,135.72
	Increased Pay & Pensions Costs	85,595.28
	DHPCLG 2016 Centenary Programme	32,258.00
	Rural Water Programme Liaison Officer Salary	35,552.67
	Rural Water Programme - Group Water Schemes Subsidy Payments	95,152.92
	Local Authority Water Services Capital Loans Recoupment	598,876.39
	Recoupment of Lost Income from Rates on Water Infrastructure	357,444.28
	Global Valuations	520,343.00
	Pilot Social Inclusion Units	48,428.16
	Flood Relief	200,000.00
	North/South Bodies (All Island Forum)	52,319.00
		Total: 25,446,065.30
Dublin City Council	Local Property Tax Allocations	50,661,429.96
	Public Participation Networks	25,072.53
	Reduced Pension Related Deductions Income	3,884,829.01
	Increased Pay & Pensions Costs	1,411,079.35
	DHPCLG 2016 Centenary Programme	32,258.00
	Local Authority Water Services Capital Loans Recoupment	1,743,510.94
	Recoupment of Lost Income from Rates on Water Infrastructure	14,052,358.16
	Global Valuations	3,278,377.00
	Pilot Social Inclusion Units	50,930.37
	Improving and Modernising the Fire & Emergency Service	83,015.76
	Temporary Mortuary	23,985.00
		Total: 75,246,846.08
Fingal County Council	Local Property Tax Allocations	24,314,322.54
	Public Participation Networks	50,000.01
	Reduced Pension Related Deductions Income	943,489.18
	Increased Pay & Pensions Costs	269,031.53
	DHPCLG 2016 Centenary Programme	32,258.00
	Local Authority Water Services Capital Loans Recoupment	2,774,043.62
	Recoupment of Lost Income from Rates on Water Infrastructure	5,248,540.80
	Flood Relief	6,800.00
	Committee of the Regions	44,550.75
		Total: 33,683,036.43
-	Description	Payments from LGF - 2016
Galway City Council	Local Property Tax Allocations	6,460,490.40
	Public Participation Networks	49,803.74
	Reduced Pension Related Deductions Income	284,062.25
	Increased Pay & Pensions Costs	87,214.80
	DHPCLG 2016 Centenary Programme	32,258.00

Questions - Written Answers

-	Description	Payments from LGF - 2016
	Local Authority Water Services Capital Loans Recoupment	398,146.00
	Recoupment of Lost Income from Rates on Water Infrastructure	101,840.74
	Global Valuations	279,449.00
	Pilot Social Inclusion Units	24,949.63
	Local Government Boundary Costs	9,949.80
		Total: 7,728,164.36
Galway County Council	Local Property Tax Allocations	12,506,380.98
	Public Participation Networks	17,860.91
	Reduced Pension Related Deductions Income	659,432.27
	Increased Pay & Pensions Costs	134,357.47
	DHPCLG 2016 Centenary Programme	32,258.00
	Rural Water Programme Liaison Officer Salary	15,236.86
	Rural Water Programme - Group Water Schemes Subsidy Payments	2,865,271.97
	Local Authority Water Services Capital Loans Recoupment	938,407.17
	Recoupment of Lost Income from Rates on Water Infrastructure	34,674.75
	Global Valuations	591,091.00
	Pilot Social Inclusion Units	50,169.81
	Flood Relief	2,147,179.62
		Total: 19,992,320.81
Kerry County Council	Local Property Tax Allocations	11,659,186.02
	Public Participation Networks	46,334.50
	Reduced Pension Related Deductions Income	850,853.59
	Increased Pay & Pensions Costs	160,643.87
	DHPCLG 2016 Centenary Programme	32,258.00
	Rural Water Programme Liaison Officer Salary	35,552.67
	Rural Water Programme - Group Water Schemes Subsidy Payments	176,044.15
	Local Authority Water Services Capital Loans Recoupment	192,573.51
	Recoupment of Lost Income from Rates on Water Infrastructure	255,827.10
	Global Valuations	606,186.00
	Flood Relief	290,779.00
		Total: 14,306,238.41
Kildare County Council	Local Property Tax Allocations	15,419,893.32
	Public Participation Networks	34,682.95
	Reduced Pension Related Deductions Income	701,090.04
	Increased Pay & Pensions Costs	87,150.68
	DHPCLG 2016 Centenary Programme	32,258.00
	Rural Water Programme Liaison Officer Salary	35,552.67

-	Description	Payments from LGF - 2016
	Rural Water Programme - Group Water Schemes Subsidy Payments	100,889.04
	Recoupment of Lost Income from Rates on Water Infrastructure	2,571,100.68
	Global Valuations	653,746.00
	Flood Relief	28,619.00
		Total: 19,664,982.38
Kilkenny County Council	Local Property Tax Allocations	9,356,019.00
	Public Participation Networks	43,964.33
	Reduced Pension Related Deductions Income	385,953.78
	Increased Pay & Pensions Costs	41,546.89
	DHPCLG 2016 Centenary Programme	32,258.00
	Rural Water Programme Liaison Officer Salary	15,236.86
	Rural Water Programme - Group Water Schemes Subsidy Payments	216,557.46
	Recoupment of Lost Income from Rates on Water Infrastructure	23,173.50
	Global Valuations	265,644.00
	Flood Relief	407,500.00
	Local Government Boundary Costs	676.50
		Total: 10,788,530.32
Laois County Council	Local Property Tax Allocations	7,631,323.98
	Public Participation Networks	46,283.80
	Reduced Pension Related Deductions Income	334,096.98
	Increased Pay & Pensions Costs	97,452.58
	DHPCLG 2016 Centenary Programme	32,258.00
	Rural Water Programme Liaison Officer Salary	15,236.86
	Rural Water Programme - Group Water Schemes Subsidy Payments	307,849.75
	Recoupment of Lost Income from Rates on Water Infrastructure	77,413.23
	Global Valuations	188,830.00
	CCTV	25,000.00
	Flood Relief	145,935.80
		Total: 8,901,680.98
Leitrim County Council	Local Property Tax Allocations	8,282,319.00
	Public Participation Networks	50,000.00
	Reduced Pension Related Deductions Income	220,829.55
	Increased Pay & Pensions Costs	41,029.92
	DHPCLG 2016 Centenary Programme	32,258.00
	Rural Water Programme Liaison Officer Salary	35,552.67
	Rural Water Programme - Group Water Schemes Subsidy Payments	113,554.01
	Recoupment of Lost Income from Rates on Water Infrastructure	21,700.29

Questions - Written Answers

-	Description	Payments from LGF - 2016
	Global Valuations	89,046.00
	Flood Relief	772,480.00
		Total: 9,658,769.44
Limerick City and County Council	Local Property Tax Allocations	14,625,159.00
	Public Participation Networks	47,864.48
	Reduced Pension Related Deductions Income	786,911.57
	Increased Pay & Pensions Costs	161,842.10
	DHPCLG 2016 Centenary Programme	32,258.00
	Rural Water Programme Liaison Officer Salary	15,236.86
	Rural Water Programme - Group Water Schemes Subsidy Payments	663,347.80
	Local Authority Water Services Capital Loans Recoupment	3,260,301.94
	Recoupment of Lost Income from Rates on Water Infrastructure	1,988,101.50
	Global Valuations	1,215,208.00
	Pilot Social Inclusion Units	16,573.33
	Improving and Modernising the Fire & Emergency Service	102,376.99
	Flood Relief	554,339.21
		Total: 23,469,520.78
Longford County Council	Local Property Tax Allocations	8,057,626.26
	Public Participation Networks	50,000.00
	Reduced Pension Related Deductions Income	263,617.42
	Increased Pay & Pensions Costs	50,833.19
	DHPCLG 2016 Centenary Programme	32,258.00
	Rural Water Programme Liaison Officer Salary	35,552.67
	Rural Water Programme - Group Water Schemes Subsidy Payments	8,740.00
	Recoupment of Lost Income from Rates on Water Infrastructure	78,307.63
	Global Valuations	160,248.00
	Flood Relief	360,757.70
		Total: 9,097,940.87
Louth County Council	Local Property Tax Allocations	8,106,152.76
	Public Participation Networks	49,224.50
	Reduced Pension Related Deductions Income	489,926.53
	Increased Pay & Pensions Costs	80,773.44
	DHPCLG 2016 Centenary Programme	32,258.00
	Rural Water Programme Liaison Officer Salary	15,236.86
	Rural Water Programme - Group Water Schemes Subsidy Payments	87,429.00
	Recoupment of Lost Income from Rates on Water Infrastructure	586,075.80

-	Description	Payments from LGF - 2016
	Global Valuations	298,349.00
	Flood Relief	146,328.00
	Local Government Boundary Costs	11,443.72
		Total: 9,903,197.61
-	Description	Payments from LGF - 2016
Mayo County Council	Local Property Tax Allocations	17,492,593.98
	Public Participation Networks	48,359.37
	Reduced Pension Related Deductions In- come	707,122.63
	Increased Pay & Pensions Costs	134,186.48
	DHPCLG 2016 Centenary Programme	32,258.00
	Rural Water Programme Liaison Officer Salary	50,789.53
	Rural Water Programme - Group Water Schemes Subsidy Payments	3,087,309.49
	Local Authority Water Services Capital Loans Recoupment	613,049.34
	Recoupment of Lost Income from Rates on Water Infrastructure	201,223.46
	Global Valuations	511,758.00
	Flood Relief	413,000.00
		Total: 23,291,650.28
Meath County Council	Local Property Tax Allocations	13,821,805.08
	Public Participation Networks	50,000.00
	Reduced Pension Related Deductions In- come	450,327.28
	Increased Pay & Pensions Costs	68,260.75
	DHPCLG 2016 Centenary Programme	32,258.00
	Rural Water Programme - Group Water Schemes Subsidy Payments	80,741.50
	Local Authority Water Services Capital Loans Recoupment	320,377.56
	Recoupment of Lost Income from Rates on Water Infrastructure	308,316.17
	Global Valuations	589,330.00
	Pilot Social Inclusion Units	24,297.29
	Flood Relief	79,755.00
		Total: 15,825,468.63
Monaghan County Council	Local Property Tax Allocations	9,969,218.40
	Public Participation Networks	50,000.00
	Reduced Pension Related Deductions In- come	315,764.09
	Increased Pay & Pensions Costs	52,749.13
	DHPCLG 2016 Centenary Programme	32,258.00
	Rural Water Programme Liaison Officer Salary	35,552.67
	Rural Water Programme - Group Water Schemes Subsidy Payments	2,344,263.49
	Recoupment of Lost Income from Rates on Water Infrastructure	11,023.30

Questions - Written Answers

-	Description	Payments from LGF - 2016
	Global Valuations	146,071.00
	Flood Relief	96,232.25
		Total: 13,053,132.33
Offaly County Council	Local Property Tax Allocations	6,663,642.00
	Public Participation Networks	26,819.51
	Reduced Pension Related Deductions In- come	273,060.38
	Increased Pay & Pensions Costs	32,881.38
	DHPCLG 2016 Centenary Programme	32,258.00
	Rural Water Programme Liaison Officer Salary	15,236.86
	Rural Water Programme - Group Water Schemes Subsidy Payments	411,011.91
	Global Valuations	232,613.00
	Flood Relief	427,067.08
		Total: 8,114,590.12
Roscommon County Council	Local Property Tax Allocations	9,107,439.00
	Public Participation Networks	49,991.44
	Reduced Pension Related Deductions In- come	281,074.01
	Increased Pay & Pensions Costs	61,593.64
	DHPCLG 2016 Centenary Programme	32,258.00
	Rural Water Programme Liaison Officer Salary	35,552.67
	Rural Water Programme - Group Water Schemes Subsidy Payments	559,760.67
	Local Authority Water Services Capital Loans Recoupment	261,228.39
	Global Valuations	240,898.00
	Pilot Social Inclusion Units	36,968.12
	Flood Relief	601,343.04
		Total: 11,268,106.98
Sligo County Council	Local Property Tax Allocations	9,993,352.46
	Public Participation Networks	49,357.09
	Reduced Pension Related Deductions In- come	400,331.28
	Increased Pay & Pensions Costs	50,452.85
	DHPCLG 2016 Centenary Programme	32,258.00
	Rural Water Programme Liaison Officer Salary	15,236.86
	Rural Water Programme - Group Water Schemes Subsidy Payments	970,189.52
	Local Authority Water Services Capital Loans Recoupment	565,833.19
	Recoupment of Lost Income from Rates on Water Infrastructure	132,440.66
	Global Valuations	193,993.00
	Flood Relief	146,181.00
		Total: 12,549,625.91
Sth Dublin County Council	Local Property Tax Allocations	20,015,468.34
	Public Participation Networks	50,000.00

-	Description	Payments from LGF - 2016
	Reduced Pension Related Deductions Income	930,447.51
	Increased Pay & Pensions Costs	221,743.25
	DHPCLG 2016 Centenary Programme	32,258.00
	Local Authority Water Services Capital Loans Recoupment	548,584.24
	Recoupment of Lost Income from Rates on Water Infrastructure	6,852,495.00
	Global Valuations	991,029.00
	Pilot Social Inclusion Units	51,869.29
		Total: 29,693,894.63
Tipperary County Council	Local Property Tax Allocations	23,320,110.00
	Public Participation Networks	50,000.00
	Reduced Pension Related Deductions Income	815,706.65
	Increased Pay & Pensions Costs	159,290.68
	DHPCLG 2016 Centenary Programme	32,258.00
	Rural Water Programme Liaison Officer Salary	15,236.86
	Rural Water Programme - Group Water Schemes Subsidy Payments	259,289.30
	Local Authority Water Services Capital Loans Recoupment	119,681.65
	Recoupment of Lost Income from Rates on Water Infrastructure	427,133.63
	Global Valuations	422,838.00
	Improving and Modernising the Fire & Emergency Service	101,295.92
	Flood Relief	729,857.00
		Total: 26,452,697.69
Waterford City and County	Local Property Tax Allocations	16,524,430.98
	Public Participation Networks	50,000.00
	Reduced Pension Related Deductions Income	423,414.38
	Increased Pay & Pensions Costs	101,020.57
	DHPCLG 2016 Centenary Programme	32,258.00
	Rural Water Programme Liaison Officer Salary	15,236.86
	Rural Water Programme - Group Water Schemes Subsidy Payments	6,399.22
	Local Authority Water Services Capital Loans Recoupment	495,642.14
	Recoupment of Lost Income from Rates on Water Infrastructure	4,478,796.00
	Global Valuations	621,516.00
	Pilot Social Inclusion Units	50,169.81
	Flood Relief	403,558.00
	Local Government Boundary Costs	7,374.80
		Total: 23,209,816.76
Westmeath County Council	Local Property Tax Allocations	10,115,479.02
	Public Participation Networks	50,000.00

Questions - Written Answers

-	Description	Payments from LGF - 2016
	Reduced Pension Related Deductions Income	315,601.12
	Increased Pay & Pensions Costs	60,689.29
	DHPCLG 2016 Centenary Programme	32,258.00
	Rural Water Programme Liaison Officer Salary	35,552.67
	Rural Water Programme - Group Water Schemes Subsidy Payments	24,656.58
	Recoupment of Lost Income from Rates on Water Infrastructure	68,942.36
	Global Valuations	232,251.00
	Temporary Mortuary	21,594.00
	Flood Relief	981,465.00
	Local Government Boundary Costs	11,847.02
		Total: 11,950,336.06
Wexford County Council	Local Property Tax Allocations	11,888,575.98
	Public Participation Networks	50,000.00
	Reduced Pension Related Deductions Income	578,486.51
	Increased Pay & Pensions Costs	111,144.80
	DHPCLG 2016 Centenary Programme	32,258.00
	Rural Water Programme Liaison Officer Salary	35,552.67
	Rural Water Programme - Group Water Schemes Subsidy Payments	337,389.36
	Local Authority Water Services Capital Loans Recoupment	204,852.56
	Recoupment of Lost Income from Rates on Water Infrastructure	129,296.04
	Global Valuations	11,646.00
	Flood Relief	217,000.00
		Total: 13,596,201.92
Wicklow County Council	Local Property Tax Allocations	13,296,511.50
	Public Participation Networks	42,475.98
	Reduced Pension Related Deductions Income	505,245.79
	Increased Pay & Pensions Costs	81,858.14
	DHPCLG 2016 Centenary Programme	32,258.00
	Rural Water Programme Liaison Officer Salary	35,552.67
	Rural Water Programme - Group Water Schemes Subsidy Payments	61,743.28
	Recoupment of Lost Income from Rates on Water Infrastructure	2,182,361.34
	Global Valuations	555,225.00
	Pilot Social Inclusion Units	51,869.29
	Flood Relief	499,000.00
		Total: 17,344,100.99
All local Authorities		Grand Total: 588,636,453.38

Private Rented Accommodation

160. **Deputy Barry Cowen** asked the Minister for Housing, Planning, Community and Local Government if his Department or a body under its aegis has undertaken or plans to undertake a study or investigation into the effects of short-term rental lodgings or hostings, including vacation rentals, apartment rentals, and home stays facilitated via website exchanges such as those of a company (details supplied), on reducing the supply of long-term residential accommodation for residents in the private rental market. [12257/17]

Minister for Housing, Planning, Community and Local Government (Deputy Simon Coveney): In terms of supply, the focus in the Strategy for the Rental Sector is on maintaining existing levels of rental stock and encouraging investment in additional supply. There are shortages in the supply of rental accommodation in key locations, particularly in urban areas. In some of these areas there is also significant demand for transitory short-term accommodation. In this context, easier access to short term rentals at higher prices may be an attractive option for landlords. However, a recent determination by An Bord Pleanála in a particular case has determined that the exclusive use of a residential apartment for short-term holiday lettings is a material change of use requiring planning permission.

The implications of this case have raised a number of regulatory and other related issues, such as tax liability, residential tenancy regulation, support for tourism, and planning. With a view to providing more information on the scale and nature of the issue and full clarity regarding the appropriate regulatory approach to be adopted by relevant statutory authorities in relation to short-term tourism-related lettings, my Department, as provided for in the Strategy for the Rental Sector, is establishing a working group, comprising representatives of relevant stakeholders including local authorities, relevant Departments, public bodies and other interests in the area, to consider the disparate issues involved. The group is expected to report in Quarter 2 of 2017.

Housing Assistance Payments Data

161. **Deputy Mary Lou McDonald** asked the Minister for Housing, Planning, Community and Local Government the number of households currently in receipt of the housing assistance payment in each local authority area in tabular form; the average payment in each local authority area; and if he will make a statement on the matter. [12286/17]

Minister for Housing, Planning, Community and Local Government (Deputy Simon Coveney): There are currently over 18,000 households being supported by the Housing Assistance Payment (HAP) scheme in 31 local authority areas. A breakdown of the number of households supported by HAP, including the number of Rent Supplement Transfers, in each local authority area at 31 December 2016 is available on my Department's website at the following link: <http://www.housing.gov.ie/housing/social-housing/social-and-affordable/overall-social-housing-provision>. A breakdown of households supported by HAP within each local authority area at end of Q1 2017 will be published on my Department's website shortly after the end of the quarter.

The HAP scheme is funded through a combination of Exchequer monies and tenant differential rents collected in respect of HAP tenancies. The provisional exchequer outturn for the HAP scheme in 2016 was in excess of €57 million. The majority of this funding is to support the ongoing costs of tenancies established in 2015 that continued into 2016, and the costs of the 12,075 new households supported by the scheme in 2016. Budget 2017 has increased the Exchequer funding for the HAP scheme to €152.7 million, in order to meet the continuing costs of existing HAP households, and the costs of an additional 15,000 households to be supported by HAP in 2017.

A breakdown of average housing assistance payments to landlords by local authority at the end of 2016, will be compiled and will be provided to the Deputy in accordance with Standing Orders.

Compulsory Purchase Orders

162. **Deputy Eoin Ó Broin** asked the Minister for Housing, Planning, Community and Local Government the number of compulsory purchase orders, CPOs, currently in process in relation to the acquisition of vacant properties by local authorities; the number of CPOs which were completed in each of the years 2013 to 2016 and to date in 2017; and if this information is not available, the reason he is not keeping track of this. [12327/17]

Minister for Housing, Planning, Community and Local Government (Deputy Simon Coveney): My Department does not collect the specific information requested in relation to the compulsory acquisition of vacant properties by local authorities. Local authorities have been, and continue to be, in a position to acquire significant substantial numbers of vacant properties for social housing without recourse to compulsory purchase processes; details of such acquisitions are collated and published on my Department's website at the following link: <http://www.housing.gov.ie/housing/social-housing/social-and-affordable/overall-social-housing-provision>. The potential role of compulsory purchase orders in addressing the issue of vacant housing, and the issue of collecting associated statistics, will be considered further in light of the National Vacant Housing Re-use Strategy, currently being prepared.

Social and Affordable Housing

163. **Deputy Eoin Ó Broin** asked the Minister for Housing, Planning, Community and Local Government if he will provide a full progress report on the 520 new social housing homes for Dublin that are to be developed through the five PPP programmes announced in October 2015; the funding model that is being used to deliver these homes; the reason the individual councils will not be managing and maintaining the units; the persons or body that will own the units at the end of the 25-year lease period; the total cost per unit over the 25 years; and the way this cost compares to the standard capital up-front cost of standard social housing. [12328/17]

Minister for Housing, Planning, Community and Local Government (Deputy Simon Coveney): The Social Housing PPP programme provides for an investment with a capital value of €300 million and is expected to deliver 1,500 social housing units in total, via three bundles. The first bundle, comprising six PPP sites providing for over 500 units in the greater Dublin area, is being developed in co-operation with the local authorities concerned. Two of the sites are located in Dublin City, with one each in South Dublin, Kildare, Wicklow and Louth. Dublin City Council has been appointed to act as the lead local authority for the delivery of the social housing PPP Programme in respect of this first bundle. It is expected that the process of seeking planning approval for the first bundle will commence within the coming month.

The winning tender for the project will be selected via an advertised tender competition in accordance with EU and national procurement regulations. The procurement process is being led by the National Development Finance Agency. Tenders will be evaluated against pre-defined award criteria which will be a combination of price and qualitative factors such as the quality of design, construction and facilities management services. The criteria will be published with the tender documents. These documents are currently being finalised and are expected to be published in the coming months.

The programme will use what is termed an ‘availability-based’ PPP model, in which a private sector company designs, builds, finances and maintains the social housing units over a 25 year period in return for a monthly ‘unitary payment’. The ‘availability based’ model being applied has been used successfully in Ireland to deliver roads, schools and courthouses. The housing units are handed back to the local authority after 25 years in a predefined, good quality condition. The sites remain in State ownership for the entire period.

The relevant local authorities will retain responsibility for tenant nomination and allocation of units during the contract period. Tenants allocated to PPP units will be drawn from the local authority social housing waiting list in accordance with that local authority’s allocation scheme. The tenants will be subject to standard arrangements as apply to other social housing allocations, including in respect of the charging of differential rent.

The amount of the unitary payment is a bid item in the selection of the preferred tender. This means that when a bidder tenders for the PPP project, the level of monthly payment is considered in assessing the competing tenders. This is to ensure that the State receives value for money. The unitary payments commence once construction is complete and the units are ready to house tenants.

The Central PPP Unit in the Department of Public Expenditure and Reform provides guidance in relation to PPP projects. It sets out four specific value for money, or VFM, tests that are applied in the case of PPPs over the course of the planning and procurement process. These tests focus on assessing whether or not the PPP approach compares favourably with the alternative cost of using traditional procurement to achieve the same result. The purpose, sequence and format of the four VFM tests in the PPP approval process are set out clearly in the central PPP guidance.

The National Development Finance Agency prepared a Provisional PPP Assessment Report in 2014 on behalf of the Department of Finance, Department of Public Expenditure and Reform and my Department. This report constituted a qualitative PPP assessment as the first of the four VFM tests that are required for all PPP projects. The other VFM tests are being undertaken as part of the process of assessment and planning involved in the further development of the bundles of sites identified for the programme.

The next VFM test involves preparation of the Public Sector Benchmark. This presents the calculated costs of undertaking the project through the traditional model of delivering social housing, and is currently being prepared. This cost will then be compared against the successful tender in the PPP competition. If the PPP tender cost is less than the cost of undertaking the project through traditional means, then it is considered that the project is ‘Value for Money’ and the contract may be awarded.

Data Sharing Arrangements

164. **Deputy Barry Cowen** asked the Minister for Housing, Planning, Community and Local Government if he will release all datasets from his Department in open format as defined under the open data technical framework and re-use of public sector information regulations 2015; if he will release a dataset (details supplied) in an open format as defined in the framework and regulations; if not, the reasons for refusing to do this; and the reason his Department is of the view that this dataset should not be published in open format in the initial instance. [12399/17]

Minister for Housing, Planning, Community and Local Government (Deputy Simon Coveney): My Department is part of the Public Bodies Working Group, PBWG, on Open Data

and contributed to the development of an Open Data Strategy, and an Open Data Framework which underpins the publication of datasets on the Government Open Data portal (data.gov.ie.) in line with agreed standards thus facilitating re-use and interoperability. Work is underway between my Department and the Department of Public Expenditure and Reform to evaluate the potential for a harvester to automate the collection of data directly from my Department's website.

My Department is also carrying out data audits on an ongoing basis with a view to publication where appropriate. To date my Department has made available a total of 220 datasets via the Open Data Portal <https://data.gov.ie> and the dataset referred to in the question is now available on my Department's website at <http://www.housing.gov.ie/housing/rebuilding-ireland/construction/rebuilding-ireland-social-housing-construction-status-report> and will be made available shortly, in open format, via the Open Data Portal.

Social and Affordable Housing

165. **Deputy Barry Cowen** asked the Minister for Housing, Planning, Community and Local Government his views on the fact that social housing construction output is behind the annual targets set in the Rebuilding Ireland action plan; and the targets for annual output of new-build social housing completions in each year from 2016 to 2021 compared to expected output based on the 8,430 approvals, in tabular form. [12400/17]

Minister for Housing, Planning, Community and Local Government (Deputy Simon Coveney): The need to increase and accelerate the delivery of social housing for those on the waiting list is a key focus of the Rebuilding Ireland Action Plan for Housing and Homelessness, which provides for an ambitious social housing programme of 47,000 units to 2021 with funding of €5.35 billion.

The delivery against this target has already been well advanced and in 2016, we saw 18,380 social housing supports provided nationally, with expenditure of €935 million on social housing over the year. This exceeded the 2016 target of 17,240, giving a very positive start to the challenge of meeting the ambitious targets in Rebuilding Ireland. The 2016 build target within Rebuilding Ireland was 2,260 units, made up of new builds by local authorities and approved housing bodies, through regeneration, rapid builds, newly constructed Part V units and the remediation of vacant properties. The estimated output, subject to final confirmation of data, is 2,920.

Under Rebuilding Ireland, approximately 26,000 social housing units are to be delivered via construction activity, some 18,000 of which will be local authority and AHB new build units, with the balance comprising units constructed through Part V and void units refurbished. The 8,430 new social homes being delivered via the 504 approved projects in the construction pipeline represent a significant tranche of the required delivery. It should be noted these projects are those approved up until end-2016, which have since been added to, and do not include the approved bundles of Public Private Partnership construction projects for around 1,000 new social housing units. Since becoming Minister, I have approved projects to the value of approximately €400 million, which will deliver over 3,000 additional new social homes, and further approvals are issuing on an ongoing basis.

The annual breakdown of delivery between the various mechanisms will depend on a number of factors, including the pace at which individual projects proceed. These will be kept under ongoing review by my Department, in consultation with local authorities, in order to ensure that overall delivery on an annual basis is maximised.

Family Income Supplement

166. **Deputy John Brady** asked the Minister for Social Protection if family income supplement payments have been suspended for any persons engaging in industrial action, in view of the incorrect information given out by his Department on this matter; and if he will make a statement on the matter. [12204/17]

Minister for Social Protection (Deputy Leo Varadkar): The Family Income Supplement (FIS) is an in-work support from my Department, which provides an income top-up for employees on low earnings with children. FIS was designed to prevent in-work poverty for low paid workers with child dependents and to offer a financial incentive to take-up employment. There are currently over 57,000 families with more than 127,000 children in receipt of FIS and the Government has provided approximately €422 million for FIS in 2017

A unique feature of the FIS scheme is that recipients receive a guaranteed level of income support throughout a 52-week period. This certainty is important to the success of the scheme as it provides an incentive to claimants to maximise their earnings from employment (e.g. more hours, higher wages).

The recent Tesco industrial dispute led to the Department receiving a number of queries on the FIS entitlement of those participating in industrial action. These highlighted an incorrect reference on some Departmental documentation, and on the Department's website, that FIS may be suspended due to participation in a trade dispute.

This incorrect information has been corrected.

There is no provision in social welfare legislation, which provides for the suspension or termination of FIS in the event that the recipient is involved in industrial action. My Department has not suspended or terminated FIS in respect of any Tesco worker, specifically on the grounds that they were involved in the recent industrial dispute.

My Department is currently reviewing available records to see if it can establish whether, in the past, a FIS recipient involved in an industrial dispute has had their payment suspended and take any necessary corrective action.

I trust this clarifies the matter for the Deputy.

Jobseeker's Allowance Applications

167. **Deputy Kevin O'Keeffe** asked the Minister for Social Protection if he will review the position regarding jobseeker's allowance applicants (details supplied). [12209/17]

Minister for Social Protection (Deputy Leo Varadkar): Social welfare legislation provides that where a person under 25 years of age claims jobseeker's allowance and is living with a parent or step-parent in the family home, an assessment is made of the yearly value of any benefit and privilege enjoyed by that person by virtue of residing there.

The value of the benefit and privilege assessed is based on the level of the parents' assessable income. Parental income is calculated as gross income less tax, PRSI, Universal Social Charge, superannuation and union dues. Rent or mortgage repayments are then disregarded, where appropriate, and, finally, a parental allowance of €600 per week per couple plus €30 per week in respect of each additional dependent children is also disregarded. The balance is assessed at 34% and this constitutes the weekly value of benefit and privilege to the claimant.

There are two exceptions to this rule. No assessment is made where a son or daughter and his or her spouse/civil partner/partner is living with his / her parents. In addition, where a person returns to the parental home having had an independent life elsewhere in Ireland or abroad for an appreciable length of time e.g. at least three years, the assessment in this case is €7 per week.

It should be noted that once a person reaches 25 years of age, the value of any benefit and privilege is no longer regarded as means.

Any change to the assessment of means for jobseeker's allowance claimants who live at home will have to be considered in the overall policy and budgetary context.

Carer's Allowance Applications

168. **Deputy Michael Healy-Rae** asked the Minister for Social Protection the status of an application for carer's allowance by a person (details supplied); and if he will make a statement on the matter. [12229/17]

Minister for Social Protection (Deputy Leo Varadkar): I confirm that my Department received an application for carer's allowance from the person concerned on 30 January 2017. The application is currently being processed and once completed, the person concerned will be notified directly of the outcome.

I hope this clarifies the matter for the Deputy.

Community Employment Schemes Eligibility

169. **Deputy James Lawless** asked the Minister for Social Protection if he will review the community employment scheme of a person (details supplied); if he will extend this scheme; and if he will make a statement on the matter. [12253/17]

Minister for Social Protection (Deputy Leo Varadkar): The Department sets down eligibility criteria for participation on Community Employment (C.E.) schemes so as to ensure that opportunities to avail of activation measures are managed effectively. The maximum duration of participation available on C.E. is determined having regard to a range of factors including the age of the participant and signing record at date of commencement on the scheme.

In certain circumstances it is possible for those aged 62 and over to have their placement extended until they reach 66 years of age. The person concerned was eligible under this category of participant. The C.E. scheme in question has two such places available and interviews were held with interested participants. Unfortunately, the person concerned was not successful at interview stage.

The scheme's next renewal date is 02/06/2017. At that time the person concerned will finish on the scheme, having completed 6 years in total.

I trust this clarifies the matter for the Deputy.

State Pension (Contributory) Eligibility

170. **Deputy Bernard J. Durkan** asked the Minister for Social Protection the eligibility for

contributory State pension of a person (details supplied); the options available in this instance; and if he will make a statement on the matter. [12254/17]

Minister for Social Protection (Deputy Leo Varadkar): The question relates to the possibility of the person concerned becoming a voluntary social insurance contributor, for the purposes of filling gaps in his social insurance record. As the Deputy will be aware, I recently introduced legislation extending the period during which a person may opt to become a voluntary contributor, increasing the period from from 12 months to 60 months. Unfortunately, as the person concerned last paid compulsory PRSI in the 2007 tax year he is outside the 60 month time limit to make an application to become a voluntary contributor.

I hope this clarifies the matter for the Deputy.

Question No. 171 withdrawn.

Community Employment Schemes Administration

172. **Deputy Thomas Byrne** asked the Minister for Social Protection if there are exemptions for persons employed on community employment schemes to remain on these schemes after their term has ended. [12261/17]

Minister for Social Protection (Deputy Leo Varadkar): Community Employment (CE) is available to participants up to state pension age who meet the current eligibility criteria.

The pattern of participation on CE is dependent on the individual circumstance of each person and the length of time she has been in receipt of a CE-qualifying social welfare payment.

The participation limits that have been set allow for the utilisation of places among qualifying persons, to ensure the benefit of CE is available to the widest possible number of jobseekers. Any CE participant with a query regarding their participation duration can contact their local Intreo Office for further information.

I trust this clarifies the matter for the Deputy.

Question No. 173 withdrawn.

Employment Support Services

174. **Deputy Joan Burton** asked the Minister for Social Protection the opportunities in terms of training or workplace support programmes available to persons drawing credits but not receiving a social welfare payment; the schemes open to such persons; and his plans to extend options for job training for this category of persons. [12340/17]

Minister for Social Protection (Deputy Leo Varadkar): The key objective of activation policy and labour market initiatives is to offer assistance to those most in need of support in securing work and achieving financial self-sufficiency. Accordingly the employment services and schemes provided by the Department are focused in the first instance on the cohort of people who are unemployed and in receipt of a qualifying social welfare payment.

At the same time and under certain circumstances, other groups can access training opportunities. Unemployed persons not in receipt of payments may be eligible to avail of up-skilling opportunities, for example through ETB (formerly FÁS) training for unemployed people, or, if

they have been signing for six months or more, through the Vocational Training Opportunities Scheme (VTOS). In these cases, such participants do not receive a training allowance but may receive travel and lunch allowances from the ETB. Persons signing on for credits for 12 months or longer over the previous 18 months are also entitled to participate on Momentum provided that they have been actively seeking work, however they will not receive any payment.

More generally, a range of services are available to persons who are unemployed but not in receipt of a social welfare payment. For example employment services, such as advice on job-search activities and the use of online job search tools, are available to people if they register with the Department's employment services offices, regardless of their social welfare status.

In short, the Government is committed to supporting as many people as possible to participate more fully in employment and to become more self-sufficient by providing supports that address barriers they may encounter in finding and sustaining employment. There are no plans to make changes to these arrangements at present.

One-Parent Family Payment Expenditure

175. **Deputy Willie O'Dea** asked the Minister for Social Protection the estimated full-year cost of raising the cut-off age of the one-parent family payment to 12 years of age; and if he will make a statement on the matter. [12435/17]

Minister for Social Protection (Deputy Leo Varadkar): The information that the Deputy has requested is currently not available in my Department. Given the complex nature of the request, my Department will provide the information directly to the Deputy in due course.

Social Welfare Benefits Expenditure

176. **Deputy Willie O'Dea** asked the Minister for Social Protection the details of all working-age payments and the estimated full-year cost of increasing the payments by €5, €10, €15 and €20, in tabular form; and if he will make a statement on the matter. [12436/17]

177. **Deputy Willie O'Dea** asked the Minister for Social Protection the different rates of jobseeker's payments for those under 25 years of age; the estimated full-year cost of increasing the respective payments by €2.50, €5, €7, €10, €15 and €20, in tabular form; and if he will make a statement on the matter. [12437/17]

178. **Deputy Willie O'Dea** asked the Minister for Social Protection the current expenditure on the school meals programme; the estimated full-year cost of increasing expenditure by 5%, 10%, 15% and 20%; and if he will make a statement on the matter. [12438/17]

179. **Deputy Willie O'Dea** asked the Minister for Social Protection the estimated full-year cost of increasing the carer's support grant by 5%, 10%, 15% and 20%; and if he will make a statement on the matter. [12439/17]

Minister for Social Protection (Deputy Leo Varadkar): I propose to take Questions Nos. 176 to 179, inclusive, together.

The costings sought by the Deputy are detailed in the following series of tables.

Table 1: Cost of increasing all working age payments (i.e. weekly payments for those under 66 years of age) by varying amounts

Scheme	Full year cost of a €5 increase €m	Full year cost of a €10 increase€m	Full year cost of a €15 increase €m	Full year cost of a €20 increase €m
Social Insurance Schemes				
Widow/er's or Surviving Civil Partner's (Con) Pension	8.0	15.9	23.9	31.8
Deserted Wife's Benefit	1.1	2.2	3.2	4.3
Invalidity Pension	15.9	31.8	47.8	63.7
Guardian's Payment (Contributory)	0.3	0.6	0.9	1.2
Disablement Pension	1.5	3.1	4.6	6.2
Illness Benefit	14.5	29.0	43.4	57.9
Injury Benefit	0.35	0.7	1.05	1.4
Incapacity Supplement	0.3	0.6	0.8	1.1
Jobseeker's Benefit	9.1	18.2	27.4	36.5
Carer's Benefit	0.7	1.4	2.1	2.8
Health and Safety Benefit	0.01	0.02	0.03	0.04
Maternity & Adoptive Benefit	5.4	10.9	16.3	21.8
Paternity Benefit	0.3	0.6	0.9	1.2
Total Social Insurance Schemes	57.5	115.0	172.4	229.9
Social Assistance Schemes				
Blind Person's Pension	0.35	0.7	1.05	1.4
Widow/ers or Surviving Civil Partner's (Non-Con) Pension	0.4	0.8	1.1	1.5
Deserted Wife's Allowance	0.05	0.1	0.1	0.2
One-Parent Family Payment	10.6	21.2	31.9	42.5
Carer's Allowance	9.2	18.4	27.6	36.8
Half Rate Carer's Allowance	2.5	5.0	7.6	10.1
Guardian's Payment (Non-Contributory)	0.1	0.3	0.4	0.5
Jobseeker's Allowance	54.8	109.6	164.5	219.3
Jobseeker's Allowance (€100 rate)	3.2	6.4	9.6	12.8
Jobseeker's Allowance (€144 rate)	0.8	1.6	2.4	3.2
Pre-Retirement Allowance	0.1	0.2	0.2	0.3
Disability Allowance	35.1	70.1	105.2	140.2
Farm Assist	2.7	5.5	8.2	10.9
Back to Education Allowance	2.85	5.7	8.55	11.4
Back to Work Enterprise Allowance	3.4	6.8	10.1	13.5
Community Employment Programme	6.8	13.7	20.5	27.4
TÚS - Community Work Placement Initiative	2.6	5.2	7.9	10.5
Rural Social Scheme	0.9	1.8	2.7	3.6
Gateway	0.4	0.9	1.3	1.8
Supplementary Welfare Allowance	4.6	9.2	13.8	18.4
Total Social Assistance Schemes	141.5	283.2	424.7	566.3
OVERALL TOTAL	198.9	398.2	597.1	796.2

Table 2: Cost of increasing the reduced rates payable to Jobseeker's Allowance recipients aged under 26

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Scheme	Full year cost of a €2.50 increase €m	Full year cost of a €5 increase €m	Full year cost of a €7 increase €m	Full year cost of a €10 increase €m	Full year cost of a €15 increase €m	Full year cost of a €20 increase €m
Jobseeker's Allowance (€100 rate) – claimants under 25 (aged 18 to 24 years of age)	1.6	3.2	4.5	6.4	9.6	12.8
Jobseeker's Allowance (€144 rate) – claimants aged 25	0.4	0.8	1.1	1.6	2.4	3.2

It should be noted that the costings listed above include proportionate increases for qualified adults and for those on reduced rates of payment, where relevant. It should also be noted that these costings are subject to change over the coming months in the context of emerging trends and associated revision of the estimated numbers of recipients for 2018.

Table 3: Cost of increasing the School Meals Programme and Carer's Support Grant by varying percentages

Scheme	Full year cost of a 5% increase €m	Full year cost of a 10% increase €m	Full year cost of a 15% increase €m	Full year cost of a 20% increase €m
School Meals Programme – based on increasing the 2017 allocation of €47.5 million	2.4	4.75	7.1	9.5
Carer's Support Grant – based on increasing the 2017 estimated expenditure €180.9 million	9.05	18.1	27.1	36.2

Humanitarian Aid Provision

180. **Deputy Brendan Smith** asked the Minister for Foreign Affairs and Trade if he has raised at the Foreign Affairs Council, the need to provide additional humanitarian assistance to areas such as South Sudan and Yemen in which there is an imminent threat of famine; and if he will make a statement on the matter. [12283/17]

Minister of State at the Department of Foreign Affairs and Trade (Deputy Joe McHugh): I am extremely concerned about the worsening humanitarian crises in South Sudan and Yemen. Famine was declared in parts of South Sudan in recent weeks and the UN is now calling for urgent action to avoid famine in Yemen. Conflict is having a severe impact on the populations in both countries, leading to acute hunger and increased displacement. We use every opportunity we have internationally to focus on the unprecedented level of humanitarian need globally, including at the Foreign Affairs Council.

South Sudan, where 7.5 million people are in need of humanitarian assistance, was last discussed at the Foreign Affairs Council in December 2016. The Council issued a strong political statement calling on all parties to end the violence, and to allow unhindered humanitarian access to those in need.

The EU is providing very significant humanitarian assistance to South Sudan. Since the outbreak of the conflict in December 2013, the Commission has provided over €420 million in humanitarian funding, including an emergency aid package of €82 million announced last month.

Ireland has provided over €31 million in humanitarian assistance to the South Sudan crisis since December 2013, including over €11 million in 2016.

The conflict and humanitarian crisis in Yemen was discussed at the Foreign Affairs Council in Brussels this week. It is estimated that 70% of the Yemeni population of 27 million is now in need of assistance, with 2 million people on the brink of famine.

The EU Commission provided more than €70 million in humanitarian assistance to Yemen during 2016, focused on emergency programmes targeting 4 million people with nutrition and food assistance. Ireland has provided almost €6 million in humanitarian assistance to Yemen since the conflict began in early 2015. We provide support through our UN, Red Cross and NGO partners.

Together with our EU partners, we will continue to monitor the situation in South Sudan and Yemen closely. I expect that further humanitarian support to both crises will be provided by Ireland in the coming period.

Departmental Expenditure

181. **Deputy Seán Crowe** asked the Minister for Foreign Affairs and Trade the amount it cost to run Ireland's liaison office to NATO and Partnership for Peace delegation in each of the years 2010 to 2016; and the amount it is expected to cost in 2017. [12321/17]

Minister for Foreign Affairs and Trade (Deputy Charles Flanagan): Ireland has been a member of the Partnership for Peace since 1999. Our engagement with the programme is carried out via a Liaison Office in Brussels.

Ireland's participation in the Partnership aims to ensure that our Defence Forces have the necessary capabilities to continue to partner effectively and securely with other nations in UN-mandated peacekeeping operations.

The cost of running the Partnership for Peace Liaison Office in the years 2010 to 2016 is set out in the following table. This figure includes staff costs, office costs, building rental and maintenance and other overheads.

Year	Cost
2010	€481,285
2011	€546,290
2012	€460,051
2013	€439,475
2014	€405,892
2015	€419,767
2016	€520,570 (provisional outturn)

It is obviously difficult at this stage to estimate accurately likely operating costs of the Office in 2017, but we estimate that total costs are likely to be similar to provisional operating costs for 2016.

Sports Events

182. **Deputy John Brady** asked the Minister for Public Expenditure and Reform if a licence and agreement has been obtained for an event (details supplied); the conditions attached

to the licence to ensure minimal disruption to locals and tourists while the event is taking place; and if he will make a statement on the matter. [12234/17]

Minister of State at the Department of Public Expenditure and Reform (Deputy Seán Canney): The Office of Public Works (OPW) is not the body responsible for licensing such an event. However, the OPW has received a request to allow a small part of the running course for the event traverse part of the site in its care and is currently considering this request. Such consideration takes into account the protection of the Monument, the safety of participants and the safety and enjoyment of visitors to the site.

Public Sector Pay

183. **Deputy Alan Kelly** asked the Minister for Public Expenditure and Reform the provision which has been made for section 39 organisations providing vital social care services to meet the various pay restoration requirements now falling due under the Lansdowne Road agreement. [12396/17]

Minister for Public Expenditure and Reform (Deputy Paschal Donohoe): The issue raised by the Deputy is a matter for my colleague the Minister for Health to consider in the first instance as the organisations in question come within the purview of the Department of Health in respect of the provision matters referred to.

Waterways Ireland

184. **Deputy Niamh Smyth** asked the Minister for Arts, Heritage, Regional, Rural and Gaeltacht Affairs the status of the Ulster Canal project; the funding which has been spent to date on this; the stage it is at; her further plans for this project; and if she will make a statement on the matter. [12320/17]

Minister for Arts, Heritage, Regional, Rural and Gaeltacht Affairs (Deputy Heather Humphreys): One of my main priorities since taking Ministerial office has been the restoration of the Ulster Canal. I secured Government approval to restore a 2.5 km stretch of the Ulster Canal from the Shannon-Erne Waterway to the International Scout Centre at Castle Saunderson, Co Cavan on 24th February 2015.

The project, which comprises three work phases, is being undertaken by Waterways Ireland.

Waterways Ireland has issued the letter of award in respect of works to complete the 3rd and final phase, Phase 3, of the navigation to Castle Saunderson and, subject to the stand still period required by the EU Remedies Directive and no objections from other tenderers, the tender will be awarded by 20 March 2017. It is anticipated that a contractor will be on site towards the end of April 2017.

An amount of €2,000,574 has been spent on the project to date.

Leader Programmes Funding

185. **Deputy Niamh Smyth** asked the Minister for Arts, Heritage, Regional, Rural and Gaeltacht Affairs the status of Leader funding; if it is expected that Brexit will have any implications on Leader funding and the way it is administered; and if she will make a statement on

the matter. [12322/17]

Minister for Arts, Heritage, Regional, Rural and Gaeltacht Affairs (Deputy Heather Humphreys): The total amount of funding available for Ireland's LEADER Programme 2014-2020 is €250 million. €220 million of this funding has been allocated to the 28 LEADER sub-regional areas in Ireland and will be delivered through the LEADER Local Action Groups (LAGs) selected in each area. The remaining €30 million will be managed at a national level for targeted investment initiatives.

I do not anticipate that the decision of the United Kingdom to leave the European Union will impact on the funding available to Ireland in the current programme, or to the way it is administered.

Part of the €30 million funding available for targeted initiatives at national level is for a Co-operation strand of LEADER. This strand is designed to encourage two or more LAGs to work in partnership on joint projects benefitting each participating area. These partners can be other Irish LAGs, or LAGs based in other EU Member States, including those in Northern Ireland and the rest of the United Kingdom.

€10 million has been allocated for Co-operation projects in Ireland during the lifetime of the 2014-2020 LEADER Programme. I announced the first €3 million tranche of funding for Co-operation projects in December 2016 and I expect that some of this funding will be used for projects between LAGs in Ireland and those in Northern Ireland and/or the rest of the United Kingdom.

My understanding at this stage is that it will still be possible for LEADER LAGs in Ireland to co-operate with their counterparts in the United Kingdom in the event of the United Kingdom leaving the EU, as the EU Regulations governing the programme allow for co-operation with groups in non-EU Member States.

Tobacco Control Measures

186. **Deputy Louise O'Reilly** asked the Minister for Health if Ireland plans to sign up to the Protocol to Eliminate Illicit Trade in Tobacco Products; if so, the status of the progress of Ireland's accession to the protocol; and if he will make a statement on the matter. [12266/17]

Minister of State at the Department of Health (Deputy Marcella Corcoran Kennedy): The WHO Framework Convention on Tobacco Control (FCTC) treaty was ratified by the State in November 2005. Ireland is a strong advocate of the FCTC and is fully committed to its implementation. The Protocol to Eliminate Illicit Trade in Tobacco Products was adopted in November 2012 and is the first protocol to the World Health Organisation Framework Convention on Tobacco Control (WHO FCTC). The Protocol was signed by Ireland's Permanent Representative to the United Nations in New York on 20 December 2013 and it is the intention to ratify the Protocol.

The objective of the Protocol is to eliminate all forms of illicit trade in tobacco products. The Protocol requires Parties to take measures to control the supply chain of tobacco products effectively and to cooperate internationally on a wide range of matters, including information sharing, administrative and legal assistance and extradition. Given the mixed competencies outlined in the Protocol, discussions at national and European levels are under way in order to progress to the formal ratification of the Protocol.

Medicinal Products Reimbursement

187. **Deputy Michael Healy-Rae** asked the Minister for Health the status of an application for a refund in respect of a person (details supplied); and if he will make a statement on the matter. [12205/17]

Minister for Health (Deputy Simon Harris): Under the Health (Pricing and Supply of Medical Goods) Act 2013, the HSE has statutory responsibility for the administration of the community drug schemes; therefore, the matter has been referred to the HSE for attention and direct reply to the Deputy.

Hospital Services

188. **Deputy Michael Healy-Rae** asked the Minister for Health the status of a cataract operation in respect of a person (details supplied); and if he will make a statement on the matter. [12206/17]

Minister for Health (Deputy Simon Harris): Under the Health Act 2004, the Health Service Executive (HSE) is required to manage and deliver, or arrange to be delivered on its behalf, health and personal social services. Section 6 of the HSE Governance Act 2013 bars the Minister for Health from directing the HSE to provide a treatment or a personal service to any individual or to confer eligibility on any individual.

The National Waiting List Management Policy, *A standardised approach to managing scheduled care treatment for in-patient, day case and planned procedures, January 2014*, has been developed to ensure that all administrative, managerial and clinical staff follow an agreed national minimum standard for the management and administration of waiting lists for scheduled care. This policy, which has been adopted by the HSE, sets out the processes that hospitals are to implement to manage waiting lists.

In relation to the particular query raised, as this is a service matter, I have asked the HSE to respond to you directly.

Health Insurance Prices

189. **Deputy Brendan Griffin** asked the Minister for Health if he will introduce measures to reduce the costs of health insurance in view of the further planned price increases; and if he will make a statement on the matter. [12207/17]

Minister for Health (Deputy Simon Harris): Insurance companies operate as commercial providers and as Minister for Health, I have no legal power to intervene in relation to any insurer's prices. The cost of private health insurance is influenced by a number of factors such as the number of persons in the market, the age profile of those holding private health insurance and ongoing medical innovations. Each of these are contributors to the cost of care, the cost of claims and therefore the cost of premiums payable.

A community-rated health insurance market depends on inter-generational solidarity and requires a constant influx of young healthy members to support the older, less healthy members. Lifetime Community Rating was introduced in 2015 and has encouraged people to take out health insurance at a younger age. In a community rated market this helps to spread the costs of older and less healthy people across all insured persons. The introduction of young adult rates in

2015 has reduced the cost of insurance for individuals up to age 25 and increased the numbers retaining private health insurance which contributes positively to controlling premium inflation.

We have a highly competitive insurance market. Many consumers can make savings on their health insurance premiums by taking advantage of promotional offers and by reviewing their level of cover to ensure that their needs are being met, without being over-insured. The Health Insurance Authority website offers a clear price comparison and can be accessed at www.hia.ie. All of the health insurers provide plans at a variety of price points, which provides scope for consumers to find value in the market and to access the level of cover appropriate to their individual or family needs.

Hospital Appointments Status

190. **Deputy Michael Healy-Rae** asked the Minister for Health the status of a hospital appointment in respect of a person (details supplied); and if he will make a statement on the matter. [12211/17]

Minister for Health (Deputy Simon Harris): Under the Health Act 2004, the Health Service Executive (HSE) is required to manage and deliver, or arrange to be delivered on its behalf, health and personal social services. Section 6 of the HSE Governance Act 2013 bars the Minister for Health from directing the HSE to provide a treatment or a personal service to any individual or to confer eligibility on any individual.

The scheduling of appointments for patients is a matter for the hospital to which the patient has been referred. Should a patient's general practitioner consider that the patient's condition warrants an earlier appointment, he or she should take the matter up with the consultant and the hospital involved. In relation to the specific case raised, I have asked the HSE to respond to you directly.

Orthodontic Services Waiting Lists

191. **Deputy Paul Kehoe** asked the Minister for Health the efforts being made to reduce the waiting time for orthodontic treatment in a case (details supplied); and if he will make a statement on the matter. [12212/17]

Minister for Health (Deputy Simon Harris): As this is a service matter it has been referred to the HSE for reply to the Deputy.

Dental Services Provision

192. **Deputy Tony McLoughlin** asked the Minister for Health if he will expand the level of dental services available to medical card holders and PRSI patients in view of the concerns of the dental care professionals regarding the levels of oral health since cutbacks were introduced (details supplied); and if he will make a statement on the matter. [12215/17]

Minister for Health (Deputy Simon Harris): All medical card holders are entitled to specific dental treatments e.g., an annual dental examination, two fillings in each calendar year, extractions as necessary. Additional treatments are available to persons with specific medical conditions including persons in receipt of care or services for a disability and persons on a register of disability.

Future service provision will be informed by the National Oral Health Policy currently being developed by the Department of Health. The project includes a needs assessment, a review of resources and involves consultation with stakeholders, including dental professionals and the public.

Services available under PRSI Schemes are a matter for the Minister for Social Protection.

Hospital Appointments Status

193. **Deputy James Lawless** asked the Minister for Health when a person (details supplied) can expect a hospital appointment; and if he will make a statement on the matter. [12231/17]

Minister for Health (Deputy Simon Harris): Under the Health Act 2004, the Health Service Executive (HSE) is required to manage and deliver, or arrange to be delivered on its behalf, health and personal social services. Section 6 of the HSE Governance Act 2013 bars the Minister for Health from directing the HSE to provide a treatment or a personal service to any individual or to confer eligibility on any individual.

The National Waiting List Management Policy, *A standardised approach to managing scheduled care treatment for in-patient, day case and planned procedures, January 2014*, has been developed to ensure that all administrative, managerial and clinical staff follow an agreed national minimum standard for the management and administration of waiting lists for scheduled care. This policy, which has been adopted by the HSE, sets out the processes that hospitals are to implement to manage waiting lists.

In relation to the particular query raised, as this is a service matter, I have asked the HSE to respond to you directly.

Health Services Staff

194. **Deputy Mary Lou McDonald** asked the Minister for Health when he envisages the medical lead on dual diagnosis to commence work, having been appointed six months ago. [12235/17]

Minister of State at the Department of Health (Deputy Helen McEntee): As this is a service issue, this question has been referred to the HSE for direct reply.

National Treatment Purchase Fund

195. **Deputy Brendan Griffin** asked the Minister for Health if the HSE will consider giving persons on waiting lists for more than one year an optional financial contribution towards the cost of a private consultation; and if he will make a statement on the matter. [12236/17]

Minister for Health (Deputy Simon Harris): As the reduction of waiting times for the longest waiting patients is one of the Government's key priorities, €20 million has been allocated to the NTPF in the Budget 2017, rising to €55 million in 2018. This funding will be dedicated to the provision of daycase and inpatient treatment to patients. Under the NTPF Daycase Initiative 2017, patients will commence receiving appointments for treatment during March.

During 2016, there has been evidence of a considerable increase in demand for health ser-

vices, as our population grows and ages. In order to reduce the numbers of long-waiting patients, the HSE is currently developing Waiting List Action Plans for 2017 in the area of Inpatient Daycase, Scoliosis and Outpatient Services. Draft Waiting List Action Plans for Inpatient Daycase and Scoliosis have been submitted. My Department is currently reviewing these plans and engagement is ongoing with the HSE and the NTPF. The HSE has also significantly progressed the development of a draft Outpatient Waiting List Action Plan. In this Plan, the HSE will identify proposals to reduce the number of patients waiting long periods of time for outpatient appointments across all hospitals.

Drugs Payment Scheme

196. **Deputy Clare Daly** asked the Minister for Health if the HSE plans to pursue criminal proceedings against a pharmacy chain (details supplied) following systemic overcharging of prescription fees by same. [12251/17]

Minister for Health (Deputy Simon Harris): Under the Health (Pricing and Supply of Medical Goods) Act 2013, the HSE has statutory responsibility for the administration of the community drug schemes; therefore, the matter has been referred to the HSE for attention and direct reply to the Deputy.

Medicinal Products Availability

197. **Deputy Caoimhghín Ó Caoláin** asked the Minister for Health his plans for pharmaceutical standard products to be given priority over non-standardised, non-pharmaceutical products (details supplied); and if he will make a statement on the matter. [12252/17]

Minister for Health (Deputy Simon Harris): Under European and Irish legislation, before a medicine can be placed on the Irish market the manufacturer has to seek an authorisation from the Health Products Regulatory Authority (HPRA) or in the case of certain medicinal products, the European Medicines Agency (EMA).

A determination on an application for authorisation of a medicine is based on a rigorous scientific assessment of the application against the criteria of safety, quality, efficacy, legal and regulatory requirements.

Physicians treating a particular medical condition should opt for an authorised medicinal product(s) that has received approval for use in that specific clinical condition unless that product is contra-indicated or deemed to be clinically inappropriate for that particular patient, or where the product is no longer marketed or not available.

In the event that no authorised medicinal product is available or when authorised medicinal products are not considered to be appropriate for use in that patient, a physician may deem it appropriate to prescribe an unauthorised medicinal product for an unmet medical need for their patient. Ultimately this will be a clinical decision to be agreed between the physician and her or her patient.

Services for People with Disabilities

198. **Deputy Peter Burke** asked the Minister for Health if he will expedite an application by a person (details supplied) for a wheelchair. [12262/17]

Minister for Health (Deputy Simon Harris): As this is a service matter, it has been referred to the HSE for reply to the Deputy.

Respite Care Services

199. **Deputy James Browne** asked the Minister for Health the number of persons with intellectual disabilities awaiting respite beds in County Wexford; the plans that will be put in place to accommodate the waiting list in the future; and if he will make a statement on the matter. [12263/17]

Minister of State at the Department of Health (Deputy Finian McGrath): The Government is committed to providing services and supports for people with disabilities which will empower them to live independent lives, provide greater independence in accessing the services they choose and enhance their ability to tailor the supports required to meet their needs and plan their lives. This commitment is outlined in the Programme for Partnership Government, which is guided by two principles: equality of opportunity and improving the quality of life for people with disabilities.

The Programme for Partnership Government states that the Government wishes to provide more accessible respite care to facilitate full support for people with a disability.

As the Deputy's question relates to service matters, I have arranged for the question to be referred to the Health Service Executive (HSE) for direct reply to the Deputy.

Nursing Homes Support Scheme Applications

200. **Deputy Robert Troy** asked the Minister for Health if CMU units are obliged to accept maximum dependency patients when a bed is available; the recourse a family has that is refused a bed due to the level of dependency of the patient; and if he will make a statement on the matter. [12264/17]

Minister of State at the Department of Health (Deputy Helen McEntee): The Nursing Homes Support Scheme is a system of financial support for people who require long-term nursing home care. Anyone who is assessed as requiring long-term nursing home care can avail of the scheme, regardless of age. Individuals can choose any public, voluntary or approved private nursing home. However, in order for financial support to be provided, the home must have an available bed and, not least in the person's interests, be able to cater for the person's particular needs. The local Nursing Homes Support Office can advise an applicant and/or their family on the options that are available to them.

Hospital Beds Data

201. **Deputy Mary Lou McDonald** asked the Minister for Health the number of times that the full capacity protocol has been deployed at Mater Misericordiae University Hospital in 2016. [12267/17]

Minister for Health (Deputy Simon Harris): As this is a service matter, I have asked the HSE to respond to you directly.

Medicinal Products Reimbursement

202. **Deputy Caoimhghín Ó Caoláin** asked the Minister for Health his and the HSE's plans to revisit the issue of reimbursement of Sativex in view of the recent Health Products Regulatory Authority's report on medicinal cannabis; and if he will make a statement on the matter. [12268/17]

Minister for Health (Deputy Simon Harris): The HSE has statutory responsibility for decisions on the reimbursement of approved products in Ireland and suppliers of such products must apply to the HSE for reimbursement approval.

In 2014, the Misuse of Drugs Regulations 1988 were amended to allow for certain cannabis-based medicinal products to be used in Ireland. The Health Products Regulatory Authority subsequently granted a marketing authorisation for the cannabis-based medicinal product Sativex to be marketed in this State.

I am advised that, following receipt of an application from the supplier for the inclusion of Sativex on the High Tech Scheme, a health technology assessment report on Sativex by the National Centre for Pharmacoeconomics did not recommend reimbursement at the submitted price. The HSE issued the manufacturers with notice of its intention not to reimburse. It is open to the supplier to make a new application for this product, in the context of the previous findings.

Health Insurance Cover

203. **Deputy Declan Breathnach** asked the Minister for Health if he will intervene in a matter (details supplied); if his attention has been drawn to the fact that the facility has to turn persons away that are members of a company due to this refusal and that these persons have nowhere else to turn to in the region; if his attention has been further drawn to the fact that the facility is struggling to maintain its staffing levels due to this refusal; if his attention has been drawn to the fact that this refusal is contrary to EU law; and if he will make a statement on the matter. [12274/17]

Minister for Health (Deputy Simon Harris): Health Insurance companies including VHI operate as commercial providers and as Minister for Health, I have no legal power to intervene in relation to their commercial decisions.

I am advised by VHI that in order to be approved for health insurance coverage, providers of new facilities must be independently accredited for quality purposes and either:

(a) demonstrate that they meet an important medical need which is not met by existing facilities and do so at competitive cost relative to those of providers of facilities that can be reasonably be compared with them; or

(b) provide medical services at prices which are sufficiently competitive as may enable VHI to obtain lower prices for such services generally in a significant area.

The VHI's initial assessment is that its criteria has not been satisfied but they are meeting with the applicants again to discuss the issue further.

Medical Card Applications

204. **Deputy Sean Sherlock** asked the Minister for Health the process for parents of children in receipt of domiciliary care allowance to receive medical cards; and if this introduction will extend to waivers for State examination fees for this academic year [12275/17]

251. **Deputy Bernard J. Durkan** asked the Minister for Health when it is expected that the medical cards will be approved for all children currently in receipt of domiciliary care allowance; and if he will make a statement on the matter. [12413/17]

Minister for Health (Deputy Simon Harris): I propose to take Questions Nos. 204 and 251 together.

The Health (Amendment) Bill 2017 was published Thursday 2nd March 2017. This Bill will enable the granting of full eligibility for general practitioner and other health services to all children in respect of whom a Domiciliary Care Allowance (DCA) is paid. Granting a medical card to all children in respect of whom a DCA payment is made will benefit approximately 9,800 children in this cohort who do not currently qualify for a medical card. The legislation is scheduled to enter the Dail this evening, Wednesday, 8th March 2017, and it is hoped to complete all stages before the end of March.

The HSE is also finalising the administration processes that need to be in place so that the proposal can be implemented in a smooth and efficient manner. It has been working to produce both a paper-based and online pre-registration system which is expected to be available on the 1st May 2017 ahead of a go-live date of the 1st June 2017.

Eligibility for a DCA medical card will also provide cover for other benefits which are covered by a regular medical card, including the waiving of examination fees. Whether the waivers for examination fees for this academic year are covered would be a matter for the Department of Education and Skills.

How the new DCA medical card will work:

- For a child in receipt of DCA but who currently does not have a medical card, the parent or guardian will register for the scheme either online or through a paper-based form.

- For a child who is currently eligible for a medical card (under discretion or otherwise) and is confirmed to be in receipt of DCA, the HSE will automatically issue them a medical card.

- For a child who is currently eligible for a GP Visit Card (under discretion or otherwise), this card will automatically be upgraded to a full medical card.

Mental Health Services Data

205. **Deputy Billy Kelleher** asked the Minister for Health if the HSE compiles figures on misdiagnosed cases in regard to mental health; if so, the procedures in place to carry out reviews of these misdiagnosed cases; if there is a record history kept for each psychiatrist or psychologist that makes a wrong diagnosis in order that this information is available to a specialist supervisory panel as part of these reviews; and if he will make a statement on the matter. [12287/17]

Minister of State at the Department of Health (Deputy Helen McEntee): As this is a service issue, this question has been referred to the HSE for direct reply.

Hospital Beds Data

206. **Deputy Louise O'Reilly** asked the Minister for Health the cost of increasing the number of hospital beds per 1,000 of the population from the current level of less than 4 to 4.6; and if he will make a statement on the matter. [12288/17]

Minister for Health (Deputy Simon Harris): In relation to the particular query raised, as this is a service matter, I have asked the HSE to respond to you directly.

Hospital Beds Data

207. **Deputy Louise O'Reilly** asked the Minister for Health the cost of a hospital bed; the fully absorbed cost of a hospital bed including staff, ancillary services and running costs; the capital costs associated with opening new beds; and if he will make a statement on the matter. [12289/17]

Minister for Health (Deputy Simon Harris): In relation to the particular query raised, as this is a service matter, I have asked the HSE to respond to you directly.

Accident and Emergency Departments

208. **Deputy Louise O'Reilly** asked the Minister for Health the cost of running the emergency department task force; the cost that would be associated with establishing this on a permanent basis; and if he will make a statement on the matter. [12290/17]

Minister for Health (Deputy Simon Harris): The Emergency Department Taskforce (EDTF) was convened in December 2014 to provide focus and momentum in dealing with the challenges presented by ED overcrowding. The EDTF Implementation Group, co-chaired by the HSE Director General and the INMO General Secretary meets on a regular basis to oversee implementation of the ED Taskforce Action Plan and monitor ED performance. The EDTF Implementation Oversight Group has met seven times over the course of 2016 and into 2017; most recently on the 6 January 2017.

The only costs associated with the Emergency Department Taskforce are those related to servicing the meetings of the group for example catering requirements and these costs are covered by the HSE who provide administrative support to this group. EDTF delegates from outside Dublin area claim travel and subsistence as appropriate, in accordance with the HSE's National Financial Regulation NFR-05, and these costs are also covered by the HSE. My Department is not currently aware of any review of the cost of establishing the EDTF on a permanent basis but in its current format the costs involved would only pertain to the costs related to servicing the meeting as set out above.

Hospital Waiting Lists

209. **Deputy Louise O'Reilly** asked the Minister for Health the costs that would be associated with carrying out a feasibility study on a new and single integrated hospital waiting list management system; and if he will make a statement on the matter. [12291/17]

Minister for Health (Deputy Simon Harris): This Government is committed to reducing waiting times for patients, both for patients waiting for inpatient and daycase procedures and for outpatient appointments. It is unacceptable for people to have to wait excessively long periods for necessary care.

In order to reduce this burden for patients and to ensure that best practice is applied in how waiting lists are managed, I am open to evaluating new approaches to waiting list management in our health service. I agree that greater integration of hospital waiting list management systems is a step in the right direction and IT can play a significant role in underpinning these integrated approaches.

On this basis, on 15th February during a Private Members Business debate in the Seanad regarding waiting lists, I committed to asking the NTPF to examine the feasibility of progressing to a more integrated approach to waiting list management at Hospital Group level.

Following on from that debate, on 23rd February, officials from my Department wrote to the NTPF to request that it establish and lead a project team of relevant experts and stakeholders to conduct a feasibility study regarding integrated approaches to waiting list management at Hospital Group level. The NTPF is in the process of scoping out the structure and format of this study and I expect to receive a preliminary plan in the coming weeks. This feasibility study will be carried out within existing resources.

The NTPF has been asked to report to me within six months, and on finalisation of that report I expect that it will be published.

HSE Expenditure

210. **Deputy Louise O'Reilly** asked the Minister for Health the cost of increasing the HSE information technology budget to bring it to the EU and OECD averages, respectively; the cost of increasing the HSE information technology budget by an average of 2%; and if he will make a statement on the matter. [12292/17]

211. **Deputy Louise O'Reilly** asked the Minister for Health the cost of fast tracking the roll-out of the electronic health record; and if he will make a statement on the matter. [12293/17]

Minister for Health (Deputy Simon Harris): I propose to take Questions Nos. 210 and 211 together.

The HSE have developed a business case for the implementation of an electronic health care record (EHR) in Ireland, building on the current platform of investments made in recent years in order to improve the penetration of ICT across the entire system. It also includes an integration capability to support new models of care - significant new systems deployments that can provide the necessary patient information across the continuum of care, particularly between Primary/Community and the Acute sector.

The business case sets out a number of investment scenarios including timescales for implementation and roll out. In the business case, a 5 year and a 9 year technology investment programme is developed but there is flexibility within its scope to stretch out timescales further. The total of all estimated costs including business change elements for a 5 year implementation are in the range of €647m to €875m respectively and the 9 year figure is between €609m-€824m. The five year scenario could be considered a 'fast track' approach. These costs would only arise if full implementation in all sites were to take place. The costs have been estimated based on market engagements in 2015/16.

A technology and business change project of this scale and scope has a number of inherent risks. Realistic timescales are important to ensure that the adoption of both the technology and the business change required by front line staff can be absorbed and managed in a coherent way. In addition to resourcing the EHR project with substantial manpower and financial resources,

experience from other countries demonstrates that the vendor markets supplying many of these services needs to be carefully managed in terms of capacity and capability to deliver working tailored solutions in a satisfactory manner.

Cross country comparisons on ICT and eHealth spending are difficult to make due to the variety of health system arrangements. For the estimates below ICT spending is composed of Capital and Revenue. Based on current gross vote figures for HSE in 2017 of €14.6bn approximately, a 2% increase on the current level of HSE ICT spending would require an investment figure of €292m being made available. A mid term capital review is currently underway and the ICT capital component will be progressed further in that context.

HSE Expenditure

212. **Deputy Louise O'Reilly** asked the Minister for Health the cost of employing a speech and language therapist, an occupational therapist, a physiotherapist and a psychologist, respectively; and if he will make a statement on the matter. [12294/17]

Minister for Health (Deputy Simon Harris): I have asked the HSE to respond to the Deputy directly on this matter.

Home Help Service Expenditure

213. **Deputy Louise O'Reilly** asked the Minister for Health the cost of increasing home help hours by 10% and increasing home care packages by 10%; and if he will make a statement on the matter. [12295/17]

Minister of State at the Department of Health (Deputy Helen McEntee): As this is a service matter it has been referred to the Health Service Executive for direct reply.

Maternity Services

214. **Deputy Louise O'Reilly** asked the Minister for Health the cost of ensuring that maternity hospitals have access to foetal anomaly screening with the requisite staff and equipment; the cost of employing additional sonographers and other personnel required for rolling out anomaly screening to each of the 19 maternity units; and if he will make a statement on the matter. [12296/17]

Minister for Health (Deputy Simon Harris): In relation to the particular query raised, as this is a service matter, I have asked the HSE to respond to you directly.

Maternity Services

215. **Deputy Louise O'Reilly** asked the Minister for Health the cost of ensuring that Ireland meets the birthrate plus standard for midwifery staffing; the cost of employing a midwife, consultant obstetricians and a gynaecologist respectively; and if he will make a statement on the matter. [12297/17]

Minister for Health (Deputy Simon Harris): In relation to this particular query, as this is a service matter, I have asked the HSE to respond to you directly.

Ambulance Service Staff

216. **Deputy Louise O'Reilly** asked the Minister for Health the cost of employing an advanced paramedic; and if he will make a statement on the matter. [12298/17]

Minister for Health (Deputy Simon Harris): As this is a service matter, I have asked the HSE to respond to you directly.

Ambulance Service

217. **Deputy Louise O'Reilly** asked the Minister for Health the cost of purchasing, equipping and staffing 12 new ambulances; and if he will make a statement on the matter. [12299/17]

Minister for Health (Deputy Simon Harris): As this is a service matter, I have asked the HSE to respond to you directly.

Ambulance Service Provision

218. **Deputy Louise O'Reilly** asked the Minister for Health the costs associated with the implementation of the National Ambulance Service capacity review in terms of personnel, vehicles and equipment, respectively; and if he will make a statement on the matter. [12300/17]

Minister for Health (Deputy Simon Harris): As this is a service matter, I have asked the HSE to respond to you directly.

General Practitioner Services Provision

219. **Deputy Louise O'Reilly** asked the Minister for Health the cost of rolling out free general practitioner care at a rate of almost a quarter of a million more persons each year; and if he will make a statement on the matter. [12301/17]

Minister for Health (Deputy Simon Harris): The Deputy will be aware of the ongoing review of the GMS and other publicly funded contracts involving GPs, and that the next phase of discussions to progress this work is underway. Initial engagement with GP representative bodies began in January. As with any negotiation-type process, and given the range and complexity of the issues to be discussed, the engagement may take some time.

The estimated cost of extending free GP care to all citizens will vary depending on the outcome of these negotiations and any implications they may have for the future scope and content of the general practitioner service, and the relevant fees and payments to GPs. It would be premature, in advance of substantive progress being made on the development of a new contract, to make statements in relation to funding.

However, the Deputy may be aware that the HSE has recently published the Primary Care Reimbursement Service Statistical Analysis of Claims and Payments 2015, which indicates that the average GP cost per eligible person is €226.07.

Prescriptions Charges

220. **Deputy Louise O'Reilly** asked the Minister for Health the total estimated cost of abolishing prescription charges; the total estimated cost of the phased abolition of charges by 50 cent; and if he will make a statement on the matter. [12302/17]

Minister for Health (Deputy Simon Harris): Under the Health (Pricing and Supply of Medical Goods) Act 2013, the HSE has statutory responsibility for the administration of the community drug schemes; therefore, the matter has been referred to the HSE for attention and direct reply to the Deputy.

Medical Card Data

221. **Deputy Louise O'Reilly** asked the Minister for Health the cost of granting an automatic medical card to all those in receipt of domiciliary care allowance; the annual cost of the provision of this to new applicants; and if he will make a statement on the matter. [12303/17]

Minister for Health (Deputy Simon Harris): At current card cost levels the €10m provided in Budget 2017 for the provision of medical card to those in receipt of Domiciliary Care Allowance will meet just over 6 months worth of reimbursement. As the HSE's Primary Care Reimbursement Service reimburse one month in arrears, this funding equates to 7 months worth of services in 2017.

This funding assumes the following:-

- the number of allowance holders provided is not understated;
- there is an immediate uptake; and
- the new cards usage is similar to those currently in the system.

Any change in one of those assumptions may impact on the funding level.

Accident and Emergency Departments

222. **Deputy Louise O'Reilly** asked the Minister for Health the cost of abolishing the €100 charge for the use of emergency departments; the cost of abolishing the €75 per day charge for inpatient care; and if he will make a statement on the matter. [12304/17]

Minister for Health (Deputy Simon Harris): The HSE has been asked to examine this matter and to reply to the Deputy as soon as possible.

Disability Support Services Provision

223. **Deputy Eugene Murphy** asked the Minister for Health if plans for the provision of a school age team for children with disabilities in Roscommon town have now been stalled due to budgetary issues in securing a lease on a premises in the county town despite the fact that negotiations were at an advanced stage and proposed plans for a 11,000 sq ft facility had been drawn up; and if he will make a statement on the matter. [12305/17]

Minister of State at the Department of Health (Deputy Finian McGrath) (Deputy Finian McGrath): The Government is committed to providing services and supports for people with disabilities which will empower them to live independent lives, provide greater indepen-

dence in accessing the services they choose, and enhance their ability to tailor the supports required to meet their needs and plan their lives. This commitment is outlined in the Programme for Partnership Government, which is guided by two principles: equality of opportunity and improving the quality of life for people with disabilities.

As the Deputy's question relates to service matters, I have arranged for the question to be referred to the Health Service Executive (HSE) for direct reply to the Deputy.

Capital Expenditure Programme

224. **Deputy Mattie McGrath** asked the Minister for Health the details of all priority capital projects that have had their funding reduced in the 2017 HSE capital plan; the amount of the reductions that have occurred; and if he will make a statement on the matter. [12307/17]

Minister for Health (Deputy Simon Harris): As a consequence of size, complexity, timing and scheduling, healthcare infrastructure projects develop at different paces and have different momentums. Therefore it would not be appropriate to ring-fence capital funding by project. Ensuring flexibility enables the HSE to manage within its voted capital allocation in the event that one or more of the hundreds of projects underway at any time do not progress as scheduled. It enables the HSE to leverage its capital allocation efficiently, so that it delivers the maximum number of projects including priority projects for the funding available.

In compliance with the Department of Public Expenditure and Reform's Public Spending Code, all health care infrastructure projects including priority capital projects are reviewed at a number of stages. All projects were reviewed by the HSE in the context of its submission of its draft Capital Plan, and have been further reviewed in the context of the 2017 Midterm Capital Review. Therefore the Department has deferred final consideration of the draft Plan in this context.

Hospital Accommodation Provision

225. **Deputy Mattie McGrath** asked the Minister for Health the details of all revised allocations for the National Maternity Hospital project in 2017; and if he will make a statement on the matter. [12308/17]

Minister for Health (Deputy Simon Harris): In relation to this particular query, I have asked the HSE to respond to you directly.

Mental Health Services Provision

226. **Deputy Mattie McGrath** asked the Minister for Health the budget allocated for the construction of the new national forensic mental health service hospital in Portrane and all revised allocations that have occurred; and if he will make a statement on the matter. [12309/17]

Minister of State at the Department of Health (Deputy Helen McEntee): As this is a service issue, this question has been referred to the HSE for direct reply.

Hospital Accommodation Provision

227. **Deputy Mattie McGrath** asked the Minister for Health if the capital spending allocated for the National Rehabilitation Hospital was reduced by €8 million; and if he will make a statement on the matter. [12310/17]

Minister for Health (Deputy Simon Harris): Capital funding for the National Rehabilitation Hospital has not been reduced.

National Children's Hospital Status

228. **Deputy Mattie McGrath** asked the Minister for Health when the construction contract for the National Children's Hospital project will be signed and to whom it is to be awarded; if provisions in this contract specify upper limits for the amount that will be paid for the construction of the project; and if he will make a statement on the matter. [12311/17]

Minister for Health (Deputy Simon Harris): The granting of planning permission in April 2016 for the hospital, Paediatric Outpatient Department and Urgent Care Centres at Connolly Hospital and Tallaght Hospital was a huge and very welcome milestone for the project. An internationally recognised design team, supported by the experienced National Paediatric Hospital Development Board and Project Team, are in place to drive the new children's hospital project and to ensure that the project is delivered in accordance with national policy to optimal design and value for money. The first phase of construction (site clearing works) on the site of the new children's hospital began in August 2016 and will be substantially completed within a matter of weeks.

The tender process for the main construction works for the new children's hospital, and for the Paediatric Outpatients and Urgent Care centres at Tallaght and Connolly Hospitals has recently concluded. Local and international companies participated in the highly competitive tender process. More than 35 people participated in review panels for the tenders. The tenders were reviewed and measured against a number of technical and financial criteria and were independently peer-reviewed by construction experts with extensive experience of projects of this size and complexity. A company has been notified that it is the preferred bidder however the contract has not been awarded yet. I intend to bring a Memorandum to Government in the coming weeks on the new children's hospital. Full details of the costs and funding will be set out in the Memorandum for Government and will form the basis upon which the approval decision will be made.

Disability Support Services Provision

229. **Deputy Mattie McGrath** asked the Minister for Health the options available to children that have applied to the HSE for an assessment of need and that have not received their assessment within the three month period as required under the Disability Act 2005; if his attention has been drawn to the long delays for children receiving assessment of needs from early intervention teams across the country; the efforts he will make to ensure that the HSE and early intervention teams meet their obligations under the Disability Act 2005; the reason the HSE refuse to accept an assessment of need from a private practitioner in circumstances in which a delay in obtaining an assessment of need has occurred when such an assessment is accepted by the Department of Education and Skills; and if he will make a statement on the matter. [12315/17]

Minister of State at the Department of Health (Deputy Finian McGrath) (Deputy Finian McGrath): The Government is committed to providing services and supports for people with disabilities which will empower them to live independent lives, provide greater indepen-

dence in accessing the services they choose, and enhance their ability to tailor the supports required to meet their needs and plan their lives. This commitment is outlined in the Programme for Partnership Government, which is guided by two principles: equality of opportunity and improving the quality of life for people with disabilities.

As the Deputy's question relates to service matters, I have arranged for the question to be referred to the Health Service Executive (HSE) for direct reply to the Deputy.

Health Services Provision

230. **Deputy Donnchadh Ó Laoghaire** asked the Minister for Health if he will consider installing a juvenile arthritis clinic in Munster and putting in place a consultant in this discipline in the CUH. [12316/17]

Minister for Health (Deputy Simon Harris): In relation to this particular query, as this is a service matter, I have asked the HSE to respond to you directly.

Dental Services

231. **Deputy Pat Deering** asked the Minister for Health the entitlements of a person (details supplied) to dental treatment. [12324/17]

Minister for Health (Deputy Simon Harris): As this is a service matter it has been referred to the HSE for reply to the Deputy.

Psychological Services

232. **Deputy Hildegard Naughton** asked the Minister for Health if his attention has been drawn to the absence of a HSE psychology service in the catchment area of Oranmore, County Galway, whereby a child (details supplied) is unable to access treatment; if anxiety management groups for children of this age group will be offered within the HSE in Galway in 2017; and if he will make a statement on the matter. [12325/17]

Minister of State at the Department of Health (Deputy Helen McEntee): As this is a service issue, this question has been referred to the HSE for direct reply.

Defence Forces Medicinal Products

233. **Deputy Clare Daly** asked the Minister for Health the number of serious adverse drug reactions, ADRs, which were reported in which the name or the address gave a clear indication that they were Defence Forces medical personnel according to the HPRA's ADR database for Lariam. [12379/17]

234. **Deputy Clare Daly** asked the Minister for Health the number of completed suicides adverse drug reactions, ADRs, that were reported in which the name or the address gave a clear indication that they were Defence Forces medical personnel according to the HPRA's ADR database for Lariam. [12381/17]

235. **Deputy Clare Daly** asked the Minister for Health the number of suicide attempts or

reports of self harm adverse drug reactions, ADRs, that were reported in which the name or the address gave a clear indication that they were Defence Forces medical personnel according to the HPRA's ADR database for Lariam. [12382/17]

236. **Deputy Clare Daly** asked the Minister for Health the number of suicidal ideation adverse drug reactions, ADRs, that were reported in which the name or the address gave a clear indication that they were Defence Forces medical personnel according to the HPRA's ADR database for Lariam. [12383/17]

Minister for Health (Deputy Simon Harris): I propose to take Questions Nos. 233 to 236, inclusive, together.

The Health Products Regulatory Authority (HPRA) has indicated that due to the voluminous nature of the request and the need for legal review it will take a number of days to retrieve and review the information requested by the Deputy. The HPRA will respond directly to the Deputy within the 10 day time period.

National Treatment Purchase Fund

237. **Deputy John Brassil** asked the Minister for Health the way the National Treatment Purchase Fund will be fully accessible; the way it will be applied for; the criteria for persons to access; the hospitals, both public and private, that will be participating in the scheme; and if he will make a statement on the matter. [12385/17]

Minister for Health (Deputy Simon Harris): In December 2016, I granted approval to the NTPF to dedicate €5m to a daycase waiting list initiative with the aim of ensuring that no patient will be waiting more than 18 months for a daycase procedure by 30 June 2017. In excess of 2,000 daycases will be managed through this process. The NTPF is currently undertaking a tender process to identify participating private hospitals and expects that patients will start to receive their appointments in March. The majority of daycase procedures delivered under this Initiative will be in the areas of ENT, Ophthalmology, General Surgery Dental, Urology and Vascular Surgery.

The HSE is currently developing a 2017 Waiting List Action Plan for inpatient/daycase procedures to ensure that no patient is waiting more than 15 months by the end of October. The Plan is being developed in conjunction with the NTPF's approach for utilisation of its remaining €10m funding for patient treatment in 2017. The Draft Plan is currently being reviewed by my Department and engagement is ongoing with the HSE and the NTPF towards its finalisation.

The NTPF will be asked to submit monthly reports on the number of patients treated, referring hospitals, treating hospitals and treatment specialty.

Hospital Budgets

238. **Deputy John Brassil** asked the Minister for Health his views on whether hospitals having to submit zero figure budgets is realistic; if not, his further views on whether it is a futile exercise as these figures cannot be achieved and are a misrepresentation; and if he will make a statement on the matter. [12386/17]

Minister for Health (Deputy Simon Harris): In relation to the particular query raised, as this is a service matter, I have asked the HSE to respond to you directly.

Hospital Budgets

239. **Deputy John Brassil** asked the Minister for Health the services that will be cut as a result of Kerry University Hospital having to submit a zero figure budget; and if he will make a statement on the matter. [12387/17]

Minister for Health (Deputy Simon Harris): In relation to this particular query raised, as this is a service matter, I have asked the HSE to respond to you directly.

Hospitals Funding

240. **Deputy John Brassil** asked the Minister for Health the consequences and risks attached to a shortfall in funding for Kerry University Hospital (details supplied); and if he will make a statement on the matter. [12388/17]

Minister for Health (Deputy Simon Harris): In relation to this particular query, as this is a service matter, I have asked the HSE to respond to you directly.

Orthodontic Services Waiting Lists

241. **Deputy John Brassil** asked the Minister for Health the provisions in place via the National Treatment Purchase Fund, NTPF, in regard to providing orthodontic treatment for children waiting more than 18 months for orthodontic treatment; and if he will make a statement on the matter. [12391/17]

Minister for Health (Deputy Simon Harris): It is not envisaged that the Waiting List initiatives due to be implemented by the NTPF and the HSE under its Waiting List Action Plans will include orthodontic care.

The Programme for a Partnership Government contains a commitment to providing timely access to orthodontic care. In order to address the waiting times being experienced by people who have been referred for orthodontic assessment or treatment, the HSE has commenced an initiative which involves the procurement of orthodontic services in primary care from a number of private service providers. Priority is being accorded to cases of a routine orthodontic nature who have been waiting longest to be seen. Up to the end of February 2017, 2,350 patients have been contacted and 1,431 have accepted transfer from HSE to a private orthodontic provider. Complex cases are not part of the HSE waiting list initiative and will be treated by the HSE orthodontic service.

The HSE is also working to adapt skill-mix to assist in providing more timely access for patients. This involves using orthodontic therapists working under the supervision of specialist orthodontists. Two orthodontic therapists are in place, with a further two are in training and the HSE plan to extend this initiative.

The national approach to future oral health service provision, including orthodontics, will be informed by the National Oral Health Policy which is currently being developed by my Department. The target-date for completion of this policy is late 2017.

Hospital Waiting Lists

242. **Deputy John Brassil** asked the Minister for Health if he will allow persons accessing ophthalmology services, specifically cataract treatment, via Kerry University Hospital currently facing lengthy waiting times to access the National Treatment Purchase Fund, NTPF, via the Bon Secours Hospital, Tralee; and if he will make a statement on the matter. [12393/17]

Minister for Health (Deputy Simon Harris): In relation to this particular query raised, as this is a service matter, I have asked the HSE to respond to you directly.

HSE Funding

243. **Deputy Alan Kelly** asked the Minister for Health his views on the intention of the HSE to immediately cut funding to section 39 organisations providing vital social care services, due to their being unable to sign service level agreements by virtue of not being fully funded to meet the pay restoration requirements now falling due under the Lansdowne Road agreement. [12395/17]

Minister for Health (Deputy Simon Harris): I have asked the HSE to respond to the Deputy directly on this matter.

Special Educational Needs Service Provision

244. **Deputy Bernard J. Durkan** asked the Minister for Health the extent to which assessments are readily available for children with special needs with particular reference to conditions requiring early diagnosis; and if he will make a statement on the matter. [12406/17]

Minister of State at the Department of Health (Deputy Finian McGrath): The Government is committed to providing services and supports for people with disabilities which will empower them to live independent lives, provide greater independence in accessing the services they choose, and enhance their ability to tailor the supports required to meet their needs and plan their lives. This commitment is outlined in the Programme for Partnership Government, which is guided by two principles: equality of opportunity and improving the quality of life for people with disabilities.

As the Deputy's question relates to service matters, I have arranged for the question to be referred to the Health Service Executive (HSE) for direct reply to the Deputy.

Speech and Language Therapy

245. **Deputy Bernard J. Durkan** asked the Minister for Health the extent to which speech and language therapy is available to all children with such a requirement here; and if he will make a statement on the matter. [12407/17]

Minister for Health (Deputy Simon Harris): As this question relates to service matters, I have arranged for the question to be referred to the Health Service Executive (HSE) for direct reply.

Mental Health Services

246. **Deputy Bernard J. Durkan** asked the Minister for Health the extent to which the

mental health needs of children and adults continue to be monitored and met here; and if he will make a statement on the matter. [12408/17]

Minister of State at the Department of Health (Deputy Helen McEntee): Budget 2017 provided for an additional €35 million for services to be initiated in 2017. Key priorities to be addressed in the HSE 2017 Service Plan include youth mental health, further improvement to child & adolescent (CAMHS) and adult services, older people's services and further enhanced out-of-hours response for those in need of urgent services. Recognising the time lag in new staff taking up posts and the completion of preparations for the introduction of these services, it is estimated that the revenue spend in 2017 associated with this increased allocation will be some €15 million. There will also be a further additional spend of €9.5 million in mental health associated with increased pay rates, bringing the total HSE funding for mental health in 2017 to €853 million.

The HSE Service Plan 2017 will also progress enhanced service user and carer engagement, ongoing implementation of the suicide reduction strategy *Connecting For Life*, improved early intervention for youth mental health, including embedding Jigsaw sites and development of primary-care based therapeutic responses. There will also be increased services to meet the needs of those with severe and enduring mental illness with complex presentations, improved specialist clinical responses through clinical programmes, improved regulatory compliance and incident management. The HSE continues to strengthen governance arrangements to improve performance and effective use of human, financial and infrastructural resources.

Activity data in relation to agreed priorities and targets for mental health is published in monthly Performance Reports, available on the HSE website. I, and my Departmental officials, will continue to closely monitor these HSE reports. In addition, I am regularly briefed by the HSE Mental Health Directorate on all aspects of progressing the mental health care programme, given the challenge it faces to meet the requirements of increasing demand overall on such services.

Long Stay Residential Units

247. **Deputy Bernard J. Durkan** asked the Minister for Health the extent to which adequate long-term care continues to be provided for in the public sector having particular regard to the need to retain adequate accommodation thereby alleviating the burden on acute hospitals already affected by bed shortages; and if he will make a statement on the matter. [12409/17]

Minister for Health (Deputy Simon Harris): The Nursing Homes Support Scheme (NHSS) is a system of financial support for those in need of long-term nursing home care. Participants contribute to the cost of their care according to their income and assets while the State pays the balance of the cost. The Scheme aims to ensure that long-term nursing home care is accessible and affordable for everyone and that people are cared for in the most appropriate settings. Funding for the Scheme in 2017 is €940 million. This represents an increase of €18.5 million on 2016 expenditure, and will enable an additional 500 people to be supported in 2017, increasing the numbers supported under the Scheme to just over 23,600 by the end of the year.

As the Deputy may be aware, the HSE launched the 'Winter Initiative Plan 2016-2017' in September 2016 which provided €40 million of additional funding for winter preparedness and to assist hospitals to deal with increased demand. A key focus of the Winter Initiative is to improve access for hospitals to social care and community measures to discharge patients, when deemed clinically appropriate, to return home or to a more appropriate community setting. Since the start of the Winter Initiative delayed discharges have reduced nationally from 638 to

517, freeing up hospitals beds to alleviate ED pressures.

In addition the Winter Initiative was cognisant of the need to support increased bed capacity within the system and as such 90 additional beds have been opened at the following hospitals: Galway University Hospital, the Mater Hospital, Beaumont Hospital, the Regional Midland Hospital Tullamore, the Regional Midland Hospital Mullingar and the Mercy Hospital in Cork.

My Department has also commenced a bed capacity review in line with the Programme for Government commitment. The intention is that this review will be broader than previous exercises that focused solely on acute bed capacity. While the exact parameters of the review are still subject to considerations, I expect that it will seek to take into account, to some degree, other factors which effect hospital capacity.

Medicinal Products Prices

248. **Deputy Bernard J. Durkan** asked the Minister for Health the extent to which he expects to be in a position to utilise the benefit of the single EU market to facilitate the negotiation of an affordable price for specific new drugs; and if he will make a statement on the matter. [12410/17]

Minister for Health (Deputy Simon Harris): Each EU member state is responsible for the procurement of medicinal products. However, our membership of the single market offers an opportunity for international cooperation with other member countries to reduce the cost of new drugs.

In June 2016, the Employment, Social Policy, Health and Consumer Affairs Council adopted conclusions on strengthening the balance in the pharmaceutical systems in the EU and its member states. Those conclusions invited member states to explore opportunities for cooperation on pricing and reimbursement of medicines and to identify areas for cooperation which could contribute to affordability and better access to medicines. I have indicated my support for these measures and I welcome the opportunity for member states to cooperate by sharing information, so that we can achieve affordable and sustainable access to medicines.

I and my officials have been actively engaged with our international colleagues on the issue of drug pricing. I used the opportunity at the second Round Table meeting for European Health Ministers and heads of Europe-based pharmaceutical companies in Portugal last December, and the recent OECD meeting in January, to engage with Ministers from other countries on how to address the challenge of securing access to new medicines for citizens at an affordable price.

Orthodontic Services Data

249. **Deputy Bernard J. Durkan** asked the Minister for Health the number of children listed for orthodontic treatment in categories A, B and C; the number of children currently in the course of receiving such treatment; and if he will make a statement on the matter. [12411/17]

Minister for Health (Deputy Simon Harris): As this is a service matter it has been referred to the HSE for reply to the Deputy.

Medical Card Administration

250. **Deputy Bernard J. Durkan** asked the Minister for Health the extent to which it might be possible to streamline and expedite the process of medical card applications; and if he will make a statement on the matter. [12412/17]

253. **Deputy Bernard J. Durkan** asked the Minister for Health the extent to which procedures are in place to ensure that persons that do not qualify for medical cards on income grounds might be re-evaluated and their eligibility suitably weighted to take account of a particular illness, terminal or otherwise, which might require extraordinary care, cost, attention and stress to the particular families; and if he will make a statement on the matter. [12415/17]

Minister for Health (Deputy Simon Harris): I propose to take Questions Nos. 250 and 253 together.

Under the Health Act, 1970, medical cards are provided to persons who are, in the opinion of the HSE, unable without undue hardship to arrange GP services for themselves and their dependents and every application must be assessed on that basis. In accordance with the Act, the assessment for a medical card is determined primarily by reference to the means, including the income and expenditure, of the applicant and his or her partner and dependents. Where deemed appropriate in particular circumstances, the HSE may exercise discretion and grant a medical card even though an applicant exceeds the income guidelines but where they may face difficult financial circumstances, such as extra costs arising from illness.

Social and medical issues are considered when determining whether undue hardship exists for an individual accessing general practitioner or other medical services. The HSE affords applicants the opportunity to furnish supporting information and documentation to fully take account of all the relevant circumstances that may benefit them in the assessment, including medical evidence of cost and necessary expenses. As at week ending 3rd February 2017, 99% of medical card applications received by the Primary Care Reimbursement Services were processed within a 15 day timeframe.

All applications or reviews concerning medical and GP visit cards must be supported with a range of documentation, as outlined on the application forms. Where such supporting documentation is not supplied or is incomplete, to enable the assessment of the application, in accordance with the National Assessment Guidelines, the HSE will issue correspondence to the applicant specifying the additional information required to progress the assessment of their application. Clearly the processing time for incomplete applications is dependent on the furnishing of the required documentation by the applicant.

It is important that people with medical needs and it is important that they should be able to access necessary assistance in a straight forward manner. It is clear greater discretion is being exercised by the HSE because the number of discretionary medical cards in circulation has increased from about 52,000 in mid-2014 to over 117,854 as of 1st February this year. This followed the measures announced by my predecessor Minister Varadkar, when the “Keane” *Report of the Expert Panel on Medical Need for Medical Card Eligibility* was published. The “Keane” Report found that it is not feasible, desirable or ethically justifiable to list medical conditions for medical card eligibility. On foot of the publication of the report, the HSE established a Clinical Advisory Group to develop clinical oversight and guidance for the operation of a more compassionate and trusted medical card system. Its establishment followed the completion of the work of the Expert Panel on Medical Need for Medical Card Eligibility and demonstrates the HSE’s commitment to the development of a medical system which is responsive and considerate of an applicant’s particular circumstances.

The HSE has a system in place for the provision of medical cards in response to an emergency situation for persons with a serious medical condition in need of urgent or on-going

medical care that they cannot afford and persons in palliative care, who are terminally ill. With the exception of terminally ill patients, all medical cards, granted on an emergency basis, are issued on the basis that the patient is eligible for a medical card on the basis of means or undue hardship, and will follow up with a full application within a number of weeks of receiving the medical card eligibility. These cards are issued within 24 hours of receipt of the required patient details and a letter which confirms the medical condition from a doctor or consultant. For terminally ill persons, no means test applies.

Question No. 251 answered with Question No. 204.

Hospital Accommodation Provision

252. **Deputy Bernard J. Durkan** asked the Minister for Health the extent to which he can provide or avail of step-down bed accommodation in all areas throughout the country as a means of alleviating overcrowding in public hospitals in general; if he has examined the potential use of decommissioned beds or wards in or adjacent to the public hospitals thereby providing an available solution; and if he will make a statement on the matter. [12414/17]

Minister for Health (Deputy Simon Harris): As the Deputy may be aware, the HSE launched the ‘Winter Initiative Plan 2016-2017’ in September 2016 which provided €40 million of additional funding for winter preparedness and to assist hospitals to deal with increased demand. A key focus of the Winter Initiative is to improve access for hospitals to step-down care, social care and community measures to discharge patients, when deemed clinically appropriate, to return home or to a more appropriate community setting. Since the start of the Winter Initiative delayed discharges have reduced nationally from 638 to 517, freeing up hospitals beds to alleviate ED pressures.

In addition the Winter Initiative was cognisant of the need to support increased bed capacity within the system and as such 90 additional beds, including step-down beds, have been opened at the following hospitals: Galway University Hospital, the Mater Hospital, Beaumont Hospital, the Regional Midland Hospital Tullamore, the Regional Midland Hospital Mullingar and the Mercy Hospital in Cork.

My Department has also commenced a bed capacity review in line with the Programme for Government commitment. The intention is that this review will be broader than previous exercises that focused solely on acute bed capacity. The Department will utilise the information within this review to feed into planning and developing initiatives aimed at alleviating pressure within our acute hospital system.

Question No. 253 answered with Question No. 250.

Hospital Staff Data

254. **Deputy Bernard J. Durkan** asked the Minister for Health the extent to which medical, nursing or consultant posts remain to be filled throughout the public health services; and if he will make a statement on the matter. [12416/17]

Minister for Health (Deputy Simon Harris): I have asked the HSE to respond to the Deputy directly on this matter.

Primary Care Centres Provision

255. **Deputy Bernard J. Durkan** asked the Minister for Health the position regarding the provision of primary care centres in County Kildare; the details of those already constructed and operational; the details of those planned; when they are likely to become available; and if he will make a statement on the matter. [12417/17]

Minister for Health (Deputy Simon Harris): As this question relates to service matters, I have arranged for the question to be referred to the Health Service Executive (HSE) for direct reply.

Maternity Services

256. **Deputy Brendan Smith** asked the Minister for Health when a service will be provided at a hospital (details supplied); if the recruitment of the necessary personnel has commenced; the date for the introduction of this service; and if he will make a statement on the matter. [12418/17]

Minister for Health (Deputy Simon Harris): I am advised that foetal anomaly scans are available in all Hospital Groups. Those hospitals/maternity units currently providing anomaly scans accept referrals from other maternity units, if requested. This occurs where the medical team in the referring maternity unit consider that an anomaly scan is clinically indicated.

The National Maternity Strategy is very clear that all women must have equal access to standardised ultrasound services and, consequently, the issue of anomaly scanning is a priority issue for the newly established HSE National Women & Infants Health Programme (NWIHP). An early priority for the Programme will be to develop clinical guidance regarding routine detailed scans at 20 weeks. In the meantime, the NWIHP will continue to work with the six Hospital Groups to assist in increasing access to anomaly scans for those units with limited availability.

One of the current challenges to increase access to anomaly scans is the recruitment of ultrasonographers. In this context it is expected that the establishment of maternity networks across hospital groups will assist in developing a sustainable model that ensures that all women within each hospital group can access anomaly scans.

In relation to your specific query regarding Cavan General Hospital, I have asked the HSE to reply to you directly.

Hospital Waiting Lists

257. **Deputy Michael Healy-Rae** asked the Minister for Health the status of the case of a person (details supplied) who had planned surgery cancelled; and if he will make a statement on the matter. [12422/17]

Minister for Health (Deputy Simon Harris): Under the Health Act 2004, the Health Service Executive (HSE) is required to manage and deliver, or arrange to be delivered on its behalf, health and personal social services. Section 6 of the HSE Governance Act 2013 bars the Minister for Health from directing the HSE to provide a treatment or a personal service to any individual or to confer eligibility on any individual.

The National Waiting List Management Policy, *A standardised approach to managing*

scheduled care treatment for in-patient, day case and planned procedures, January 2014, has been developed to ensure that all administrative, managerial and clinical staff follow an agreed national minimum standard for the management and administration of waiting lists for scheduled care. This policy, which has been adopted by the HSE, sets out the processes that hospitals are to implement to manage waiting lists.

In relation to the particular query raised, as this is a service matter, I have asked the HSE to respond to you directly.

Hospital Appointments Status

258. **Deputy Michael Healy-Rae** asked the Minister for Health the status of a hospital appointment in respect of a person (details supplied); and if he will make a statement on the matter. [12425/17]

Minister for Health (Deputy Simon Harris): Under the Health Act 2004, the Health Service Executive (HSE) is required to manage and deliver, or arrange to be delivered on its behalf, health and personal social services. Section 6 of the HSE Governance Act 2013 bars the Minister for Health from directing the HSE to provide a treatment or a personal service to any individual or to confer eligibility on any individual.

The National Waiting List Management Policy, *A standardised approach to managing scheduled care treatment for in-patient, day case and planned procedures, January 2014*, has been developed to ensure that all administrative, managerial and clinical staff follow an agreed national minimum standard for the management and administration of waiting lists for scheduled care. This policy, which has been adopted by the HSE, sets out the processes that hospitals are to implement to manage waiting lists.

In relation to the particular query raised, as this is a service matter, I have asked the HSE to respond to you directly.

Hospital Waiting Lists

259. **Deputy Pearse Doherty** asked the Minister for Health when a person (details supplied) in County Donegal will receive a date for an operation at Sligo University Hospital; and if he will make a statement on the matter. [12426/17]

Minister for Health (Deputy Simon Harris): Under the Health Act 2004, the Health Service Executive (HSE) is required to manage and deliver, or arrange to be delivered on its behalf, health and personal social services. Section 6 of the HSE Governance Act 2013 bars the Minister for Health from directing the HSE to provide a treatment or a personal service to any individual or to confer eligibility on any individual.

The National Waiting List Management Policy, *A standardised approach to managing scheduled care treatment for in-patient, day case and planned procedures, January 2014*, has been developed to ensure that all administrative, managerial and clinical staff follow an agreed national minimum standard for the management and administration of waiting lists for scheduled care. This policy, which has been adopted by the HSE, sets out the processes that hospitals are to implement to manage waiting lists.

In relation to the particular query raised, as this is a service matter, I have asked the HSE to respond to you directly.

Nursing Home Accommodation Provision

260. **Deputy Michael D’Arcy** asked the Minister for Health when a person (details supplied) in County Wexford will receive full-time residential care suitable for their needs; and his plans to build a new residential unit and to expand respite services in County Wexford. [12427/17]

Minister of State at the Department of Health (Deputy Finian McGrath) (Deputy Finian McGrath): The Government is committed to providing services and supports for people with disabilities which will empower them to live independent lives, provide greater independence in accessing the services they choose, and enhance their ability to tailor the supports required to meet their needs and plan their lives. This commitment is outlined in the Programme for Partnership Government, which is guided by two principles: equality of opportunity and improving the quality of life for people with disabilities.

As the Deputy’s question relates to service matters, I have arranged for the question to be referred to the Health Service Executive (HSE) for direct reply to the Deputy.

Disability Services Provision

261. **Deputy Michael Healy-Rae** asked the Minister for Health the status of an application for a transfer by a person (details supplied); and if he will make a statement on the matter. [12431/17]

Minister of State at the Department of Health (Deputy Finian McGrath): The Government is committed to providing services and supports for people with disabilities which will empower them to live independent lives, provide greater independence in accessing the services they choose, and enhance their ability to tailor the supports required to meet their needs and plan their lives. This commitment is outlined in the Programme for Partnership Government, which is guided by two principles: equality of opportunity and improving the quality of life for people with disabilities.

As the Deputy’s question relates to service matters, I have arranged for the question to be referred to the Health Service Executive (HSE) for direct reply to the Deputy.

Milk Quota Data

262. **Deputy Brendan Griffin** asked the Minister for Agriculture, Food and the Marine if payment under the voluntary milk reduction scheme for 2016 will issue to a person (details supplied) in County Kerry. [12213/17]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): In Phase 1 of this scheme, applicants were required to reduce milk production in the period October 2016 to December 2016, compared to the same period in 2015. Applicants had until February 3rd to apply via their cooperative/purchaser for payment.

My Department is currently processing the applications and payment will be made to qualifying participants following administrative checks per EU requirements. As set out under the terms of the scheme, which were fixed at EU level, payments will be made within 90 days of the final date of the reduction period for phase 1 i.e. 90 days from 31st December 2016 which is the 31st March 2017. I can confirm that an application for payment has been received from

the person concerned.

GLAS Payments

263. **Deputy Michael Healy-Rae** asked the Minister for Agriculture, Food and the Marine the status of a GLAS payment for a person (details supplied); and if he will make a statement on the matter. [12216/17]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): The person named was approved into GLAS 1 with a contract commencement date of 1 October 2015 and has been paid in respect of the 2015 scheme year.

The 85% advance payment for 2016 has also been paid to the person named. The balancing 15% payment for 2016 will be processed in due course according to the regulatory requirements.

Young Farmers Scheme

264. **Deputy Brendan Griffin** asked the Minister for Agriculture, Food and the Marine his views on a matter (details supplied); and if he will make a statement on the matter. [12221/17]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): The Young Farmers' Installation Scheme was discontinued for new applications with effect from 14 October 2008 as part of the decisions taken in the context of the 2009 Budget. Under the 2014 -2020 Rural Development Programme an enhanced capital investment scheme for young trained farmers was introduced. This new Scheme provides grant aid at a rate of 60% compared to the standard grant rate of 40% which is available under other on-farm investment schemes on certain investments up to €80,000.

Farmers who were unable to avail of the installation aid scheme and who now do not meet the eligibility conditions of the Young Farmer Capital Investment Scheme of TAMS II will be prioritised for grant aid under the TAMS II Schemes at the grant rate of 40%.

Teagasc Courses

265. **Deputy Brendan Griffin** asked the Minister for Agriculture, Food and the Marine his views on a matter in relation to the Teagasc green certificate (details supplied); and if he will make a statement on the matter. [12238/17]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): Teagasc deliver the Green Cert course on a full-time, part-time and distance education (online) basis. The provision of places is an operational matter for Teagasc. I am advised by Teagasc that local managers have discretion to deal with genuine force majeure circumstances where individuals may require priority enrolment. Further information is available from local Teagasc Advisory offices.

Live Exports

266. **Deputy Clare Daly** asked the Minister for Agriculture, Food and the Marine the steps

he will take to ensure that live cattle exports to Turkey and the Middle East by Irish exporters are not in breach of EU Regulation EC No 1/2005 on the protection of animals during transport, in view of recent revelations (details supplied). [12246/17]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): Ireland has a comprehensive legislative framework in place to ensure that vessels authorised for the carriage of livestock by sea are equipped to the very highest specification. Indeed, Irish legislation sets out standards in relation to livestock ships which far exceed EU legislation and there are rigorous controls and procedures in place to ensure strict compliance with this legislation.

Only ships approved by DAFM can load cattle for export from Ireland. Cattle being exported are monitored by my Department's veterinary inspectors during the prescribed isolation period. This is in addition to inspections carried out by Turkish Official Veterinarians during the isolation period and the work carried out by the Private Veterinary Practitioner who carries out the testing required prior to export.

The loading of cattle is supervised by officials of my Department and the animals are inspected and certified as regards health status and fitness for travel. Cattle on board a livestock ship departing from Ireland are typically bedded and penned in conditions very similar to cattle in any feedlot or cattle shed.

At the time of the first shipment to Turkey at end of September 2016, a private veterinary practitioner accompanied the load from Ireland to Turkey and the unloading of the cattle was monitored by a veterinary inspector from my Department who reported that the cattle were well rested, were in good condition and were fed following landing.

To date the feedback as regards the welfare, quality and health of the Irish cattle that have been exported by ship to Turkey has been very positive. My Department will continue to promote and maintain an environment in which live exports can continue in both an economic and sustainable manner and with due regard for the welfare of all animals exported.

GLAS Payments

267. **Deputy Margaret Murphy O'Mahony** asked the Minister for Agriculture, Food and the Marine the total number of persons in County Cork who have not received 85% of their total 2016 payment under GLAS 1, GLAS 2 and AEOS; the reason for this delay; and if he will make a statement on the matter. [12273/17]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): Under the EU Regulations governing GLAS and the Agri-Environment Options Scheme (AEOS) a comprehensive administrative check, including cross-checks with the Land Parcel Identification System, must be completed before any payment can issue.

Some 2,172 farmers are active GLAS 1 and a further 1,053 are active in GLAS 2 in County Cork of which 1,823 in GLAS 1 and 855 in GLAS 2, have successfully completed the GLAS prepayment checks in respect of the 2016 scheme year and a first payment instalment of 85% has issued.

The current position is that 349 farmers in GLAS 1 and 198 farmers in GLAS 2 have yet to receive their payment and their applications continue to be processed.

Outstanding payments under both GLAS 1 and GLAS 2 are largely delayed due to declaration of incompatible parcel usage on the Basic Payment Scheme (BPS) application for a cho-

sen GLAS action; changes in parcel boundaries on which a GLAS action is chosen including splitting or merging of parcels; an applicant no longer claiming a parcel on their 2016 BPS; incomplete documentation such as incorrect information on Low-Emission Slurry Declaration; incomplete interim commonage management plans and incompatible data and parcel history on Department databases.

Payments under the Scheme will continue to issue on an ongoing basis as issues are resolved and cases are cleared for payment.

In respect of AEOS, as all AEOS II participants will be receiving their final payments under the scheme, re-checks on payments made for all scheme years must be completed before final payment can be processed. This is the same procedure as applied to AEOS I participants finishing in that Scheme.

A total of 428 farmers in Co. Cork were due a 2016 payment in AEOS of which 324 have been paid and 104 are awaiting payment.

GLAS Payments

268. **Deputy Lisa Chambers** asked the Minister for Agriculture, Food and the Marine the reason for the delay in issuing GLAS payments to a person (details supplied) in view of the fact they were due to receive same on 31 December 2016 and to date they have not received them; and if he will make a statement on the matter. [12284/17]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): The person named was approved into GLAS 2 with a contract commencement date of 1 January 2016.

During the 2016 prepayment checking process an issue presented on the computerised crosscheck of Department databases. Department officials are actively working to resolve this issue with a view to further processing the application for the 2016 payment as soon as possible.

Fisheries Protection

269. **Deputy Brendan Griffin** asked the Minister for Agriculture, Food and the Marine his views on a matter (details supplied); and if he will make a statement on the matter. [12326/17]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): I appreciate the additional views supplied by the Deputy's constituent. I would point out that there are a number of different views regarding the possible impact of pair trawling in coastal areas and, in particular, in Kenmare Bay, primarily due to the paucity of accurate information.

That is why, as previously mentioned, I have asked the Marine Institute to work in conjunction with the National Parks and Wildlife Service to consider how we can improve our knowledge of the possible impacts of these fisheries on by catch of fish, sea birds and mammals.

Separately, we have the ongoing sprat specific research project being conducted by the Marine Institute and Galway-Mayo Institute of Technology as well as the efforts to have sprat added to the species covered by the European Maritime & Fisheries Fund Marine Biodiversity Scheme as previously advised.

Live Exports

270. **Deputy Brendan Smith** asked the Minister for Agriculture, Food and the Marine if he has had discussions with the EU Agriculture Commissioner regarding the ruling by the World Trade Organisation that Russia's 2014 import bans on live pigs, pork and other pork products from the EU are illegal; the measures being implemented to restore the export of pig products to Russia; and if he will make a statement on the matter. [12402/17]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): I very much welcome the recent ruling by the WTO, which confirmed that Russia's import bans on live pigs, pork and other pork products from the EU is illegal under international trade rules. This ruling sends a strong message to Russia and all WTO Members on their obligation to respect international standards and to adapt appropriate measures when respecting the principle of Regionalisation as part of the WTO-SPS Agreement.

I also welcome calls for Russia to withdraw this unjustified ban and to allow normal business to resume between EU businesses and its Russian partners.

Since December 2015, I have called on the Commission at regular intervals to increase its political, technical and diplomatic efforts to unlock the Russian market for EU pigmeat in relation to products such as pig fats and offals. I intend to further intensify these calls with the Commission on foot on the WTO ruling and look forward to fully engaging with the Commission on this issue.

GLAS Payments

271. **Deputy Brendan Smith** asked the Minister for Agriculture, Food and the Marine the total number of persons in counties Cavan and Monaghan who have not received 85% of their total 2016 payment under GLAS 1, GLAS 2 and AEOS; the reason for this delay; when payments will issue; and if he will make a statement on the matter. [12428/17]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): Under the EU Regulations governing GLAS and the Agri-Environment Options Scheme (AEOS) a comprehensive administrative check, including cross-checks with the Land Parcel Identification System, must be completed before any payment can issue.

Some 913 farmers are active GLAS 1 and a further 445 are active in GLAS 2 in County Cavan of which 807 in GLAS 1 and 390 in GLAS 2, have successfully completed the GLAS prepayment checks in respect of the 2016 scheme year and a first payment instalment of 85% has issued.

The current position for Cavan is that 106 farmers in GLAS 1 and 55 farmers in GLAS 2 have yet to receive their payment and their applications continue to be processed.

For County Monaghan some 579 farmers are active GLAS 1 and a further 150 are active in GLAS 2 of which 508 in GLAS 1 and 130 in GLAS 2, have successfully completed the GLAS prepayment checks in respect of the 2016 scheme year and a first payment instalment of 85% has issued leaving 71 in GLAS 1 and 20 in GLAS 2 remaining to be paid

Outstanding payments under both GLAS 1 and GLAS 2 are largely delayed due to declaration of incompatible parcel usage on the Basic Payment Scheme (BPS) application for a chosen GLAS action; changes in parcel boundaries on which a GLAS action is chosen including splitting or merging of parcels; an applicant no longer claiming a parcel on their 2016 BPS; incomplete documentation such as incorrect information on Low-Emission Slurry Declaration; incomplete interim commonage management plans and incompatible data and parcel history on

Department databases.

Payments under the Scheme will continue to issue on an ongoing basis as issues are resolved and cases are cleared for payment.

In respect of AEOS, as all AEOS II participants will be receiving their final payments under the scheme, re-checks on payments made for all scheme years must be completed before final payment can be processed. This is the same procedure as applied to AEOS 1 participants finishing in that Scheme.

The current position is that a total of 244 farmers in Co. Cavan were due a 2016 payment in AEOS of which 198 have been paid and 46 are awaiting payment.

For County Monaghan the current position is that a total of 151 farmers were due a 2016 payment in AEOS of which 107 have been paid and 44 are awaiting payment.

Areas of Natural Constraint Scheme

272. **Deputy Brendan Smith** asked the Minister for Agriculture, Food and the Marine the total number of persons in counties Cavan and Monaghan availing of the areas of natural constraint scheme; the status of the process of reviewing qualifying areas for the areas of natural constraint scheme; if his Department has completed the mapping exercise in counties Cavan and Monaghan; when the maps will be published; the consultation that will be undertaken with representative organisations; if his Department plans to hold public meetings to assist in the best possible engagement by persons in this review; and if he will make a statement on the matter. [12429/17]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): Under the 2016 ANC scheme there were 4,507 applicants in County Cavan and 3,768 in County Monaghan.

Under the Rural Development Regulation each Member State must designate areas eligible for payments under the Areas of Natural Constraints (ANC) scheme. The ANC scheme replaces the previous Disadvantaged Areas Scheme / Less Favoured Areas Scheme. The designation of eligible areas under these schemes to date has been based on a range of socio-economic factors. From 2018 eligible areas must instead be designated using a set list of bio-physical criteria. In cases where a Member State does not introduce this new system for payment, the old scheme remains in place but payments must phase out on a digressive basis.

The biophysical criteria set out in the legislation to underpin the new system of designation are:

- Low temperature
- Dryness
- Excess soil moisture
- Limited soil drainage
- Unfavourable texture and stoniness
- Shallow rooting depth
- Poor chemical properties

- Steep slope.

My Department has commenced work on this project, and relevant technical experts are currently working on sourcing and analysing the data in relation to the new criteria. Department officials have also been in contact with the Joint Research Centre (JRC) and DG Agri in the EU Commission in relation to technical issues arising. Over the coming months this analysis will identify areas deemed to be facing natural constraints, which will in parallel be subjected to a refinement process. It is envisaged that stakeholders will be consulted as this process develops.

GLAS Payments

273. **Deputy Aindrias Moynihan** asked the Minister for Agriculture, Food and the Marine the total number of persons in County Cork who have not received 85% of their total 2016 payment under GLAS 1, GLAS 2 and AEOS; the reason for this delay; and if he will make a statement on the matter. [12430/17]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): Under the EU Regulations governing GLAS and the Agri-Environment Options Scheme (AEOS) a comprehensive administrative check, including cross-checks with the Land Parcel Identification System, must be completed before any payment can issue.

Some 2,172 farmers are active GLAS 1 and a further 1053 are active in GLAS 2 in County Cork of which 1,823 in GLAS 1 and 855 in GLAS 2, have successfully completed the GLAS prepayment checks in respect of the 2016 scheme year and a first payment instalment of 85% has issued.

The current position is that 349 farmers in GLAS 1 and 198 farmers in GLAS 2 have yet to receive their payment and their applications continue to be processed.

Outstanding payments under both GLAS 1 and GLAS 2 are largely delayed due to declaration of incompatible parcel usage on the Basic Payment Scheme (BPS) application for a chosen GLAS action; changes in parcel boundaries on which a GLAS action is chosen including splitting or merging of parcels; an applicant no longer claiming a parcel on their 2016 BPS; incomplete documentation such as incorrect information on Low-Emission Slurry Declaration; incomplete interim commonage management plans and incompatible data and parcel history on Department databases.

Payments under the Scheme will continue to issue on an ongoing basis as issues are resolved and cases are cleared for payment.

In respect of AEOS, as all AEOS II participants will be receiving their final payments under the scheme, re-checks on payments made for all scheme years must be completed before final payment can be processed. This is the same procedure as applied to AEOS 1 participants finishing in that Scheme.

A total of 428 farmers in Co. Cork were due a 2016 payment in AEOS, of which 324 have been paid and 104 are awaiting payment.

GLAS Data

274. **Deputy Niamh Smyth** asked the Minister for Agriculture, Food and the Marine the

total number of persons in counties Cavan and Monaghan who have not received 85% of their total 2016 payment under GLAS 1, GLAS 2 and AEOS; the reasons for this delay; and if he will make a statement on the matter. [12433/17]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): Under the EU Regulations governing GLAS and the Agri-Environment Options Scheme (AEOS) a comprehensive administrative check, including cross-checks with the Land Parcel Identification System, must be completed before any payment can issue.

Some 913 farmers are active GLAS 1 and a further 445 are active in GLAS 2 in County Cavan of which 807 in GLAS 1 and 390 in GLAS 2, have successfully completed the GLAS prepayment checks in respect of the 2016 scheme year and a first payment instalment of 85% has issued.

The current position for Cavan is that 106 farmers in GLAS 1 and 55 farmers in GLAS 2 have yet to receive their payment and their applications continue to be processed.

For County Monaghan some 579 farmers are active GLAS 1 and a further 150 are active in GLAS 2 of which 508 in GLAS 1 and 130 in GLAS 2, have successfully completed the GLAS prepayment checks in respect of the 2016 scheme year and a first payment instalment of 85% has issued leaving 71 in GLAS 1 and 20 in GLAS 2 remaining to be paid.

Outstanding payments under both GLAS 1 and GLAS 2 are largely delayed due to declaration of incompatible parcel usage on the Basic Payment Scheme (BPS) application for a chosen GLAS action; changes in parcel boundaries on which a GLAS action is chosen including splitting or merging of parcels; an applicant no longer claiming a parcel on their 2016 BPS; incomplete documentation such as incorrect information on Low-Emission Slurry Declaration; incomplete interim commonage management plans and incompatible data and parcel history on Department databases.

Payments under the Scheme will continue to issue on an ongoing basis as issues are resolved and cases are cleared for payment.

In respect of AEOS, as all AEOS II participants will be receiving their final payments under the scheme, re-checks on payments made for all scheme years must be completed before final payment can be processed. This is the same procedure as applied to AEOS 1 participants finishing in that Scheme.

A total of 244 farmers in Co. Cavan were due a 2016 payment in AEOS, of which 198 have been paid and 46 are awaiting payment.

For County Monaghan a total of 151 farmers were due a 2016 payment in AEOS of which 107 have been paid and 44 are awaiting payment.

Areas of Natural Constraint Scheme Eligibility

275. **Deputy Niamh Smyth** asked the Minister for Agriculture, Food and the Marine the total number of persons in counties Cavan and Monaghan enrolled in the areas of natural constraint scheme; the status of the process of reviewing qualifying areas for the areas of natural constraint scheme; if his Department has completed the mapping exercise in counties Cavan and Monaghan; when the maps will be published; the consultation that will be undertaken with persons in counties Cavan and Monaghan on the review; and if he will make a statement on the matter. [12434/17]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): Under the 2016 ANC scheme there were 4,507 applicants in County Cavan and 3,768 in County Monaghan.

Under the Rural Development Regulation each Member State must designate areas eligible for payments under the Areas of Natural Constraints (ANC) scheme. The ANC scheme replaces the previous Disadvantaged Areas Scheme / Less Favoured Areas Scheme. The designation of eligible areas under these schemes to date has been based on a range of socio-economic factors. From 2018 eligible areas must instead be designated using a set list of bio-physical criteria. In cases where a Member State does not introduce this new system for payment, the old scheme remains in place but payments must phase out on a digressive basis.

The biophysical criteria set out in the legislation to underpin the new system of designation are:

- Low temperature
- Dryness
- Excess soil moisture
- Limited soil drainage
- Unfavourable texture and stoniness
- Shallow rooting depth
- Poor chemical properties
- Steep slope.

My Department has commenced work on this project, and relevant technical experts are currently working on sourcing and analysing the data in relation to the new criteria. Department officials have also been in contact with the Joint Research Centre (JRC) and DG Agri in the EU Commission in relation to technical issues arising. Over the coming months this analysis will identify areas deemed to be facing natural constraints, which will in parallel be subjected to a refinement process. It is envisaged that stakeholders will be consulted as this process develops.

Agriculture Scheme Data

276. **Deputy Niamh Smyth** asked the Minister for Agriculture, Food and the Marine the amount of money allocated to the National Reserve Programme; the number of persons expected to benefit; if it will apply to those persons who lost out in 2016 due to no scheme being in place; the value to young farmers who have completed the relevant agricultural courses; the way they can apply for this scheme and from when; and if he will make a statement on the matter. [12192/17]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): I recently announced that funding of just over €5 million will be made available to fund a National Reserve in 2017. As the National Reserve is a demand led scheme it is not possible to estimate the number of persons expected to benefit under the scheme in 2017.

EU Regulations governing the National Reserve provides that the two mandatory categories of ‘young farmer’ and ‘new entrant to farming’ must receive priority access to the Reserve. A

young farmer is defined as a farmer aged no more than 40 years of age in the year when they first submit an application under the Basic Payment Scheme and who commenced their farming activity no more than five years prior to submitting that application. A new entrant to farming is defined as a farmer who commenced their agricultural activity during the previous two years and did not have any agricultural activity in their own name and at their own risk in the five years preceding the start of the present agricultural activity.

Successful applicants to the National Reserve receive an allocation of entitlements at National Average value or a top-up to the National Average value on entitlements that are below the national average. The National Average value is expected to be in the region of €185. Successful applicants will be required to comply with specific criteria in relation to off farm income and attainment of agricultural education.

Full terms and conditions pertaining to the 2017 National Reserve and details in relation to the online application process will be available in the coming weeks. Details will also be available on my Department's website. The closing date for applications under the Scheme will be 15 May 2017.

Renewable Energy Projects

277. **Deputy Mattie McGrath** asked the Minister for Communications, Climate Action and Environment the status of all proposals regarding the granting of a State subvention for solar farms; and if he will make a statement on the matter. [12239/17]

Minister for Communications, Climate Action and Environment (Deputy Denis Naughten): The Energy White Paper 'Ireland's Transition to a Low Carbon Energy Future 2015-2030' sets out a high-level framework for Ireland's energy transition to a low carbon economy and My Department is currently developing a proposed new Renewable Electricity Support Scheme (RESS) which will be designed to assist Ireland in meeting these RES-E targets.

The Programme for Government contains a commitment to facilitate the development of solar energy projects in Ireland. This builds on the 2015 Energy White Paper and recognises that solar also has the potential to provide a community dividend, thereby also enhancing citizen participation in Ireland's energy future. With this in mind, Solar Photovoltaics (PV) is one of the technologies being considered in the context of the new support scheme for renewable electricity generation under development.

The new Scheme design requires detailed economic analysis on the viability and cost effectiveness of supporting several renewable technologies, including Solar PV, at various scales. The analysis and assessment is currently underway and a second public consultation will be published in Q2 this year outlining various design options.

However, before any new scheme is introduced, it will need to secure Government approval and state aid clearance from the European Commission.

Finally, the Sustainable Energy Authority of Ireland currently provides supports for the use of solar thermal heating technology to both large industry and SMEs. Households can also avail of grant support for investment in renewable energy installations, including solar thermal, under the Better Energy Homes Scheme.

National Broadband Plan

278. **Deputy Peter Burke** asked the Minister for Communications, Climate Action and Environment if he will address the need for broadband by two significant employers on the Longford-Westmeath border (details supplied); if grants may be available to cover such businesses in the interim time in view of the fact that these businesses threaten to close while the NBP is being progressed; and if he will make a statement on the matter. [12214/17]

Minister for Communications, Climate Action and Environment (Deputy Denis Naughten): The National Broadband Plan (NBP) aims to deliver high speed broadband services to every city, town, village and individual premises in Ireland. The Programme for Government commits to the delivery of the NBP as a matter of priority. This is being achieved through a combination of commercial investment by the telecommunications sector and a State Intervention in those areas where commercial investment has not been fully demonstrated.

A key principle of the NBP is to support and stimulate commercial investment in Broadband through policy and regulatory measures. Commercial investment since the publication of the NBP has considerably exceeded expectations. To date, the commercial telecommunications sector has invested over €2.5 billion in upgrading and modernising networks which support the provision of high speed broadband and mobile telecoms services.

Currently, approximately 1.4 million premises in Ireland can get high speed broadband from commercial service providers and investment by the telecoms sector is continuing to expand this footprint.

The High Speed Broadband Map, which is available at www.broadband.gov.ie shows the current extent of the State Intervention area:

- The areas marked BLUE represent those areas where commercial telecommunications providers are either currently delivering or have previously indicated plans to deliver high speed broadband services.

- The areas marked AMBER on the High Speed Broadband Map represent the target areas for the State Intervention, which are the subject of the current procurement process. It is intended that premises within this area will have access to services of at least 30 megabits per second when the procurement process is completed and the network rolled out.

Information on a county by county basis with a breakdown of coverage across the townlands in every county is available on my Department's website at www.dccae.gov.ie/communications/en-ie/Broadband/Pages/County-and-Townland-Maps.aspx.

Based on information provided by commercial operators and represented on our broadband map, the Eircode referred to by the Deputy, Legan in the townland of Smithfield and the townland of Adare fall within the AMBER area and will be part of the State Intervention.

My Department will shortly update the High Speed Broadband map to finalise the Intervention Area for the Procurement process, taking into account industry investments that have not materialised in BLUE areas, together with new industry investments within the proposed State Intervention Area, along with concrete and credible commitments by industry for further new investments within the current Intervention Area.

My Department has no funding schemes providing grants to individual companies to access broadband in areas where broadband is not readily commercially available. Rather, through the National Broadband Plan, it is pursuing a policy to ensure that broadband is made readily available nationally.

A formal procurement process is in train to select a company or companies who will roll-

out a new high speed broadband network within the State Intervention (AMBER) Area. The procurement process is being intensively managed, to ensure an outcome that delivers a future-proofed network that serves homes and businesses across Ireland, for at least 25 years. Intensive dialogue with bidders is continuing and the three bidders have indicated that they are proposing a predominantly fibre-to-the-home solution. This provides for a future proofed solution for the 25 years of the contract and beyond. A fibre-to-the-home solution means that householders and businesses may get speeds not just of 30 Megabits per second but much higher, potentially up to 1000 Megabits per second.

The timeframe for the procurement continues to be dependent on a range of factors including the complexities that may be encountered by the procurement team and bidders, during the procurement process. During the Department's extensive stakeholder consultations in 2015, telecommunications service providers indicated a 3-5 year timeline from contract award to roll out a network of the scale envisaged under the NBP.

As part of the competitive process, the Department will engage with winning bidder(s) on the best roll-out strategy, in order to target areas of particularly poor service, business needs and/or high demand. This will need to be balanced with the most efficient network roll-out plan. A prioritisation programme will be put in place in this regard, in consultation with the Minister for Arts, Heritage, Regional, Rural and Gaeltacht Affairs. A detailed roll-out plan for the network will be published once contract(s) are in place.

The Programme for Government also commits to measures to assist in the rollout of the network once a contract is awarded. In this regard, Minister Humphreys is leading on the establishment of two regional action groups, working with Local Authorities, Local Enterprise Offices and other relevant agencies to help accelerate the broadband network build in rural Ireland, once a contract(s) has been awarded.

In a further positive initiative, last July, I established a Mobile Phone and Broadband Taskforce with my colleague Minister Humphreys to address immediate issues in relation to the quality of mobile phone and broadband coverage. The Taskforce report is available at the following link: www.dccae.gov.ie/communications/en-ie/Pages/Publication/Report-of-the-Mobile-Phone-and-Broadband-Taskforce.aspx.

I have signed Regulations allowing ComReg to proceed with an early 2017 auction of the 3.6 GHz radio spectrum band, to provide an 86% increase in total spectrum available for mobile and fixed wireless services. I have also secured €8 million for RTE which will allow it to free up the 700 MHz spectrum band, to provide enhanced mobile services.

In the meantime, my Department continues to liaise closely with industry and relevant other Departments and agencies to assist in the commercial deployment of telecommunications networks.

These investments should assist in significantly improving the coverage and quality of broadband and mobile voice and data services throughout the country including Counties Longford and Westmeath.

National Broadband Plan Implementation

279. **Deputy Niamh Smyth** asked the Minister for Communications, Climate Action and Environment the status of the implementation of the National Broadband Plan in counties Cavan and Monaghan; and if he will make a statement on the matter. [12241/17]

Minister for Communications, Climate Action and Environment (Deputy Denis Naughten): The National Broadband Plan (NBP) aims to deliver high speed broadband services to every city, town, village and individual premises in Ireland. The Programme for Government commits to the delivery of the NBP as a matter of priority. This is being achieved through a combination of commercial investment by the telecommunications sector and a State Intervention in those areas where commercial investment has not been fully demonstrated.

A key principle of the NBP is to support and stimulate commercial investment through policy and regulatory measures. Commercial investment since the publication of the NBP has considerably exceeded expectations. To date, the commercial telecommunications sector has invested over €2.5 billion in upgrading and modernising networks which support the provision of high speed broadband and mobile telecoms services.

There has been significant progress in relation to broadband roll-out so that today, approximately 1.4 million or 61% of premises in Ireland can get high speed broadband of a minimum of 30 Megabits per second. The NBP has been a catalyst in encouraging investment by the telecoms sector, which is continuing to expand this footprint.

The High Speed Broadband Map, which is available at www.broadband.gov.ie shows the current extent of the State Intervention area:

- The areas marked BLUE represent those areas where commercial telecommunications providers are either currently delivering or have previously indicated plans to deliver high speed broadband services.

- The areas marked AMBER on the High Speed Broadband Map represent the target areas for the State Intervention, which are the subject of the current procurement process. It is intended that premises within this area will have access to services of at least 30 megabits per second when the procurement process is completed and the network rolled out.

Individuals can check whether their premises is in a BLUE or an AMBER area by accessing the High Speed Broadband Map and entering their Eircode.

There are c. 42,000 premises in County Cavan, of which approximately 24,000 are located in the Amber area on the Map, and will benefit from the NBP's State Intervention. The remaining 18,000 premises are located in the commercial BLUE area and will be served by commercial operators.

In the case of County Monaghan there are c. 33,000 premises, of which approximately 19,000 premises will benefit from the NBP's State Intervention. The remaining 14,000 premises are located in the commercial BLUE area and will be served by commercial operators.

Individuals can check whether their premises is in a BLUE or an AMBER area by accessing the High Speed Broadband Map and entering their Eircode.

A formal procurement process is in train to select a company or companies who will roll-out a new high speed broadband network within the State Intervention (AMBER) Area. My Department will shortly update the High Speed Broadband map to finalise the Intervention Area for the Procurement process, taking into account industry investments that have not materialised in BLUE areas, together with new industry investments within the proposed State Intervention Area, along with concrete and credible commitments by industry for further new investments within the current Intervention Area.

The procurement process is being intensively managed, to ensure an outcome that delivers a future-proofed network that serves homes and businesses across Ireland, for at least 25 years.

Intensive dialogue with bidders is continuing and the three bidders have indicated that they are proposing a predominantly fibre-to-the-home solution. This provides for a future proofed solution for the 25 years of the contract and beyond. A fibre-to-the-home solution means that householders and businesses may get speeds not just of 30 Megabits per second but much higher, potentially up to 1000 Megabits per second.

The timeframe for the procurement continues to be dependent on a range of factors including the complexities that may be encountered by the procurement team and bidders, during the procurement process. During the Department's extensive stakeholder consultations in 2015, telecommunications service providers indicated a 3-5 year timeline from contract award to roll-out a network of the scale envisaged under the NBP.

As part of the competitive process, the Department will engage with winning bidder(s) on the best roll-out strategy, in order to target areas of particularly poor service, business needs and/or high demand. This will need to be balanced with the most efficient network roll-out plan. A prioritisation programme will be put in place in this regard, in consultation with the Minister for Arts, Heritage, Regional, Rural and Gaeltacht Affairs. A detailed roll-out plan for the network will be published once contract(s) are in place.

Mobile Telephony Services

280. **Deputy Sean Sherlock** asked the Minister for Communications, Climate Action and Environment his views on and position, not ComReg's, following the decision by certain mobile phone operators to circumnavigate the recent European directive designed to lower and standardise roaming rates for Irish citizens on the Continent; the action he will take to ensure that the directive is adhered to by Irish-based operators; and if he will make a statement on the matter. [12277/17]

Minister for Communications, Climate Action and Environment (Deputy Denis Naughten): EU "Roam Like at Home" (RLAH) will give Irish and EU consumers the ability to use their mobile devices, within other EU countries, at domestic rates, subject to Fair Use Policy, from 15 June 2017.

Throughout negotiations at EU level on this initiative, including at the EU Council of Ministers, Ireland has been fully supportive of the Roam Like at Home principle, and, in particular, the importance of obtaining a sustainable agreement for business and consumers alike.

The new EU rules clearly cover data services, along with voice and SMS. There is no exemption for the data services, only exceptional limits in case of unlimited or very competitive offers.

I would expect all mobile operators to be fully compliant with Irish and EU legislation, including Roam Like at Home from 15 June 2017.

The European Commission is currently collaborating with National Regulatory Authorities to provide detailed guidance on how Roam Like at Home can be introduced at retail level and is also working closely with consumer organisations across the EU (BEUC).

The Irish Commission for Communications Regulation, ComReg, is the competent statutorily independent regulatory authority for Telecoms and as such will be the authority which will regulate the Roam Like At Home regime in Ireland from 15 June 2017. ComReg will have a role in scrutinising all existing and new mobile market offerings to ensure full legal and regulatory compliance.

As ComReg are statutorily independent in the exercise of its functions, I have no authority to intervene in those functions.

Renewable Energy Incentives

281. **Deputy Brendan Smith** asked the Minister for Communications, Climate Action and Environment when the renewable heat incentive scheme will be introduced; the rate to be paid per kilowatt hour; the rate to be paid per size of boiler; if this scheme will be fully operational by mid 2017; and if he will make a statement on the matter. [12419/17]

Minister for Communications, Climate Action and Environment (Deputy Denis Naughten): The introduction of a Renewable Heat Incentive (RHI) is a commitment in White Paper on Energy and Programme for Government and will be the primary support mechanism in the heating sector designed to meet Ireland's renewable energy obligations. The aim of the RHI is to build on the progress already made in the renewable heating sector and to help reach Ireland's 12% target by 2020. In 2015, 6.5% of heat was derived from renewable sources in Ireland.

The proposed RHI scheme is aimed at supporting larger industrial and commercial installations outside of the EU Emissions Trading System (ETS) to change to heating solutions that produce heat from renewable sources.

Before a final decision is taken on the overall costs and technologies to be supported including the rates to be paid per kilowatt hour relative to boiler size, an analysis is underway of all submissions received to the final public consultation on the RHI which closed on 3 March. Ultimately, the rate the RHI tariff is set at will be a factor of the renewable heat technology in question, the size of the boiler or unit and the sustainability and air quality criteria that form part of the new scheme.

Before a new RHI scheme is introduced, the scheme will be subject to Government approval and State aid clearance from the European Commission. It is expected that the RHI scheme will be introduced before the end of the year.

National Broadband Plan

282. **Deputy Brendan Smith** asked the Minister for Communications, Climate Action and Environment his plans to introduce a broadband telecommunications universal service obligation; and if he will make a statement on the matter. [12420/17]

Minister for Communications, Climate Action and Environment (Deputy Denis Naughten): The National Broadband Plan, aims to deliver high speed broadband services to every household, school and business in Ireland. This is being achieved through a combination of commercial investment by the telecommunications sector and for those areas that will not be covered by commercial operators the State has committed to intervene and subsidise a network build, so that nobody is left behind.

A formal procurement process is in train to select a company or companies who will roll-out a new high speed broadband network within the State Intervention Area. The procurement process is being intensively managed, to ensure an outcome that delivers a future-proofed network that serves homes and businesses across Ireland, for at least 25 years. The timeframe for the procurement continues to be dependent on a range of factors including the complexities that

may be encountered by the procurement team and bidders, during the procurement process.

There is no universal service obligation (USO) for high speed broadband provision or mobile voice services in Ireland. The current EU and national regulatory framework for telecommunications relates solely to voice telephony and Functional Internet Access (28.8 kilobits per second) and is provided for under the current EU regulatory framework governing telecoms. In September 2016, the European Commission published an ambitious proposal for the regulation of the European telecoms sector, which aims to incentivise and encourage increased investment in high speed broadband networks. Negotiations on the review of the EU regulatory framework give Ireland an opportunity to seek inclusion of a USO in respect of high speed broadband connectivity.

In that regard, I have raised the issue of a USO for high speed broadband at EU level. I am seeking inclusion of a specific provision in the new framework that would allow Member States to apply a USO for high speed broadband, where such networks are available.

My Department is also in discussion with the Commission for Communications Regulation (ComReg) as to whether a USO may be a viable instrument in instances where a high speed network is available, but individual premises cannot access such services at an affordable price.

Mobile Telephony Services

283. **Deputy Brendan Smith** asked the Minister for Communications, Climate Action and Environment his plans to introduce a universal service obligation for mobile phone service providers; and if he will make a statement on the matter. [12421/17]

Minister for Communications, Climate Action and Environment (Deputy Denis Naughten): The current EU and national regulatory framework for telecommunications allows for the application of a Universal Service Obligation (USO) in respect of fixed voice services. This framework has, in my view served consumers well over several decades and ensured that householders can get an affordable fixed voice service, regardless of where they are located.

There are no provisions in European or national regulation for a USO in relation to mobile voice services. Mobile operators are however rolling out 3G and 4G networks across Ireland following ComReg's 2012 Multiband Spectrum auction, with at least one operator now having over 90% population coverage of 4G services. The rate of demand for data services has, however, increased by 500% in the last four years and this presents a continuing challenge for mobile operators, regulators and policy makers both in Ireland and internationally.

Recognising this challenge, I specifically included in the Programme for Government a commitment to a Mobile Phone and Broadband Task force. In July 2016, I established the Task Force together with Minister Humphreys to identify immediate solutions to broadband and mobile phone coverage deficits and investigate how better services could be provided to consumers prior to the full build and roll-out of the network planned under the National Broadband Plan State intervention. The report of the Task Force was published in December and is available on both Departments' websites.

In producing this report, the Task Force worked with Departments, local authorities, Com-Reg, State agencies, the telecoms industry and other key stakeholders.

The report contains 40 actions that will alleviate some of the telecommunications deficits across Ireland and the implementation programme on mobile phone and broadband access identifies 19 of these actions as areas where immediate and direct action by Departments and State

agencies can ensure accelerated benefits to consumers.

The work of the Task Force will also assist local authorities in preparing for the roll-out of the new NBP network once contracts are in place.

In addition, I have signed regulations allowing ComReg to proceed with an early 2017 allocation of spectrum in the 3.6 GHz radio spectrum band. This will provide an 86% increase in total spectrum available for mobile and fixed wireless services.

In my Department's Estimates for 2017, I have secured an €8 million provision for RTE to allow it to free up the 700 MHz spectrum band. ComReg in turn will make plans to allocate this spectrum to provide for significantly enhanced mobile coverage. The 700 MHz band is particularly suited to rural environments where the signal can travel long distances.

These initiatives should assist in enhancing the quality of mobile phone and data services across Ireland and particularly in rural Ireland.

In parallel, the National Broadband Plan aims to deliver high-speed services to every city, town, village and individual premises in Ireland, through private investment and a State intervention in areas where commercial investment plans have not been fully demonstrated.

Insurance Coverage

284. **Deputy Declan Breathnach** asked the Minister for Transport, Tourism and Sport his plans to regulate for insurance for hobby drone users; if his attention has been drawn to the fact that the two insurance companies here underwritten by UK companies that offer insurance cover for drones will not cover drones used by amateurs and hobbyists; if his attention has further been drawn to the fact that there have been a number of accidents and damage to property caused by drones operated by amateurs; and if he will make a statement on the matter. [12317/17]

Minister for Transport, Tourism and Sport (Deputy Shane Ross): The issues raised are primarily operational matters for the Irish Aviation Authority (IAA). I have referred the Deputy's question to the IAA for direct reply. The Deputy should advise my private office if he does not receive a reply within ten working days.

I have been informed by the Minister for Finance that his attention has not been previously drawn to the refusal by two insurance companies, who are underwritten by UK companies, to provide insurance cover for hobby drone users.

The Minister for Finance is responsible for the development of the legal framework governing financial regulation. However, it is important to note that neither the Minister for Finance nor the Central Bank of Ireland can interfere in the provision or pricing of insurance products, as these matters are of a commercial nature, and are determined by insurance companies based on an assessment of the risks they are willing to accept. This position is reinforced by the EU framework for insurance which expressly prohibits Member States from adopting rules which require insurance companies to obtain prior approval of the pricing or terms and conditions of insurance products. Consequently, the Minister for Finance is not in a position to direct insurance companies to provide cover to particular categories of individuals such as hobby drone users.

Sports Funding

285. **Deputy Thomas Pringle** asked the Minister for Transport, Tourism and Sport if he will consider making funding available outside the capital grant system for the development of athletics clubs across the country (details supplied); and if he will make a statement on the matter. [12232/17]

Minister of State at the Department of Transport, Tourism and Sport (Deputy Patrick O'Donovan): The Sports Capital Programme is the Government's primary vehicle for supporting the development of sports facilities and the purchase of non-personal sports equipment. The 2017 round of the Programme closed for applications on 24 February. 2320 applications were received and will be assessed over the coming months.

Outside of the Sports Capital Programme, it is possible for sporting organisations to raise funds via the "Tax Relief for Donations to Certain Sports Bodies" scheme (section 847A of the Taxes Consolidation Act, 1997). This is a Revenue operated scheme which offers tax benefits to individuals or companies who make donations to sports clubs. Further details on this scheme and how it operates can be found on the Revenue website at www.revenue.ie.

In relation to non-capital funding, Sport Ireland is the statutory body with responsibility for the promotion, development and co-ordination of sport, including the allocation of current expenditure funding to sports bodies. It does not provide direct funding for clubs or individuals but channels the funding through the relevant National Governing Body of Sport, in this case Athletics Ireland. Accordingly, any particular athletics club may wish to contact Athletics Ireland to see if they can assist in any way in relation to the matter raised by the Deputy.

I have referred the Deputy's question to Sport Ireland for any further relevant information they may wish to provide to the Deputy.

Regional Road Network

286. **Deputy Catherine Murphy** asked the Minister for Transport, Tourism and Sport the total funds distributed to local authorities in 2014, 2015 and 2016 for local and regional roads, in tabular form; the basis on which the funds were decided; if the level of road usage is used in the calculation; if so, the way that is captured; and if he will make a statement on the matter. [12237/17]

Minister for Transport, Tourism and Sport (Deputy Shane Ross): Details of the regional and local road grant payments to local authorities for the period 2014-2016 are outlined in the regional and local road grant payment booklets which are available in the Dáil Library. Details of the 2017 regional and local road grant allocations to each County Council are also available in the Dáil library.

Regional and Local Road allocations under the three main grant categories (Restoration Maintenance, Restoration Improvement and Discretionary Grant) are allocated based on the length of mileage of regional and local roads within the county.

In the case of counties that experience higher road traffic (and which therefore have higher maintenance costs than the norm), a loading is applied to the mileage within the county. In the case of for example Meath and Kildare a factor of 1.3 is applied, while a factor of 2 is applied to the cities of Cork, Galway, Limerick and Waterford. A factor of 1.0 is applied to the remaining local authorities which receive funding.

287. **Deputy Darragh O'Brien** asked the Minister for Transport, Tourism and Sport if his attention has been drawn to the fact that Fáilte Ireland plans to close the only remaining tourist information office in Dublin airport (details supplied); his views on this decision; and if he will make a statement on the matter. [12255/17]

Minister of State at the Department of Transport, Tourism and Sport (Deputy Patrick O'Donovan): I am aware that Fáilte Ireland plans to close its tourist information office in Dublin airport. I wish to highlight that the management of the Tourist Information Office network is an operational matter for the Board and Management of Fáilte Ireland. Accordingly, I have referred the Deputy's question to the agency for further information and direct reply. Please advise my private office if you do not receive a reply within ten working days.

Road Toll Operators

288. **Deputy Imelda Munster** asked the Minister for Transport, Tourism and Sport the roads from which revenue is being raised for the State by way of a toll and the amount raised by each in 2016, in tabular form; and the amount that it is estimated will be raised in 2017, 2018, 2019, 2020 and 2021. [12270/17]

289. **Deputy Imelda Munster** asked the Minister for Transport, Tourism and Sport the roads to which a toll applies and the beneficiaries of which are a private company; the expiration date of each contract; and the relevant break clauses if they apply for ending the contract in advance of schedule. [12271/17]

Minister for Transport, Tourism and Sport (Deputy Shane Ross): I propose to take Questions Nos. 288 and 289 together.

As Minister for Transport, Tourism and Sport, I have responsibility for overall policy and funding in relation to the national roads programme. The planning, design and implementation of individual road projects is a matter for Transport Infrastructure Ireland (formerly known as the NRA) under the Roads Acts 1993-2015 in conjunction with the relevant local authority.

More specifically, the statutory power to levy tolls on national roads, to make toll bye-laws, to enter into toll agreements, and for the operation of concessions with private investors in respect of national roads is vested in TII under the Roads Act 1993, as amended.

Noting the above position, I have referred the Deputy's Questions to TII for direct reply. Please advise my private office if you do not receive a reply within 10 working days.

Ports Policy

290. **Deputy Imelda Munster** asked the Minister for Transport, Tourism and Sport if he is responsible for the financial oversight of the ports under his control; and if he will make a statement on the matter. [12278/17]

Minister for Transport, Tourism and Sport (Deputy Shane Ross): As Minister for Transport, Tourism and Sport, I am responsible for overall policy for the commercial ports sector and the corporate governance of the commercial port companies operating under the Harbours Acts 1996 to 2015.

The core objective of National Ports Policy is to facilitate a competitive and effective market for maritime transport services. National Ports Policy also clearly outlines that the com-

mercial port companies must operate on a commercial basis without recourse to State funding.

As Minister, I have no involvement in the day to day operations of the commercial port companies. Similarly the financial management of the commercial ports is a matter for the port companies concerned.

Chapter 5 of my Department's Corporate Governance Framework provides an overview of the approach applied in the external governance and oversight of all agencies and bodies under the aegis of the Department of Transport, Tourism and Sport. This document is publically available under publications at *www.dttas.ie*. In line with corporate governance requirements, the commercial port companies submit their annual audited accounts to my Department which are laid before the Houses of the Oireachtas prior to publication.

Ports Policy

291. **Deputy Imelda Munster** asked the Minister for Transport, Tourism and Sport the reason the Drogheda Port Company, in view of its very significant profits and cash generation capacity in the past few years, has not paid any dividends to the State; and if he will make a statement on the matter. [12279/17]

Minister for Transport, Tourism and Sport (Deputy Shane Ross): The decision to pay a dividend to the Minister as shareholder is entirely a matter for the Board of a port company, which takes this decision, based on their assessment of what is best for the company, in discharge of their fiduciary duties under the Companies Acts.

In reaching such a decision the Board must be cognisant of the cash position of the company, not overexposing the company to debt, the need to ensure an adequate maintenance programme for the existing port infrastructure and future infrastructure needs, and ensuring that the Port is in a position to respond to opportunities which might emerge in the future.

The commercial ports sector is very diverse with companies of very differing capabilities and financial performance. It should also be acknowledged that ports return a non-financial dividend to the State in the form of the wider socio-economic benefits that they provide through trade facilitation, employment and public amenity value.

Ports Policy

292. **Deputy Imelda Munster** asked the Minister for Transport, Tourism and Sport if Drogheda Port Company has made a provision against its share, loan and credit investment in its subsidiary (details supplied); if he has satisfied himself that the provision, if made, is adequate in view of the fact this subsidiary is insolvent to the tune of in excess of €600,000; and if he will make a statement on the matter. [12280/17]

Minister for Transport, Tourism and Sport (Deputy Shane Ross): As Minister, I have no involvement in the day to day operations of the commercial port companies. The financial management of the commercial ports and their subsidiaries is a matter for the port companies concerned.

I understand from Drogheda Port Company that the company has not made a financial provision against its share, loan and credit investment in its subsidiary company. Drogheda Port Company also advised that the subsidiary company is not currently operating at a deficit. All proper accounting standards and provisions are applied as required and the company's accounts

are independently audited annually.

Ports Facilities

293. **Deputy Imelda Munster** asked the Minister for Transport, Tourism and Sport if Drogheda Port Company is the only port company with a stevedoring subsidiary at this time; the advantages in having a stevedoring subsidiary confer on the port; and if he will make a statement on the matter. [12281/17]

Minister for Transport, Tourism and Sport (Deputy Shane Ross): Ports have a number of different methods of organising stevedoring services. Some ports licence private operators to provide this service, while others provide stevedoring services through subsidiary companies in competition with private sector parties. The model chosen and the advantages conferred on the ports sector by the various models, are operational matters for the port companies.

The Port of Cork Company, Shannon Foynes Port Company and Waterford Port Company license private operators to provide stevedoring services at their ports and also provide stevedoring services through wholly owned subsidiary companies.

Legal Proceedings

294. **Deputy Róisín Shortall** asked the Minister for Transport, Tourism and Sport the status of an issue (details supplied); if he will clarify his Department's responsibility to ensure adequate legal representation of the former State employees involved in this dispute; if he has satisfied himself that the supports being lent to this group by his Department as former State employees are sufficient; and if he will make a statement on the matter. [12314/17]

Minister for Transport, Tourism and Sport (Deputy Shane Ross): Legal proceedings are being taken by a number of pensioners of the Irish Airlines (General Employees) Superannuation Scheme (IASS) against Ireland and the Attorney General. The Department of Transport, Tourism and Sport, together with other relevant Departments, are assisting the Attorney General's Office in defending this action. As the matter is the subject of on-going legal proceedings, it would not be appropriate for me to make any further comment at this time.

Transport Infrastructure Ireland

295. **Deputy Niamh Smyth** asked the Minister for Transport, Tourism and Sport the status of the N2 Clontibret to the border road scheme; the amount which has been spent on this route to date; the status of the A5 section; and if he will make a statement on the matter. [12318/17]

296. **Deputy Niamh Smyth** asked the Minister for Transport, Tourism and Sport the status of phase 3 works of the N2 Monaghan to Emyvale route; and if he will make a statement on the matter. [12319/17]

Minister for Transport, Tourism and Sport (Deputy Shane Ross): I propose to take Questions Nos. 295 and 296 together.

As Minister for Transport, Tourism and Sport, I have responsibility for overall policy and funding in relation to the national roads programme. The planning, design and implementation of individual road projects (including sections of the N2 road scheme) is a matter for the

Transport Infrastructure Ireland under the Roads Acts 1993-2015 in conjunction with the local authorities concerned. Within its capital budget, the assessment and prioritisation of individual projects is a matter in the first instance for TII in accordance with Section 19 of the Roads Act. Noting the above position, I have referred the Deputy's questions regarding the N2 to TII for direct reply. Please advise my private office if you don't receive a reply within 10 working days. Part of Parliamentary Question No. 295 [ref. 12318/17] asked about the status of the A5; the planning and implementation of the A5 project is the responsibility of the Northern Ireland authorities. As the Deputy is aware, the Stormont House Agreement and Implementation Plan - A Fresh Start - reaffirmed the Government's commitment to provide funding of £50 million for the A5 project and committed an additional £25 million to ensure that Phase 1 of the project (Newbuildings to north of Strabane) can commence as soon as the necessary planning issues have been resolved by the Northern Ireland authorities.

The A5 project was discussed at the North South Ministerial Council Transport Sectoral meeting on 12th December. The Council noted that the Public Inquiry into the road scheme opened on 4 October 2016 and that the Inspector's report is expected around May 2017.

Bus Éireann Services

297. **Deputy Niamh Smyth** asked the Minister for Transport, Tourism and Sport if he will intervene and prevent Bus Éireann ceasing the Dublin to Derry route bus service which services the people of Castleblayney, County Monaghan; if he has spoken to the NTA regarding this specific route; and if he will make a statement on the matter. [12323/17]

Minister for Transport, Tourism and Sport (Deputy Shane Ross): I am of course aware that Bus Éireann has recently announced service alterations to a small number of Expressway services, including route 33 Dublin to Derry. The Deputy is no doubt aware that Expressway services are commercial services operated by Bus Éireann and licensed under the Public Transport Regulation Act 2009. These routes are not eligible for any taxpayer funding and frequently operate in competition with other commercial licensed operators. As I have stated on numerous occasions, in cases where a commercial operator, such as Expressway, decides to alter or withdraw a route, the National Transport Authority (NTA) has the statutory powers available to it to respond as appropriate to ensure continued transport connectivity.

In response to Bus Éireann's recent announcement service changes, the NTA has published an assessment of the proposed changes and indicated what action it believes is necessary to ensure that continued connectivity.

As indicated in that published assessment, the NTA does not believe that connectivity issues arise on the route 33 corridor following the proposed withdrawal of Expressway's route 33. In publishing its assessment the NTA has invited feedback on its proposals. A copy of their assessment is available on www.nationaltransport.ie.

I am informed that following changes to the Expressway route 33, Castleblayney will continue to be served by:

- Expressway's route 32 services serving Dublin to Letterkenny (with connections possible at Strabane for onward journey to Derry);
- Translink's X3 services serving Dublin to Derry;
- A private licensed operator serving Monaghan to Dublin; and

- Bus Éireann PSO routes providing regional connectivity with Dundalk and Drogheda.

Road Improvement Schemes

298. **Deputy Fiona O'Loughlin** asked the Minister for Transport, Tourism and Sport if he will reinvest in the local improvement scheme in order to upgrade isolated and neglected roads and lanes that have not been taken in charge by the local authority, which are often essential in providing access routes for communities; and if he will make a statement on the matter. [12329/17]

Minister for Transport, Tourism and Sport (Deputy Shane Ross): The improvement and maintenance of regional and local roads is the statutory responsibility of the local authority, in accordance with the provisions of Section 13 of the Roads Act 1993. Works on those roads are funded from the local authority's own resources supplemented by State road grants. The initial selection and prioritisation of works to be funded is also a matter for the local authority. Maintenance of private laneways/roads not taken in charge by local authorities is the responsibility of the landowners concerned. Due to the major cutbacks in roads funding it was necessary for my Department to cease making separate allocations to local authorities in respect of the Local Improvement Scheme (LIS). The approved scheme remains intact and local authorities can use a proportion of State grant funding for LIS should they wish to do so. While there is a modest increase in funding for roads this year, it will take some years yet under the Capital Plan to restore "steady state" funding levels for regional and local roads. The primary focus has to continue to be on the maintenance and renewal of public roads. Local authorities can continue to use a proportion of their Discretionary Grant for the Local Improvement Scheme in 2017.

In light of the provision in the Programme for Government indicating that, as the economy recovers, the Government will promote increased funding for Community Involvement and Local Improvement Schemes, I will review the scope for making a separate grant allocation once the planned Review of the Capital Plan is completed.

Road Projects

299. **Deputy Fiona O'Loughlin** asked the Minister for Transport, Tourism and Sport if he has a prioritised list of roads and bridge projects likely to be required in Kildare south in the next ten years; his plans to fund and roll out such plans; and if he will make a statement on the matter. [12330/17]

Minister for Transport, Tourism and Sport (Deputy Shane Ross): The improvement and maintenance of regional and local roads in Kildare is the statutory responsibility of Kildare County Council, in accordance with the provisions of Section 13 of the Roads Act 1993. Works on those roads are funded from the Council's own resources supplemented by State road grants. The initial selection and prioritisation of projects (including future projects) to be funded is also a matter for the Council. The planning, design and implementation of individual national road projects in Kildare is a matter for Transport Infrastructure Ireland (TII) under the Roads Acts 1993-2015 in conjunction with Kildare County Council. Within its capital budget, the assessment and prioritisation of individual projects is a matter in the first instance for TII in accordance with Section 19 of the Roads Act.

Sports Capital Programme Applications

300. **Deputy Michael Healy-Rae** asked the Minister for Transport, Tourism and Sport the status of an application for a sports capital grant by a club (details supplied); and if he will make a statement on the matter. [12389/17]

Minister for Transport, Tourism and Sport (Deputy Shane Ross): I can confirm that an application has been submitted by the organisation referred to by the Deputy under the 2017 Sports Capital Programme. All of the 2,320 applications received under the 2017 Sports Capital Programme will be assessed by officials in my Department over the coming months. An announcement regarding allocations will be made later this year.

Tourism Project Funding

301. **Deputy John Brassil** asked the Minister for Transport, Tourism and Sport if he will reinstate the level of funding afforded to a festival (details supplied) by Fáilte Ireland to the level received in 2016 of €30, 000; and if he will make a statement on the matter. [12390/17]

Minister for Transport, Tourism and Sport (Deputy Shane Ross): My Department's role in relation to tourism lies primarily in the area of national tourism policy. It is not directly involved in the management or development of individual tourism projects. These are operational matters for the Board and Management of Fáilte Ireland. While the Department provides funding to Fáilte Ireland for investment in tourism offerings, including festivals, it does not have any role in the administration of those funding programmes. Similarly, my Department does not have discretionary funds at its disposal to assist with individual tourism proposals. Accordingly, I have referred the Deputy's question to Fáilte Ireland for direct reply. Please contact my private office if you have not received a reply within ten working days.

Sports Capital Programme Applications Data

302. **Deputy Pat Deering** asked the Minister for Transport, Tourism and Sport the total number of applicants under the new round of sports capital projects; and the detail of the projects that applied for funding in counties Carlow and Kilkenny. [12392/17]

Minister of State at the Department of Transport, Tourism and Sport (Deputy Patrick O'Donovan): A total of 2,320 applications were submitted under the 2017 Sports Capital Programme. A list of all of these applications is available on the Department's website at the following link: www.dttas.ie/sport/publications/english/2017-sports-capital-programme-applications-submitted.

Sports Capital Programme Applications

303. **Deputy Michael Healy-Rae** asked the Minister for Transport, Tourism and Sport the status of an application for sports capital funding by a club (details supplied) in County Kerry; and if he will make a statement on the matter. [12397/17]

Minister of State at the Department of Transport, Tourism and Sport (Deputy Patrick O'Donovan): I can confirm that an application has been submitted by the organisation referred to by the Deputy under the 2017 Sports Capital Programme. All of the 2,320 applications received under the 2017 Sports Capital Programme will be assessed by officials in my Department over the coming months. An announcement regarding allocations will be made later this year.

Questions - Written Answers
Work Permits Applications

304. **Deputy Thomas Byrne** asked the Minister for Jobs, Enterprise and Innovation the status of an application for an employment permit by a person (details supplied). [12312/17]

Minister for Jobs, Enterprise and Innovation (Deputy Mary Mitchell O'Connor): The Employment Permits Section informs me that no application for an employment permit has been received in relation to the named company.

IDA Portfolio

305. **Deputy Fiona O'Loughlin** asked the Minister for Jobs, Enterprise and Innovation the number of IDA land banks in County Kildare, by town; and if she will make a statement on the matter. [12331/17]

306. **Deputy Fiona O'Loughlin** asked the Minister for Jobs, Enterprise and Innovation the number of IDA business parks in County Kildare, by town; and if she will make a statement on the matter. [12332/17]

Minister for Jobs, Enterprise and Innovation (Deputy Mary Mitchell O'Connor): I propose to take Questions Nos. 305 and 306 together.

I am informed by IDA Ireland that the Agency has two business parks in County Kildare with marketable lands and buildings as outlined in the table.

-	Town	-	-	-
Kildare	Newbridge	Newbridge Business Park	Total Size 16.8 ha/c 41.5 acres	Marketable Land c.2.92 ha/ c7.2 acres
Kildare	Newbridge	Unit 6, Newbridge Business Park	3,237 sq.ft./301 sq.m	Marketable Building 3,237 sq. ft/301 sq.m
Kildare	Naas	Naas Industrial Estate, Tipper Road	Total Size 7.8 ha/c/19 acres	Marketable Land c.1.70 ha/c.4.2 acres

IDA Site Visits

307. **Deputy Fiona O'Loughlin** asked the Minister for Jobs, Enterprise and Innovation the status of regional IDA site visits and vacant properties in 2016, by county, in tabular form; and if she will make a statement on the matter. [12333/17]

Minister for Jobs, Enterprise and Innovation (Deputy Mary Mitchell O'Connor): As part of IDA Ireland's strategy for the period from 2015-2019, the Agency has targeted achieving an increase of 30% to 40% in foreign direct investment (FDI) in every region outside of Dublin. Site visit statistics indicate that progress is being made towards that goal. It is important to remember, however, that the number of site visits to a county does not necessarily reflect FDI activity there as 70% of all new FDI comes from existing IDA Ireland clients.

To attract more FDI to the regions, the IDA requires an adequate supply of marketable serviced land and buildings that can be offered to potential investors. There are currently 23 such available IDA Ireland-owned units and further details on these are set out in the table below. If the Agency did not have such properties, it would diminish Ireland's ability to win mobile FDI, particularly for the regions.

IDA Ireland-sponsored Site Visits 2016 by County

County	2016
Carlow	9
Cavan	2
Clare	18
Cork	49
Donegal	7
Dublin	284
Galway	42
Kerry	3
Kildare	8
Kilkenny	10
Laois	6
Leitrim	8
Limerick	49
Longford	6
Louth	24
Mayo	5
Meath	8
Monaghan	2
Offaly	4
Roscommon	1
Sligo	20
Tipperary	8
Waterford	17
Westmeath	36
Wexford	7
Wicklow	5

IDA Ireland Available Units

County	Town	Vacant
Cork	Ballygallan	3
Donegal	Letterkenny	3
Galway	Mervue	1
Galway	Roundstone	2
Kerry	Killarney	2
Mayo	Ballina	1
Mayo	Charlestown	1
Mayo	Castlebar	1
Offaly	Tullamore	0
Sligo	Finisklin	2
Tipperary	Nenagh	1
Waterford	Waterford	4
Westmeath	Athlone	1
Wicklow	Arklow	1
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Workplace Relations Commission

308. **Deputy Róisín Shortall** asked the Minister for Jobs, Enterprise and Innovation the number of workplace inspections in 2016 by sector and region; the total amount of wages recovered in these periods by sector and region; and if she will make a statement on the matter. [12404/17]

Minister for Jobs, Enterprise and Innovation (Deputy Mary Mitchell O'Connor): The Workplace Relations Commission (WRC) is an independent, statutory body which was established on 1 October 2015 under the Workplace Relations Act 2015. The WRC has responsibility for information provision, workplace advice, mediation, conciliation, adjudication, inspection and enforcement in relation to employment rights, equality and equal status matters and industrial relations.

The WRC assumes the roles and functions previously carried out by the National Employment Rights Authority (NERA), Equality Tribunal (ET), Labour Relations Commission (LRC), Rights Commissioners Service (RCS), and the first-instance (Complaints and Referrals) functions of the Employment Appeals Tribunal (EAT).

Inspectors of the WRC carry out inspections of employer records with a view to determining compliance with employment rights and employment permits legislation. These inspections arise:

- In response to complaints received of alleged non-compliance with relevant employment rights legislation;
- As part of compliance campaigns which focus on compliance in specific sectors or specific pieces of legislation, or
- As routine inspections, which act as a control measure.

The WRC's aim is to achieve voluntary compliance with employment law through the provision of education and awareness, inspection of employers' employment records and enforcement where necessary.

Details in relation to the number of workplace inspections undertaken by the WRC in 2016 by sector and by county and the total amount of wages recovered during that period are provided in the tables below (a regional breakdown of sectoral inspections undertaken is not available).

By sector

Sector	Cases	Unpaid Wages
AGRICULTURE	50	30,137
CONSTRUCTION	94	127,100
CONTRACT CLEANING	27	9,480
DOMESTIC WORKER	22	4,728
ELECTRICAL	6	6,363
FISHERIES	9	0
FOOD & DRINK	2,539	332,903
HAIR AND BEAUTY	182	23,393
HEALTH NURSING AND CHILDCARE	82	156,071
HOTEL	183	73,506
MANUFACTURING	50	25,385

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Sector	Cases	Unpaid Wages
OTHER	420	311,260
PROFESSIONAL SERVICES	150	3,872
SECURITY	24	52,779
TRANSPORT	52	16,072
WHOLESALE AND RETAIL	940	348,550
TOTALS	4,830	1,521,600

By County

County	Cases	Unpaid Wages
CARLOW	36	6,317
CAVAN	117	10,748
CLARE	129	53,229
CORK	332	25,538
DONEGAL	128	9,347
DUBLIN	1,067	491,595
GALWAY	408	76,627
KERRY	96	23,898
KILDARE	186	44,644
KILKENNY	92	26,401
LAOIS	63	30,302
LEITRIM	36	715
LIMERICK	426	176,415
LONGFORD	79	4,321
LOUTH	177	14,139
MAYO	147	16,225
MEATH	121	7,929
MONAGHAN	69	21,468
OFFALY	76	60,242
ROSCOMMON	61	2,086
SLIGO	47	9,184
TIPPERARY	177	78,041
WATERFORD	207	72,937
WESTMEATH	117	16,505
WEXFORD	181	135,313
WICKLOW	255	107,434
TOTAL	4,830	1,521,600

Startup Funding

309. **Deputy Martin Heydon** asked the Minister for Jobs, Enterprise and Innovation the options that are open to persons that are seeking seed capital for start up businesses; if plans are in place for further schemes to be established; and if she will make a statement on the matter. [12432/17]

Minister for Jobs, Enterprise and Innovation (Deputy Mary Mitchell O'Connor): There are a large number of seed capital supports provided through my Department and its agencies.

Enterprise Ireland has committed €352 million over three funding cycles to some 39 venture capital funds and 4 seed funds since 1996, with a further €175 million to be committed under the current programme (SVC 2013-2018). Leveraged funding is in the order of €1.25 billion.

The Enterprise Ireland supports include:

- Seed and Venture Capital Schemes
- European Angel Fund
- HBAN

Enterprise Ireland also has specific start up supports available. These include:

- High Potential Start-Up (HPSU) Seed Investment
- Innovation Vouchers
- Enterprise START
- New Frontiers
- Competitive Start Fund

Details of all these schemes are available on the Enterprise Ireland website.

In addition to this, the Local Enterprise Offices can offer direct grant aid to microenterprises (up to ten employees) in the manufacturing and internationally traded services sector which, over time, have the potential to develop into strong export entities.

Microfinance Ireland (MFI) also provides funding through loans up to a maximum of €25,000, to start-up businesses. MFI will finance start-up costs, expansion costs and/or working capital needs.

The Credit Guarantee Scheme is also available to SMEs that are unable to access credit because there is an inadequacy of collateral and an inadequacy of understanding of the novelty of a business model, sector or technology and can be sourced through the major banks.

The 'Supporting SMEs' Online Tool at www.localenterprise.ie/Discover-Business-Supports/Supporting-SMEs-Online-Tool/ gives full details of all supports available to business and I would encourage any potential start up to check what supports are available on the tool.

My Department and the agencies under my Department's remit keep all supports under continuous review. If an identified need emerges the Department and its agencies will respond appropriately.

Aftercare Services

310. **Deputy Bernard J. Durkan** asked the Minister for Children and Youth Affairs the number of young persons under and over 18 years of age that were on a waiting list to access an aftercare worker at the end of 2016, by area, in tabular form; the average length of time a young person spends on the waiting list before gaining access to an aftercare worker; and if she will make a statement on the matter. [12208/17]

311. **Deputy Bernard J. Durkan** asked the Minister for Children and Youth Affairs the number of young persons that turned 18 years of age whilst in the care system and were placed

on a waiting list for an aftercare worker in each quarter in 2016, in tabular form; and if she will make a statement on the matter. [12210/17]

Minister for Children and Youth Affairs (Deputy Katherine Zappone): I propose to take Questions Nos. 310 and 311 together.

Tusla has advised that it does not collate data on waiting lists for the allocation of an aftercare worker for young persons over 18 years. Once the amendments to the 1991 Act are commenced there will be a statutory obligation on Tusla to have an aftercare plan prior to the young person leaving care.

Table A provides a breakdown on the numbers of children in care aged 16 and 17 years with an allocated aftercare worker at the end of December 2016 broken down by area.

Table A: Young adults aged 16 and 17 years in care with an allocated/awaiting an allocated aftercare worker

End December 2016	Number of children in care aged 16 and 17 years	Number of children in care aged 16 and 17 years with an allocated aftercare worker	Number of children in care aged 16 and 17 years awaiting an allocated aftercare worker
DSC	62	8	54
DSE/WW	48	33	15
DSW/K/WW	91	31	60
Midlands	63	49	14
DNC	121	26	95
Dublin North	56	27	29
LH/MH	70	39	31
CN/MN	19	10	9
Cork	143	52	91
Kerry	24	17	7
CW/KK/ST	70	6	64
WD/WX	59	20	39
Mid West	95	29	66
GY/RN	63	24	39
Mayo	20	20	0
Donegal	29	19	10
SO/LM/WC	22	22	0
Total	1,055	432	623

Children in care have an allocated social worker who assists them in preparing to leave care. Children in residential care, or those who are likely to leave their future care placement on reaching 18 are prioritised for an aftercare worker.

Table B shows the numbers of young adults aged 18 -22 years (inclusive) in receipt of aftercare services who have an allocated aftercare worker at the end of 2016.

Table B: Young adults 18 -22 years (inclusive) in receipt of aftercare supports who have an allocated aftercare worker.

-	The total number of young adults aged 18 to 22 inclusive in receipt of an aftercare service on the last day of the reporting period	Number of young adults aged 18 to 22 inclusive in receipt of an aftercare service who have an allocated aftercare worker
December 2016	1,806	1,531

Table C details the number of young adults discharged from care by reason of reaching 18 years of age during 2016 by quarter, the number eligible for an aftercare service, the number availing of an aftercare service and the number with an allocated aftercare worker.

Table C: Young adults discharged from care by reason of reaching 18 years of age during 2016.

	Number discharged	Number discharged eligible for after care service	Number availing of an aftercare service	Number with an allocated aftercare worker
Q1 2016	121	117	106	95
Q2 2016	194	191	174	144
Q3 2016	152	149	131	132
Q4 2016	138	127	113	113
Total	605	584	524	484

The transition to independent adulthood can be challenging for many young people and a key factor in achieving success is ensuring that assessment, preparation and planning for leaving care begins in the years prior to leaving care and continues as part of the care planning process. This work is based on collaboration with the young person, their carers and partner agencies to generate an aftercare plan that is specific to the individual young person's needs.

Family Resource Centres

312. **Deputy Fiona O'Loughlin** asked the Minister for Children and Youth Affairs her views on whether family resource centres are provided with adequate funding and supports to carry out their responsibilities; and if she will make a statement on the matter. [12334/17]

313. **Deputy Fiona O'Loughlin** asked the Minister for Children and Youth Affairs her plans to review and increase the number of family resource centres in County Kildare; and if she will make a statement on the matter. [12335/17]

Minister for Children and Youth Affairs (Deputy Katherine Zappone): I propose to take Questions Nos. 312 and 313 together.

Tusla, the Child and Family Agency provides financial support to some 109 communities through the Family and Community Services Resource Centre Programme. This typically covers the employment of two to three members of staff and some overhead costs. In 2016, Tusla provided €13.5 million in core funding under the programme. Also, in December 2016, and in recognition of the valuable work that the Family Resource Centres do, Tusla provided additional once-off funding of €1.422 million to the centres. This additional funding, which was in the form of minor capital assistance, allowed for the upgrade of equipment and other remedial works at centres.

Last November, I met with representatives from the Kildare Youth Service, Kildare Chil-

dren and Young People's Service Committee, Kildare Local Community Development Committee and the Tusla Area Manager in relation to the provision of services to children and young people in County Kildare.

At that meeting, I was informed of a number of issues including a request for the provision of additional Family Resource Centres in County Kildare. I advised the County Kildare representatives at the meeting to submit a Business Case to Tusla in relation to the establishment of new Family Resource Centres in the County as Tusla provides financial support to Family Resource Centres under its Family Resource Centre Programme.

Tusla plans to build on the strengths of the programme in the years ahead to deliver its mandate for community-based early intervention and family support.

Tusla is currently finalising details of the funding to be allocated to the Family Resource Centre Programme in 2017, and will be confirming funding levels for individual centres shortly.

Aftercare Services

314. **Deputy Fiona O'Loughlin** asked the Minister for Children and Youth Affairs her plans to engage with organisations (details supplied) to ensure after care support for those leaving State care on their 18th birthday; and if she will make a statement on the matter. [12336/17]

Minister for Children and Youth Affairs (Deputy Katherine Zappone): I am pleased to inform the Deputy that officials from my Department met with the organisation referred to in December 2016. At this meeting, my officials provided updates on a number of areas including children in care and forthcoming legislation on Children First and Aftercare and listened carefully to the views of the organisation referred to on the future development of aftercare services.

Tusla has consulted widely with relevant stakeholders in preparation for the reforms on aftercare supports and has included consultation with foster carers, young people who had been in care, aftercare staff, social work staff, NGO's, private foster care and residential care providers and other state departments. All have been invited to events and offered the opportunity to make written submissions.

My officials have consulted widely with relevant stakeholders in preparation for the reforms on aftercare supports including meetings with Empowering Children in Care (EPIC), Irish Foster Care Association (IFCA), Irish Association of Social Workers and Social Care Ireland as well as the organisation referred to and other relevant stakeholders.

Commissions of Investigation

315. **Deputy Clare Daly** asked the Minister for Children and Youth Affairs further to Parliamentary Question No. 805 of 28 February 2017, the names of the organisations in the USA that were contacted. [12394/17]

Minister for Children and Youth Affairs (Deputy Katherine Zappone): In accordance with section 9 of the Commission of Investigation Act 2004, it is essential to recognise that the Commission is independent in the performance of its functions. The Commission's advertising strategy is a matter for the Commission to manage and progress and I do not have any further information relating to the matter.

The Deputy may wish to contact the Commission directly at info@mbhcoi.ie.