

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 14, inclusive, answered orally.

Oireachtas Joint Committee Reports

15. **Deputy Joan Collins** asked the Minister for Health the way in which he is planning to implement the future of health care report. [40916/17]

Minister for Health (Deputy Simon Harris): I supported the establishment of the cross-party Committee on the Future of Healthcare and have consistently supported its work. I have welcomed the publication of the Sláintecare report and in particular I have been encouraged by the level of cross party and stakeholder support that it has attracted.

The Government is committed to making tangible and sustainable improvements in our health services and the Sláintecare report now provides a framework to do this. We have a level of consensus and support for the vision and strategic direction outlined in the report that is unprecedented. I am determined to harness this and to work with colleagues across the political spectrum and with all stakeholders to move forward now on this very important agenda.

The Government has already given its approval to move ahead with the establishment of a Sláintecare programme office. This office will be tasked with implementing a programme of reform, as agreed by Government, arising from the Sláintecare Report. In parallel, work is underway in my Department to develop a detailed response to the report for consideration by Government in December.

We all know that there will be significant challenges to overcome in what will need to be a deep and systemic change in our healthcare system. But we don't have a choice. And we need to begin this change process now. This is one of the key priorities for the Government, and the focus now must be on ensuring that the implementation phase is properly designed and that a clear implementation plan is developed as quickly as possible.

Nursing Staff Provision

16. **Deputy John Brassil** asked the Minister for Health if all 2016 and 2017 nursing graduates will be offered permanent contracts by the HSE. [40946/17]

Minister for Health (Deputy Simon Harris): I can confirm that all 2016 and 2017 nursing and midwifery graduates will be offered permanent contracts by the HSE. These offers will be subject to the usual recruitment requirements. Nursing and midwifery recruitment and reten-

tion is a priority for the Government and officials in my Department are liaising with the HSE on a weekly basis to review progress on the appointment of nursing graduates.

These contracts are being offered as part of the 2017 Nursing and Midwifery Agreement, reached with the INMO and SIPTU. This Agreement has a particular focus on addressing recruitment and retention of nursing and midwifery posts. It has committed to put in place an additional 1,224 nursing and midwifery posts across the public health service by the end of December 2017. Very extensive and detailed work has been sustained throughout 2017 to implement the Agreement.

The HSE is focused on offering graduating nurses and midwives permanent posts. Each Hospital or Community Healthcare Organisation is making offers to the 2016 and 2017 nursing and midwifery graduates who undertake their clinical placement in their location. Every effort is being made to accommodate the graduate nurses and midwives in their preferred locations. Where a Hospital or CHO area is unable to offer places to all graduates, then the remaining graduates are offered places in the respective Hospital Group or an alternative CHO location, as appropriate.

Service Level Agreements

17. **Deputy Sean Fleming** asked the Minister for Health the reason the HSE is providing €424 million to 26 organisations without having a full service level agreement in place. [40974/17]

Minister for Health (Deputy Simon Harris): Previous information provided to the Deputy from the Health Service Executive (HSE) in response to PQ 36159/17 in July last regarding organisations in receipt of funding in excess of €1m from the HSE showed that a total of €3.574bn funding is provided to 207 Service Provider organisations through Service Agreements.

At that time Service Agreements were not in place for 26 of those organisations, and these Service Agreements related to total funding of €424m. At that time also documentation had been finalised for €197m of the €424m and this had been allocated to the 26 organisations, leaving a balance of €227m to be paid. Since then Service Agreements have been finalised for 3 further organisations and the outstanding amount to be paid to the 23 organisations is €217m .

In this regard, it should be noted that fully signed Service Agreements are now in place for approximately €3.357bn of the €3.574bn total, which represents approximately 94% of this funding.

In some cases the documentation is not finalised because the HSE is bringing a level of scrutiny to the process so as to ensure that the quality and quantity of the services to be provided for service users are to HSE's satisfaction. There are also ongoing discussions regarding proposed cost increases and agreeing terms with some service providers . These discussions are conducted in the context of the need to maintain the necessary service provision. In other cases, the process for signing Service Agreements may not be completed because discussions are ongoing between the Providers and the HSE in relation to, for example, the amount of funding provided by the HSE in the context of restoration of pay reductions imposed on foot of the economic crisis.

The HSE is working with the Service Providers to ensure that the Service Agreement process is completed. Service Agreements are only one element of the oversight process. In addition to the Service Agreements, ongoing oversight of the services received for funding al-

located, is delivered through the day to day management of that funding by the Hospital Groups and the Community Healthcare Organisations and through other mechanisms such as the Annual Compliance Statement process that is in place for all Section 38 and the larger Section 39 Service Providers.

Health Service Capacity Review

18. **Deputy Bríd Smith** asked the Minister for Health the actions he will take to deal with the theatre closures and staffing issues highlighted in submission (details supplied) to his Department; and if he will make a statement on the matter. [40917/17]

Minister for Health (Deputy Simon Harris): I wish to thank the Irish Hospital Consultants Association for its comprehensive submission as part of the Health Capacity Review.

This review is currently being undertaken by my Department and will examine both current capacity across the health system including in acute hospitals, primary care and social care, and the drivers of future demand moving to 2030. This review is due to be concluded by the end of 2017 and the findings will feed into decisions regarding future capital expenditure.

My Department is pursuing a range of initiatives to address health service staffing, including the development of a national strategic framework for health workforce planning. The recruitment and retention of medical staff is also a priority for the HSE and the number of consultants employed in the public health service continues to increase. At the end of July 2017 there were 2,892 whole time equivalents, an increase of 105 on the corresponding month in 2016 and 700 in the past decade. There has been an increase of 722 whole time equivalent nurses and midwives in the last year.

The 2017 total Health Budget of €14.6 billion was the highest ever health budget and is enabling both progress towards addressing the challenge of increased demand from a growing and aging population, and the commencement of some significant new developments which will over time deliver real improvements for patients. The increased funding and growth in staffing within our health service are allowing for expansion in service levels and optimum utilisation of facilities.

Hospital Equipment

19. **Deputy Éamon Ó Cuív** asked the Minister for Health when a new MRI scanner will be provided in University Hospital Galway; and if he will make a statement on the matter. [40950/17]

Minister for Health (Deputy Simon Harris): The Saolta University Healthcare Group has advised that it recognises that the diagnostic waiting times at University Hospital Galway are unduly lengthy.

In order to address this deficit at UHG, the Saolta Group is currently undertaking a tender for a mobile MRI machine that will allow the Hospital to significantly increase its capacity to provide diagnostic scans. The Saolta Group is making every effort to progress this process and it is estimated that the process will be completed by the close of 2017.

In addition, Saolta has implemented a number of local initiatives to reduce diagnostic waiting lists and ensure that the maximum number of patients receive their procedure. The Group has introduced a 7-day a week service and an extended working day. This has resulted in an

additional 52 appointments per week, which are targeted at the longest waiters. The Hospital is also outsourcing diagnostic scans to the Merlin Park Imaging Centre, where appropriate.

More broadly, there have been a number of recent and ongoing capacity initiatives at Galway University Hospitals including the completion of the new 75-bed ward block and a new acute mental health department is expected to be operational by the end of 2017. Also, considerable progress has been made on the planning phase for a new ED at UHG.

UHG is also a pilot site for the National GE Fingamore Patient Flow project and has demonstrated significant achievement in improving patient flow in the Hospital.

HSE Waiting Lists

20. **Deputy Anne Rabbitte** asked the Minister for Health the measures being taken to reduce the long waiting times for primary care ophthalmology appointments being experienced by persons under 18 years of age in County Galway. [40962/17]

Minister for Health (Deputy Simon Harris): The HSE advises that all patient referrals for primary care ophthalmology appointments are being monitored closely and prioritised according to clinical need. Additional clinics are in place to deal with the waiting list in South Galway, where there has been difficulty in recruiting a Community Ophthalmologist. The HSE continues to make every effort to ensure that children are seen in a timely manner, taking cognisance of clinical need and clinical urgency.

Hospital Staff Recruitment

21. **Deputy Charlie McConalogue** asked the Minister for Health the reason Letterkenny university hospital did not receive funding for two ANP posts specialising in diabetes; when funding will be provided for the posts; and if he will make a statement on the matter. [40771/17]

Minister for Health (Deputy Simon Harris): Letterkenny University hospital provides essential high-quality hospital care to patients in the Northwest. I can assure the Deputy of the continued commitment to develop the diabetes service at the Hospital.

Adult diabetes services at Letterkenny are currently provided by a consultant endocrinologist, supported by a locum consultant general physician with an interest in diabetes. In order to address waiting lists, additional clinics are provided on a monthly basis. Further, the Saolta Healthcare Group has advised that it has made an application for approval of a second consultant endocrinologist and this is currently being considered by the HSE's Consultant Application Advisory Committee.

On 28 June, I met with the Donegal Branch of Diabetes Ireland, the HSE and the Saolta Healthcare Group to discuss the current challenges and future development of diabetes services in the Northwest. Following that meeting, officials of my Department requested the HSE to assess the scope to progress a number of action points in relation to the provision of services for paediatric and adult diabetes in County Donegal, including the progression of two Advanced Nurse Practitioners posts for Letterkenny University Hospital. I appreciate that some actions will be dependent on funding and will need to be considered once the Budget and National Service Plan for 2018 are finalised.

Occupational Therapy Waiting Lists

22. **Deputy Pat Casey** asked the Minister for Health the way in which it is proposed to reduce the long waiting times being experienced by children in County Wicklow that are in need of an assessment for occupational therapy. [40995/17]

Minister for Health (Deputy Simon Harris): The Government is committed to the provision and development of services for children including early intervention services, and to improving access by these children to therapy services insofar as possible within available resources.

Improving access to therapy services for children in primary care and in disability services is a particular priority for the Government. Within this context, €8 million in additional funding was provided in 2016 to expand the provision of speech and language therapy through primary care services (€4 million) and to support the reorganisation and expansion of speech and language and other therapies, including occupational therapy, under the Progressing Disability Services Programme (€4 million). The key objective of the Progressing Disability Services Programme is to bring about equity of access to disabilities services and consistency of service delivery, with a clear pathway for children with disabilities and their families to services, regardless of where they live, what school they go to or the nature of the individual child's difficulties. Full implementation of this Programme is expected before the end of 2017. It is anticipated that this will have a positive impact on waiting lists both for assessments and therapies.

With regard to County Wicklow specifically, I am advised by the HSE that an Occupational Therapy Improvement Plan has been put in place in CHO Area 6 to improve access to Primary Care Occupational Therapy Services. The recruitment of additional temporary staff to address long waiting times in Primary Care has been prioritised in this regard.

National Dementia Strategy Implementation

23. **Deputy Mary Butler** asked the Minister for Health if he will consider the appointment of dementia care co-ordinators and dementia advisers in each local health office area. [40968/17]

Minister of State at the Department of Health (Deputy Jim Daly): The Alzheimer Society of Ireland's pre-budget submission recommends the appointment of dementia care coordinators and dementia advisers in each local health office area, in addition to an investment of €35 million in home care services and the appointment of dementia friendly community coordinators. I had a constructive meeting with representatives of the Alzheimer Society on 29 August where these matters were discussed.

In response to the rising number of people with dementia, currently estimated at 55,000, the Irish National Dementia Strategy was launched in December 2014 with the objective of increasing awareness, ensuring early diagnosis and intervention and developing enhanced community based services. The Strategy emphasises that most people with dementia live in their own communities and can continue to live well and to participate in those communities for far longer than many people appreciate.

In parallel with the Strategy, the Department of Health and the HSE agreed a joint initiative with the Atlantic Philanthropies to implement significant elements of the Strategy over the period 2014-2017. This Implementation Programme represents a combined investment of €27.5m, with the Atlantic Philanthropies contributing €12m and the HSE €15.5m. The Pro-

gramme includes the provision of intensive home care packages for people with dementia, the upskilling of GPs and primary care teams in dementia diagnosis and management, and a public awareness and inclusion campaign. A National Dementia Office has been established to drive implementation of the Strategy in the HSE.

I am happy to be able to confirm that my Department has recently secured funding of €1.23 million under the 2017 Dormant Accounts Action Plan to support a number of dementia projects. These include post-diagnostic supports, dementia friendly communities, assistive technology libraries and further exploratory work on the development of a national dementia registry. These measures will help ensure that people with dementia can live well in their communities for as long as possible.

An evaluation of the Dementia Advisers employed by the Alzheimer Society of Ireland has commenced by the HSE. It would be appropriate to await the outcome of this evaluation before considering the appointment of additional advisers.

The National Dementia Office has undertaken a project to examine the role of the Key Worker for people with dementia, a commitment as outlined in the National Dementia Strategy. There are a number of potential models and approaches and the NDO is currently identifying these with a view to determining a suitable approach to this action under the Strategy.

The Department and the HSE are working on a mid-term review of the implementation of the National Dementia Strategy which will identify the achievements so far and set out the further work that is required to implement the Strategy over the next 12 months and beyond. The resources required for the ongoing implementation of the Strategy, including in relation to the role of key worker, can only be considered in the context of the Estimates and Budget process. The mid-term review will assist in identifying further actions required and will be helpful in the context of budgetary considerations.

Emergency Departments Services

24. **Deputy Brendan Smith** asked the Minister for Health the position regarding the proposal to provide upgraded and additional facilities in the emergency department at Cavan general hospital; and if he will make a statement on the matter. [40899/17]

Minister for Health (Deputy Simon Harris): The Emergency Department in Cavan has been performing well to date in 2017, having a 68% reduction in trolley numbers at the Hospital in comparison with the same period in 2016.

The RCSI Hospital Group has identified the need for development of the resuscitation area in Cavan Emergency Department. Future investment in Cavan General Hospital will 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.

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.

Hospital Groups, Community Health Organisations and hospitals are all currently in the process of planning for winter Emergency Department demand through developing integrated

winter plans to cover the period October 2017 to March 2018. These plans, including the plan for Cavan General Hospital, will be submitted to the HSE for approval in the coming weeks.

Mental Health Guidelines

25. **Deputy Mick Wallace** asked the Minister for Health if the use of the PHQ-9 and GAD7 checklists for assessing mental health in persons are approved for use by the HSE and general practitioners here; and if he will make a statement on the matter. [40773/17]

Minister of State at the Department of Health (Deputy Jim Daly): Individuals who are concerned about their mental health may access services in a variety of ways. Many people go to their family doctor with mental health problems such as depression or anxiety and will not need the help of a psychiatrist. In other cases, the GP may decide to refer the person to members of the mental health team such as a psychiatrist, clinical psychologist or addiction counsellor. When assessing an individual's mental health, questionnaires like the PHQ-p and GAD7 may be used.

The Patient Health Questionnaire (PHQ) is a validated self-administered version of the Primary Care Evaluation of Mental Disorders screening questionnaire. It contains the mood (PHQ-9), anxiety, alcohol, eating and somatoform modules as covered in the original PRIME-MD. The Generalized Anxiety Disorder 7-item (GAD-7) scale was subsequently developed as a brief scale for anxiety. It is also validated.

There are many such screening tools available, and screening for mental health problems forms the basis of good clinical practice across mental health services. These screening tools are not particularly highlighted for use in mental health services (over and above other validated screening tools) by the HSE, but are likely to be used by clinicians as part of their clinical practice.

Medicinal Products Availability

26. **Deputy Ruth Coppinger** asked the Minister for Health his views on the non-provision of medication, such as the contraceptive pill, in State funded hospitals that have a religious-based ethos (details supplied); and if he will make a statement on the matter. [40914/17]

Minister for Health (Deputy Simon Harris): The provision of medication to patients is based on clinical criteria and is a matter for the treating Consultant. Instigation of the oral contraceptive pill for family planning reasons is generally a community based activity. However, while an acute hospital would seldom instigate the combined oral contraceptive pill, I have been informed by the HSE that there may be occasions when prescription of the contraceptive pill may be indicated for specific gynaecological reasons and this should be possible in all state funded hospitals.

Primary Care Centres Provision

27. **Deputy Michael McGrath** asked the Minister for Health when he expects the new health centre in Carrigaline, County Cork to be open; and the services that will be provided there [40770/17]

Minister for Health (Deputy Simon Harris): The HSE has advised that Carrigaline Pri-

mary Care Centre is currently being equipped and is expected to be operational by the end of 2017. In relation to the services provided in the Centre, as the HSE has responsibility for the provision, along with the maintenance and operation of Primary Care Centres and other Primary Care facilities, the Executive has been asked to reply directly to the Deputy.

Speech and Language Therapy Provision

28. **Deputy Margaret Murphy O'Mahony** asked the Minister for Health if he will report on the HSE's engagement with the introduction of a new in-school speech and language service. [40944/17]

Minister of State at the Department of Health (Deputy Finian McGrath): The Programme for a Partnership Government commits that a new in-school speech and language service will be established to support young children as part of a more integrated support system.

The Health Service Executive undertook an extensive review of existing Speech and Language therapy provision earlier this year and the findings and recommendations of that review, which is based on best international practice will inform the development of a new model for delivery.

It has been shown across the OECD as the most effective way of managing and intervening with the educational and social issues consequential to speech and language difficulties in children.

Teachers and SLTs have different, but complementary, skills in developing children's language and learning. SLTs are trained to take a linguistically analytical approach to language while teachers' knowledge and skills relate to literacy, curriculum and teaching practice. These different but complementary skills and knowledge would support the language, literacy, communication and learning needs of students, especially students with or at risk of Speech and Language Complex Needs.

A joint working group, made up of The Department of Health, The Department of Education and Skills, The Health Service Executive and The National Council for Special Education, has been established to develop the proposed model. When finalised, the proposed model will represent a significant change in the way in which services are delivered. Work is currently under way to develop an initial demonstration project with a view to its implementation in 2018.

Oireachtas Joint Committee Reports

29. **Deputy Bernard J. Durkan** asked the Minister for Health the extent to which he expects to be in a position to implement the recommendations of the Sláintecare report; the time-frame for same; if a specific audit is intended to identify deficiencies in the delivery of health services in general with particular reference to the identification of such issues thereby ensuring a more efficient and effective delivery of services in the future with consequential benefit for patients and staff; and if he will make a statement on the matter. [40911/17]

Minister for Health (Deputy Simon Harris): The Government is committed to making tangible and sustainable improvements in our health services and the Sláintecare report now provides a framework and a direction of travel to do this. As part of its work, the Oireachtas Committee on the Future of Healthcare undertook significant consultation and engagement with a broad range of stakeholders to enable it to consider all relevant issues, to understand the

national and international evidence and to reflect the experience of those involved in, working in and using health services. We have a level of consensus and support for the vision and strategic direction outlined in the report that is unprecedented. I am determined to harness this and to work with colleagues across the political spectrum and with all stakeholders to move forward now on this very important agenda.

The Government has already given its approval to move ahead with the establishment of a Sláintecare programme office. This office will be tasked with implementing a programme of reform, as agreed by Government, arising from the Sláintecare Report.

In parallel, work is underway in my Department to develop a detailed response to the report for consideration by Government in December.

We all know that there will be significant challenges to overcome in what will need to be a deep and systemic change in our healthcare system. But we don't have a choice. And we need to begin this change process now. This is one of the key priorities for the Government, and the focus now must be on ensuring that the implementation phase is properly designed and that a clear implementation plan is developed as quickly as possible.

Infectious Diseases

30. **Deputy Eamon Scanlon** asked the Minister for Health the supports in place for persons with Lyme disease; and if he will make a statement on the matter. [40976/17]

Minister for Health (Deputy Simon Harris): Lyme disease (also known as Lyme borreliosis) is an infection caused by a spiral-shaped bacterium called *Borrelia burgdorferi*. It is transmitted to humans by bites from ticks infected with the bacteria. The Health Protection Surveillance Centre (HPSC) of the HSE has extensive information concerning Lyme disease on its website www.hpsc.ie/a-z/vectorborne/lymedisease/.

Lyme borreliosis can be asymptomatic or have a range of clinical presentations. Current best advice is that diagnosis should be made only after careful examination of the patient's clinical history, physical findings, laboratory evidence and exposure risk evaluation. Exposure to ticks prior to disease manifestations is necessary for the diagnosis of Lyme borreliosis. Since an awareness or recollection of a tick-bite is not always present, however, this should not exclude the diagnosis of Lyme borreliosis. Later stages require the use of antibody detection tests (or advanced DNA detection techniques). Testing for Lyme Disease is provided routinely by all major, regional hospitals in Ireland. In undertaking Lyme testing, it is essential that the results are interpreted in the light of the clinical condition of the patient. If the result of this initial screen is equivocal, the patient's samples are referred to the U.K.'s Rare and Imported Pathogens Laboratory Service of Public Health England in Porton Down facility which uses a two-tier system recommended by American and European authorities. This involves a screening serological test followed by a confirmatory serological test.

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, then management of patients can be undertaken by Infectious Disease consultants in our regional hospitals when intravenous antibiotics may be considered as a method of treatment.

There is no controlled evidence that viable *Borrelia burgdorferi* persists in patients with prolonged, subjective symptoms following confirmed Lyme disease. Fatigue, pain and cognitive impairment are the primary complaints among patients who claim to be suffering long

term effects. However, these symptoms are very common in the general population, and the evidence does not show that they occur any more commonly in patients with a history of Lyme disease. The diverse nature of these symptoms, which can have both physical and psychological causes, are shared by many conditions which has implications for both diagnostic and treatment services. Misinformation concerning the long term effects of Lyme disease is causing real harm to people who seek inappropriate treatments for real conditions who are advised to seek information and advice from their family doctor.

HSE Waiting Lists

31. **Deputy Brendan Smith** asked the Minister for Health if additional resources will be provided to the HSE north east to reduce waiting lists for orthopaedic assessments and procedures in view of delays in counties Cavan and Monaghan accessing such services; and if he will make a statement on the matter. [40900/17]

Minister for Health (Deputy Simon Harris): I acknowledge that waiting times are often unacceptably long and I am conscious of the burden that this places on patients and their families.

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.

In order to reduce the numbers of long-waiting patients, I asked the HSE to develop Waiting List Action Plans for 2017 in the areas of Inpatient/Daycase, Scoliosis and Outpatient Services. The Inpatient/Daycase Action Plan is being delivered through a combination of normal hospital activity, as well as insourcing and outsourcing initiatives utilising NTPF funding. Under the Inpatient/Daycase Plan, since early February, over 23,800 patients have come off the Inpatient/Daycase Waiting List.

The NTPF has advised that to date 5,901 patients have been authorised for treatment in private hospitals under its Initiatives, 2,235 patients have accepted an offer of treatment in a private hospital and that 1,112 patients have received their procedure. The NTPF has also indicated that 2,841 patients have been authorised for treatment in public hospitals under the Plan's insourcing initiatives, 910 offers of treatment have been accepted and 285 patients have been treated. Long-waiting orthopaedic patients are receiving treatment under the insourcing initiative.

Under the Outpatient Plan, since early February, more than 84,200 patients have come off the Outpatient Waiting List.

HSE Reviews

32. **Deputy Margaret Murphy O'Mahony** asked the Minister for Health the position regarding the in depth review of the variation in waiting lists for early intervention and prevention services for children. [40945/17]

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.

Emergency Departments Data

33. **Deputy Lisa Chambers** asked the Minister for Health the number of persons that have presented at Mayo university hospital emergency department to date in 2017; if the numbers presenting are over the capacity of the emergency department; if so, the amount by which it is over capacity; and if he will make a statement on the matter. [40948/17]

185. **Deputy Lisa Chambers** asked the Minister for Health the number of persons that have presented at Mayo university hospital emergency department from 1 January 2017 to 31 August 2017; if the numbers presenting are over the capacity of the emergency department; if so, the amount by which it is over capacity; and if he will make a statement on the matter. [41090/17]

Minister for Health (Deputy Simon Harris): I propose to take Questions Nos. 33 and 185 together.

Recently published HSE data shows that at the end of June 2017 there were 18,173 emergency presentations at Mayo University Hospital, a reduction of 2.3% when compared with the same period last year.

In line with this, recent HSE data shows a 41% reduction in trolley numbers at the Hospital in comparison with the same period in 2016.

In compliance with the Escalation Directive, all Hospitals with Emergency Departments have contingency plans in place, to be implemented as required in times of high demand.

HSE Staff Data

34. **Deputy Maureen O'Sullivan** asked the Minister for Health the number of addiction counsellors employed by the HSE drug treatment service in 2007; the number of addiction counsellors employed by the HSE in the first half of 2017; the number of counsellors employed in the community and voluntary sectors in 2007; and number employed in 2017 by county. [41000/17]

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

HSE Properties

35. **Deputy Fiona O'Loughlin** asked the Minister for Health the timeframe for the refurbishment to the HSE-owned property on Drogheda Street, Monasterevin, County Kildare; and if he will make a statement on the matter. [40895/17]

80. **Deputy Fiona O'Loughlin** asked the Minister for Health the delays that are preventing

the completion of the refurbishment to the HSE-owned property on Drogheda Street, Monasterevin, County Kildare; and if he will make a statement on the matter. [40896/17]

Minister for Health (Deputy Simon Harris): I propose to take Questions Nos. 35 and 80 together.

Your question has been referred to the Health Service Executive for direct reply as the management of the healthcare property estate is a service matter.

HSE Waiting Lists

36. **Deputy Seán Haughey** asked the Minister for Health the measures being taken to reduce the long waiting times for primary care ophthalmology appointments being experienced by persons under 18 in the Dublin north central local health area. [40965/17]

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

HSE Funding

37. **Deputy Joan Burton** asked the Minister for Health the position regarding section 39 organisations, for example, hospices, in which staff took pay cuts during the financial emergency; if funding will be provided to ensure their pay is restored in line with section 38 organisations for staff enjoying the same terms and conditions as civil and public servants; and if he will make a statement on the matter. [40357/17]

Minister for Health (Deputy Simon Harris): Section 39 of the Health Act 2004, provides that the HSE may ‘...give assistance to any person or body that provides or proposes to provide a service similar or ancillary to a service that the Executive may provide.’. Such assistance may range from contributing to the expenses incurred by that person or body to allowing them the use of an HSE premises. Financial assistance is provided in the form of a grant and the value of such grants can vary from very high to very low value.

Where the HSE provides a grant to a voluntary provider under Section 39, the HSE puts in place a Service Level Agreement with the provider. This sets out the level of service to be provided for the grant which they receive. It is important to note that any individuals employed by these section 39 organisations are not HSE employees. The HSE has no role in determining the salaries or other terms and conditions applying to these staff. It is an accepted fact that the staff of these Section 39 organisations are not public servants. This means that they were not subject to the FEMPI legislation which imposed pay reductions or the provisions of the subsequent Public Service Agreements which provide for pay restoration.

It is a matter for Section 39 organisations to negotiate salaries with their staff as part of their employment relationship and within the overall funding available for the delivery of agreed services.

Occupational Therapy Waiting Lists

38. **Deputy Barry Coven** asked the Minister for Health the way in which it is proposed to reduce the long waiting times being experienced by children in counties Laois and Offaly that

are in need of an assessment for occupational therapy. [40972/17]

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.

Hospital Waiting Lists

39. **Deputy Clare Daly** asked the Minister for Health if his attention has been drawn to the establishment of a “lets buy healthcare” scheme to purchase private healthcare for procedures that are not being carried out in the public system due to large waiting lists; and if he will make a statement on the matter. [40784/17]

Minister for Health (Deputy Simon Harris): It has recently come to the attention of my Department that a new commercially operated scheme entitled ‘Lets Buy Healthcare’ has been established.

I acknowledge that waiting times are often unacceptably long and I am conscious of the burden that this places on patients and their families.

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.

In order to reduce the numbers of long-waiting patients, I asked the HSE to develop Waiting List Action Plans for 2017 in the areas of Inpatient/Daycase, Scoliosis and Outpatient Services. The Inpatient/Daycase Action Plan is being delivered through a combination of normal hospital activity, as well as insourcing and outsourcing initiatives utilising NTPF funding. Under the Inpatient/Daycase Plan, since early February, over 23,800 patients have come off the Inpatient/Daycase Waiting List.

The NTPF has advised that to date 5,901 patients have been authorised for treatment in private hospitals under its Initiatives, 2,235 patients have accepted an offer of treatment in a private hospital and that 1,112 patients have received their procedure. The NTPF has also indicated that 2,841 patients have been authorised for treatment in public hospitals under the Plan’s insourcing initiatives, 910 offers of treatment have been accepted and 285 patients have been treated.

Hospital Deaths

40. **Deputy Clare Daly** asked the Minister for Health his views on the recent recommendation by a person (details supplied) that all direct maternal deaths in hospitals be subject to external review; and if he will make a statement on the matter. [40785/17]

Minister for Health (Deputy Simon Harris): My Department requested the HSE National Women & Infants Health Programme and Quality Assurance and Verification Division to review the National Maternity Hospital’s investigation into a maternal death at the hospital, which occurred in May 2016. I can confirm that this review has now been received and is under consideration. The review remains confidential. Accordingly, it would not be appropriate to make any comment on this matter at this stage.

Hospital Groups

41. **Deputy Jackie Cahill** asked the Minister for Health his plans to remove South Tipperary General Hospital from the South South West Hospital Group. [40959/17]

Minister for Health (Deputy Simon Harris): I have no plans to move South Tipperary General Hospital out of the South South West Hospital Group.

As the Deputy may be aware, the report of the cross-party Committee on the Future of Healthcare was published on 1 June last. It made a number of recommendations in relation to Hospital Groups, including consideration of the current alignment of hospital groups and CHOs. I am giving consideration to these recommendations and possible future actions as part of wider consideration of the Slaintecare report. It is expected that a detailed response to the report will be submitted to Government in December. Any changes to the composition of Hospital Groups will be subject to my approval.

Hospitals Building Programme

42. **Deputy John Lahart** asked the Minister for Health the position regarding the construction of the proposed national children's hospital satellite centre in Tallaght. [40954/17]

Minister for Health (Deputy Simon Harris): The new children's hospital on a campus shared with St James's Hospital will provide specialist and complex care for children and young people from all over Ireland, and with the Paediatric OPD and Urgent Care Centres at Connolly and Tallaght Hospitals, will be the regional hospital for the children of the Greater Dublin area, as well as Wicklow, Kildare and parts of Meath.

On 26 April 2017 the Government approved the investment required to enable the National Paediatric Hospital Development Board to award the construction contracts for the building of the main children's hospital on the St James's Hospital campus and the two Paediatric Outpatients and Urgent Care Centres on the Tallaght and Connolly Hospitals campuses. The construction contract for the building of the main children's hospital and the satellite centres contract were signed in August. Confirmed dates for completion of the development of the new children's hospital and the paediatric outpatients and urgent care centres have now been agreed with the preferred contractor. The new children's hospital will be completed by the middle of 2022. The Paediatric Outpatients and Urgent Care Centre at Connolly will open in 2019 followed by the second one at Tallaght in 2020 in advance of the opening of the main hospital in 2022. Site preparatory work has continued throughout the year and the construction phase of the project has now commenced.

The Paediatric Outpatient and Urgent Care Satellite Centres at Tallaght and Connolly Hospitals will improve geographic access to urgent care for children in the Greater Dublin Area. The two centres will support primary and community care through the provision of general community and paediatric clinics, including developmental paediatrics, multidisciplinary care for children with chronic stable conditions and other outpatient services. The centres will help to reduce Emergency Department and outpatient attendance at the new children's hospital on a campus shared with St James's.

Each Paediatric OPD and Urgent Care Centre will provide consultant-led urgent care, with 4-6 hour observation beds, appropriate diagnostics and secondary outpatient services including rapid access general paediatric clinics as well as child sexual abuse unit examination, observation and therapy rooms. Each centre is projected to deal with 25,000 urgent care and 15,000

outpatient attendances every year.

The centres will be open during the known busiest daytime and evening hours and closed during the night when departments are at their quietest. It is anticipated that the Paediatric OPD and Urgent Care Centres at Tallaght and Connolly will open from 08.00 to 24.00, diagnostic services from 08.00 to 20.00 and outpatient services from 08.00 to 18.00.

Occupational Therapy Waiting Lists

43. **Deputy Dara Calleary** asked the Minister for Health the way in which it is proposed to reduce the long waiting times being experienced by children in County Mayo that are in need of an assessment for occupational therapy. [40981/17]

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.

Cannabis for Medicinal Use

44. **Deputy Bríd Smith** asked the Minister for Health the way in which the compassionate access programme to medicinal cannabis will help persons that can access medicinal cannabis in other European jurisdictions but not currently here; and if he will make a statement on the matter. [40920/17]

Minister for Health (Deputy Simon Harris): In February, I published the Health Products Regulatory Authority's (HPRA) report 'Cannabis for Medical Use – A Scientific Review'. On foot of the HPRA's conclusions I announced that I would establish a cannabis for medical use access programme, for patients under the care of a consultant, for the following medical conditions:

- spasticity associated with multiple sclerosis resistant to all standard therapies;
- intractable nausea and vomiting associated with chemotherapy, despite the use of standard anti-emetic regimes;
- severe, refractory (treatment-resistant) epilepsy.

An expert group, chaired by Dr Mairín Ryan from HIQA was established in March to develop the operational, clinical and practice guidelines for this access programme.

The Expert Group conducted a targeted consultation on the draft guidelines and is due to finalise these guidelines shortly. Officials in my Department are working on secondary legislation to underpin the programme and on the logistics of sourcing suitable cannabis-based product supplies for the Irish market place.

Under the Cannabis Access Programme it will be the decision of a clinician, in consultation with their patient and the patient's carers, as to the appropriate course of treatment for that patient. The Cannabis Access Programme is intended for patients who are resident in Ireland and who are under the care of an Irish-based consultant. However, where patients move from the care of a clinician in one jurisdiction, e.g. abroad, to that of another clinician in another jurisdiction, e.g. in Ireland, clinical treatment plans for such patients should be determined and directed between clinicians through normal healthcare professional communication pathways,

regardless of where those clinicians are located. The sharing of such clinical information could help to ensure the treating consultant in Ireland has access to relevant professionally documented clinical and medication history for the patient they are treating and could assist in that consultant's clinical decision making process.

Any consultant requiring information or clarification in relation to the Cannabis Access Programme, he or she should contact my Department directly.

Orthodontic Services Waiting Lists

45. **Deputy Niamh Smyth** asked the Minister for Health if he will address the waiting times for children waiting for orthodontic treatment; and if he will make a statement on the matter. [40766/17]

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

Disabilities Assessments

46. **Deputy Darragh O'Brien** asked the Minister for Health the way in which it is proposed to reduce the number of overdue assessments of need under the Disability Act 2005 in the Dublin north local health area. [40982/17]

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 Practitioner Services Provision

47. **Deputy Billy Kelleher** asked the Minister for Health when he plans to further extend eligibility for free general practitioner care. [40940/17]

Minister for Health (Deputy Simon Harris): The introduction of GP care without fees to all people over 70 and all children under 6 years of age which commenced in 2015 represents a major step forward in improving access, quality and affordability of health care in Ireland. The Programme for Government commits to extending in phases, and subject to negotiation with GPs, free GP care to all children under 18 years of age.

Legislative changes will be required for any such extension of GP care without fees to further cohorts of the population and the timetable is subject to the outcome of discussions with GP representatives on this and other contractual matters which are currently underway. As with any negotiation-type process, and given the range and complexity of the issues to be discussed, the engagement may take some time.

Hospital Facilities

48. **Deputy John Brassil** asked the Minister for Health if he will report on the provision of a dedicated obstetric theatre at university hospital Kerry. [40947/17]

Minister for Health (Deputy Simon Harris): In relation to the specific case raised, I have asked the HSE to respond to you directly.

Hospital Waiting Lists

49. **Deputy Louise O'Reilly** asked the Minister for Health if his attention has been drawn to the increase in the waiting list figures as reported by the NTPF recently; his plans to address this matter; and if he will make a statement on the matter. [40777/17]

Minister for Health (Deputy Simon Harris): I acknowledge that waiting times are often unacceptably long and I am conscious of the burden that this places on patients and their families.

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.

In order to reduce the numbers of long-waiting patients, I asked the HSE to develop Waiting List Action Plans for 2017 in the areas of Inpatient/Daycase, Scoliosis and Outpatient Services. The Inpatient/Daycase Action Plan is being delivered through a combination of normal hospital activity, as well as insourcing and outsourcing initiatives utilising NTPF funding. Under the Inpatient/Daycase Plan, since early February, over 23,800 patients have come off the Inpatient/Daycase Waiting List.

The NTPF has advised that to date 5,901 patients have been authorised for treatment in private hospitals under its Initiatives, 2,235 patients have accepted an offer of treatment in a private hospital and that 1,112 patients have received their procedure. The NTPF has also indicated that 2,841 patients have been authorised for treatment in public hospitals under the Plan's insourcing initiatives, 910 offers of treatment have been accepted and 285 patients have been treated.

Under the Outpatient Plan, since early February, more than 84,200 patients have come off the Outpatient Waiting List .

Hospitals Data

50. **Deputy Lisa Chambers** asked the Minister for Health the number of surgeries that have been cancelled at Mayo university hospital from 1 January 2017 to 31 August 2017, by month; the type of surgery involved; if it was elective surgery or not; and if he will make a statement on the matter. [40949/17]

Minister for Health (Deputy Simon Harris): I fully acknowledge the distress and inconvenience for patients and their families when elective procedures are cancelled.

Maintaining scheduled care access for all patients is a key priority for hospitals, and balancing this with emergency demand at times is challenging. However, all efforts are made by hospitals to limit cancellations particularly for clinically urgent procedures.

Cancellation of elective procedures can occur for a variety of exceptional reasons including cancellations because a bed or the clinical team are not available, cancellations by the patient or because the patient may not be fit for surgery at the time.

Based on data provided by the NTPF, collated from reports by hospitals, approximately 3,400 elective procedures, on average, are cancelled per month. However, this must be seen in context. In 2016, typically in a month, there were approximately 53,000 admissions to acute hospitals on a daycase and an inpatient basis.

It is essential that hospitals continue to improve how they manage, and balance, the demand for emergency care with the planning of elective procedures, to minimise the impact on patients. In addition, the HSE continues to improve its processes to minimise the number sessions lost when patients cancel or do not attend for their procedures.

The Department of Health has commenced a Health Service Capacity review in line with the Programme for Government commitment, the findings of which are due to be published before the end of the year.

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

HSE Staff Data

51. **Deputy Eugene Murphy** asked the Minister for Health the number of agency and bank staff employed by the HSE in each CHO area in tabular form. [40788/17]

Minister for Health (Deputy Simon Harris): I have asked the HSE to respond to the Deputy directly on this matter.

Autism Support Services

52. **Deputy Éamon Ó Cuív** asked the Minister for Health if he will report on the services being provided for adults with autism and intellectual disabilities in County Galway; and if he will make a statement on the matter. [40951/17]

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.

Medicinal Products Availability

53. **Deputy John Curran** asked the Minister for Health the position regarding persons that have been using the drug, Respreeza, for many years and that will now be refused this drug; the

care or support he plans to offer these persons; and if he will make a statement on the matter. [40775/17]

Minister for Health (Deputy Simon Harris): The HSE has carefully considered the pricing and reimbursement of human alpha1-proteinase inhibitor (Respreeza) through its decision making processes which are aligned with the statutory criteria set out in the Health (Pricing and Supply of Medical Goods) Act 2013.

Following a detailed review process over the past 18 months, the HSE has written to CSL Behring, the manufacturers of human alpha1-proteinase inhibitor, advising them that the HSE will not support reimbursement at this time.

The HSE concluded that there is not enough evidence to suggest that patients will derive a clinically meaningful benefit from this treatment.

The HSE was also required to consider cost effectiveness and deemed that the current price was not a cost effective use of resources.

I am aware that there are a number of patients on a compassionate access scheme which is operated by CSL Behring and that the company is planning to terminate access to this treatment scheme.

I consider this action by the company as unethical and as I have stated previously, there should be no link between compassionate use schemes and reimbursement decisions and manufacturers should be frank with patients and clinicians on the operation of such schemes.

On my request, the HSE has sought assurances from the hospital that appropriate care arrangements are in place in the event that the access programme is discontinued, and that appropriate ethical guidelines have been and continue to be followed in relation to all aspects of the clinical trial and access programme.

It is the responsibility of both the company and the investigator (clinician) to ensure that they have considered and made arrangements for the patients, including in circumstances where the product is not reimbursed by the HSE. I would expect that the company would honour any commitments made to patients in this regard.

National Maternity Hospital Expenditure

54. **Deputy Bríd Smith** asked the Minister for Health if he will clarify reports on the funding status for the new maternity hospital; and if he will make a statement on the matter. [40918/17]

Minister for Health (Deputy Simon Harris): The Government is fully committed to proceeding with and completing the new National Maternity Hospital, which is a vital project for women and babies in Ireland. This project constitutes the largest single investment ever to be made in maternity services in Ireland. The new development will cater for up to 10,000 births per annum and will include state of the art obstetrics, neonatal and gynaecology care facilities.

Now that planning permission has been granted, the project will move to tender. The final cost of the project will become clearer once the tender process is complete. The mid-term capital review is underway. As part of this planned process, my Department has sought funding for existing and additional projects, including the new National Maternity Hospital, as have other departments as part of the normal process.

Medicinal Products Availability

55. **Deputy Billy Kelleher** asked the Minister for Health his views on the recent assertion that Irish persons have the worst access to newly launched medicines. [40941/17]

Minister for Health (Deputy Simon Harris): Medicines play a vital role in improving the overall health of Irish patients. Securing affordable access to existing and new medicines in a timely manner is a key objective of the Irish Health Service. However, the challenge is delivering on this objective in an affordable and sustainable way in line with the resources allocated by the Dáil and the relevant legislative provisions. Expenditure on medicines represents one of the largest areas of expenditure across the health service and will continue to grow in the years ahead as our health service continues to meet the needs of our citizens.

Under the community pharmacy schemes over 70 million prescription items will be dispensed in 2017 at an estimated cost of approximately €1.7 billion - taking account of fees and ingredient cost. In addition, the HSE will spend in excess of €0.5 billion on medicines in our hospitals, nursing homes and other settings. Expenditure on the high tech scheme, the scheme through which the majority of new medicines are funded, has increased by over 80% since 2012, and will continue to increase significantly in 2018 as demand for existing treatments grows and new drugs are approved by the HSE. Since 1 August 2016, the HSE advise that 36 new treatments have been made available to Irish patients.

The Department and the HSE are engaging in a number of initiatives which have lead and will continue to lead to better access to medicines for patients, value for the taxpayer and the cost- effective provision of medicines in Ireland. Key initiatives include reference and generic substitution, under the Health (Pricing and Supply of Medical Goods) Act 2013, the four year Framework Agreement on the Supply and Pricing of Medicines with IPHA, the Medicines Management Programme and National Drugs Management Programme within the HSE, and the development of a National Biosimilar Medicines Policy. Ireland is also participating in a number of voluntary EU forums to explore possible areas for collaboration including price negotiations and joint procurement.

However, access to medicines is not solely a funding issue. A significant barrier to accessing new medicines is the price being sought by some manufacturers for their products. The solution to increased access is multi-faceted and is not simply a matter of allocating more funding for medicines at the expense of other health or public services. The health service must continue to seek better value and lower costs for both existing and new treatments.

The HSE has statutory responsibility for decisions on pricing and reimbursement of medicines under the community drugs schemes, in accordance with the Health (Pricing and Supply of Medical Goods) Act 2013. This Act gives full statutory powers to the HSE to assess and make decision on the reimbursement of medicines, taking account of expert opinion as appropriate. There is also an increased level of engagement and commercial negotiations between the HSE and manufacturers in an effort to reduce the price to affordable levels. So while this process is resource intensive, it is clear that as a result of such a robust and scientific process, Ireland is paying significantly less for medicines and the ability to invest is enhanced.

Hospital Waiting Lists Action Plans

56. **Deputy Louise O'Reilly** asked the Minister for Health the reason the scoliosis waiting list targets were missed; the steps he is taking to address the problem; and if he will make a statement on the matter. [40780/17]

Minister for Health (Deputy Simon Harris): The HSE is actively implementing the action plan they developed to ensure that no child will be waiting over 4 months by year end and are focussed on maximising all available capacity both internally and externally to achieve this target.

Additional nurses are now in post in both Crumlin and Temple Street. An additional consultant orthopaedic surgeon commenced in Crumlin in early September. Up to 22 September the two children's hospitals have already exceeded the number of surgeries undertaken in the whole of last year. Since February 2017, patients are also being transferred for treatment to the Mater, Cappagh, and Stanmore in the UK. To date, 23 surgeries have been completed in these hospitals.

The HSE has completed an international tender for paediatric spinal fusion procedures and three hospitals have been successful. These hospitals will commence patient reviews immediately with a view to commencing treatment in October 2017 for patients whose families take up the offer of having procedures carried out in overseas hospitals.

National Maternity Strategy Implementation

57. **Deputy Niamh Smyth** asked the Minister for Health the position regarding introducing the 20-week maternity scan into Cavan general hospital; the work which has been carried out to date; the timeframe for its introduction; and if he will make a statement on the matter. [40765/17]

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. The Strategy will be implemented on a phased basis and this work will be led by the HSE National Women and Infants Health Programme. Indeed, the issue of anomaly scanning is a priority issue for the Programme and, accordingly, it will develop clinical guidance regarding routine detailed scans at 20 weeks. In the meantime, the Programme 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.

HSE Expenditure

58. **Deputy Billy Kelleher** asked the Minister for Health if reports that the HSE is facing a projected €300 million financial deficit this year are accurate; and the action that will be taken to address this. [40942/17]

Minister for Health (Deputy Simon Harris): To end June the HSE is reporting net ex-

penditure of €6,959.1m, which is €132.9m (1.95%) over profile. This variance includes €33m for the central pay decision on the early payment of the Landsdowne Road Agreement (LRA) which is not yet funded by Government. Excluding this issue, the variance is €99.8m.

While made up of offsetting surpluses and deficits, a large proportion of the overall reported deficit arises in Acutes (€104m) and Disability (€15m) Services. The underlying deficit in Acutes division is substantially reflected in non-pay categories and comprises increased volume and complexity of activity, non-achievement of savings targets, and a shortfall in income, while the deficit in the Disability division is predominantly a result of regulatory compliance, emergency placements and the non-achievement of targeted savings.

In addition, payments in relation to the State Claims Agency, spending on which is always difficult to predict, account for €24m of the deficit at the end of June.

The non-achievement to date of targeted savings is under examination. There will always be a requirement for effective management of overall resources particularly since health care demands continue to rise due to our growing and ageing population, the increasing incidence of chronic conditions, and advances in medical technologies and treatments. The HSE has used its Performance and Accountability Framework to identify actions to be undertaken, at both the centre and local level, to reduce the overspend. These include the issuance of performance notices, an examination of the drivers the overspend, and the mandated production of savings plans and targets.

The high level of variance against profile to end June is of significant concern and my Department is engaging closely with the HSE to ensure that every effort is made to maximise cost containment and cost avoidance measures and identify a series of mitigating actions that do not impact on the ability of the HSE to deliver on the planned activity levels set out in the NSP 2017.

While it is anticipated that there may be some areas that will experience overruns in 2017, it is too early yet to be definitive in terms of the final outturn for the health services at year end.

Medicinal Products Reimbursement

59. **Deputy Gino Kenny** asked the Minister for Health the circumstances in which the drug, Vimizin, a treatment for those that suffer from the rare disease Morquio, has been refused funding by the HSE; and if he will make a statement on the matter. [40922/17]

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

The HSE issued a Notice of Proposal not to support reimbursement of Elosulfase alfa (Vimizim) to the manufacturer BioMarin in June 2017.

The Health (Pricing and Supply of Medical Goods) Act 2013 allows suppliers at least 28 days in which to make representations on any proposed decision.

Those representations have been received and are being considered carefully by the HSE.

Until such time as the process has concluded and a formal decision has been communicated to BioMarin, the application for reimbursement remains under consideration.

Hospitals Building Programme

60. **Deputy Martin Heydon** asked the Minister for Health the position regarding an application (details supplied) for an extension at Naas General Hospital in view of the need for these services in the Kildare west Wicklow region and the support of the hospital group; and if he will make a statement on the matter. [40999/17]

Minister for Health (Deputy Simon Harris): My Department's mid-term review submission includes this project and many others. Funding for this project will be considered in the context of the future capital envelope for the health service and the overall priorities for future service development in the Dublin Midlands Hospital Group.

Question No. 61 answered with Question No. 13.

HSE Waiting Lists

62. **Deputy Thomas P. Broughan** asked the Minister for Health the measures he is taking to address the waiting lists for eye procedures; and if he will make a statement on the matter. [40790/17]

Minister for Health (Deputy Simon Harris): I acknowledge that ophthalmology waiting times are often unacceptably long and I am conscious of the burden that this places on patients and their families.

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.

In order to reduce the numbers of long-waiting patients, I asked the HSE to develop Waiting List Action Plans for 2017 in the areas of Inpatient/Daycase, Scoliosis and Outpatient Services. The Inpatient/Daycase Action Plan is being delivered through a combination of normal hospital activity, as well as insourcing and outsourcing initiatives utilising NTPF funding. Under the Inpatient/Daycase Plan, since early February, over 23,800 patients have come off the Inpatient/Daycase Waiting List.

The NTPF has advised that to date 5,901 patients have been authorised for treatment in private hospitals under its Initiatives, 2,235 patients have accepted an offer of treatment in a private hospital and that 1,112 patients have received their procedure. The NTPF has also indicated that 2,841 patients have been authorised for treatment in public hospitals under the Plan's insourcing initiatives, 910 offers of treatment have been accepted and 285 patients have been treated. Long-waiting Ophthalmology patients are a core group who are receiving treatment under these Initiatives.

Under the Outpatient Plan, since early February, more than 84,200 patients have come off the Outpatient Waiting List.

The Report of the HSE-led Primary Care Eye Services Review Group was published in June 2017. The Review Group determined that there is a need to move from community ophthalmic physicians managing all primary care referrals to a model centred on a multi-disciplinary Primary Eye Care Team and also for the Primary Care Eye Team to liaise closely with the local hospital ophthalmic service to ensure that all patients are managed within the most appropriate clinical service and location.

Medicinal Products Availability

63. **Deputy Eugene Murphy** asked the Minister for Health when the freestyle Libre system will be made available under the LTI scheme for persons with diabetes; if availability will not be restricted only to persons with type 1 diabetes but will be made available to all persons on multi-daily insulin injections based on clinical need; and if he will make a statement on the matter. [40776/17]

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 Staff

64. **Deputy Bríd Smith** asked the Minister for Health the way in which he plans to ensure that staffing levels in public hospitals are adequate in view of the fact that existing pay and conditions are failing to retain the necessary numbers; and if he will make a statement on the matter. [40919/17]

Minister for Health (Deputy Simon Harris): The recruitment and retention of hospital staff is a priority for the HSE, my Department, and for me. As set out in its *Statement of Strategy 2016-2019*, my Department has committed to developing a national strategic framework for health workforce planning, in collaboration with Government Departments and agencies. During 2016, my Department convened a Cross-sectoral Steering Group to develop a national strategic framework for health workforce planning. A consultation draft of the framework was completed in mid-2017 and was subject to a stakeholder consultation process over the summer. Submissions received as part of this consultation process have been considered by the Steering Group and the draft Framework has been updated accordingly. I expect to receive the final version of the Framework shortly, accompanied by a high-level implementation plan.

It is Government policy to move to a consultant delivered service. While there are difficulties in filling posts in certain specialties and locations, the number of consultants employed in the public health system continues to increase year on year. At the end of July 2017 there were 2,892 whole time equivalents, an increase of 105 compared with the end July 2016 number and an increase of over 700 in the past decade. The HSE has been focused on addressing issues associated with the creation and approval of consultant posts and successful recruitment. It is now giving effect to the report 'Towards Successful Consultant Recruitment, Appointment and Retention', completed in December 2016. The number of NCHDs has also increased significantly given service demands and the need to progress compliance with the provisions of the European Working Time Directive. Similar to consultants, recruitment to certain specialties, e.g. surgery and paediatrics, is challenging. At the end of July 2017 there were 5,962 whole time equivalent NCHDs, an increase of 178 compared with the end of July 2016 number and an increase of over 1,100 in the past decade.

Recruitment of nurses and midwives is a key priority this year. The HSE has been focused on increasing nursing numbers over the past two years as the budgetary position has improved. The number of nursing and midwifery staff stood at 36,278 in August 2017; this is an increase of 739 whole time equivalents in the past 12 months, notwithstanding intense global competition for our nurses and midwives. The HSE has developed a fully funded workforce plan for an additional 1,224 nursing/midwifery posts in 2017 as provided for in the agreement reached

with the nursing unions last February on recruitment and retention. These posts are being filled through a broad range of initiatives including the conversion of agency employed staff into HSE direct employees, national recruitment campaigns and offering all graduating nurses and midwives full time contracts. Key measures to retain nursing and midwifery staff include the creation of new development specialist posts, a unified approach to recruitment across hospitals and offering nurses and midwives improved educational opportunities and career pathways.

The Report of the Public Service Pay Commission identified problems in recruitment and retention in specific and specialist groups that are internationally in demand particularly in the health sector. Following the ratification of the Public Service Stability Agreement, the Commission will now carry out a more comprehensive examination of underlying difficulties in recruitment and retention in those sectors and employment streams where difficulties are clearly evident. The Commission is committed to reporting on medical and nursing grades in 2018. The outcome of its assessment will be subject to discussions between the relevant parties.

Respite Care Services Provision

65. **Deputy Mick Wallace** asked the Minister for Health if his attention has been drawn to the recently published scorecard on the national carers' strategy which classified respite care as regressive meaning that the situation has worsened since the national carers' strategy was launched, in view of the commitments outlined in the programme for partnership Government to the principle of equality of opportunity and improving the quality of life for persons with disabilities; if his attention has been further drawn to issues with the provision of respite care and residential care in County Wexford; and if he will make a statement on the matter. [40772/17]

Minister of State at the Department of Health (Deputy Finian McGrath): The National Carers' Strategy was published in 2012, and includes 42 action areas under four national goals. One of these goals is to empower carers to participate as fully as possible in economic and social life and an objective under this goal is to enable carers to have access to respite breaks. The Department of Health collates an annual report on the progress made by all Government Departments and their Agencies in implementing the Strategy, which is to be implemented on a cost neutral basis. The fourth progress report, for the period September 2015 to December 2016, was published earlier this year.

In relation to respite, the report notes that "Respite service needs are addressed on an individualised case by case basis and can include planned and emergency respite care options in the home, community and residential settings including services provided by non-statutory organisations. The respite service is not a demand led scheme and the HSE must deliver services within budget." The HSE has established a respite review group to establish the levels of respite services provided and to consider future performance indicators for the services.

The National Carers Strategy Monitoring Group, established by Family Carers Ireland publishes an annual scorecard on the impact that implementation of the 42 actions in the Strategy is having on family carers' lives. Its most recently published Scorecard and, in relation to respite, it continues to report the situation as regressive. The report points out that the 2016 HSE Annual Report confirms a reduction of over 4,000 respite overnights delivered.

In the context of disability services, there are a number of factors impacting on capacity. A significant number of respite beds have to be utilised where admission is unplanned leading to the number of available respite nights being down against planned activity. In addition, within the regulatory and policy context, the manner in which residential and respite services is provided has also changed, as Agencies comply with regulatory standards. Capacity has generally

decreased with requirements for personal and appropriate space. In some situations beds are no longer available. For instance, they may be vacated by residents who go home at weekends or for holidays and can no longer be used for respite. Implementation of the national policy on congregated settings is also affecting available capacity.

In the HSE's Social Care Operational Plan for 2017, 6,320 people with a Disability are expected to avail of centre based respite services totalling 182,506 overnights. Based on existing levels of service and in addition to the centre-based respite service, it's planned that between 2,000 and 2,500 persons will avail of respite services such as holiday respite or occasional respite with a host family. It is also planned that based on existing levels of service, a further 41,100 day only respite sessions will be accessed by people with a disability.

In addition, the HSE has been funded to provide 185 new emergency residential placements and new home support and in-home respite for 210 additional people who require emergency supports has been allocated. This marks a significant change in the way that respite services are delivered.

The HSE continues to work with agencies to explore various ways of responding to this need in line with the budget available. As the Deputy's question concerning services in Co Wexford are a service matter, I have asked the HSE to respond directly to him.

HSE Waiting Lists

66. **Deputy Bernard J. Durkan** asked the Minister for Health the extent to which he is monitoring the waiting lists throughout the health services with particular reference to specific procedures such as miscellaneous orthopaedic, cardiac, neurological or other procedures, thereby alleviating pain and suffering on persons; if the utilisation of the treatment purchase scheme can be used to clear backlogs in the first instance, thereby facilitating smoothness and efficiency throughout the service; and if he will make a statement on the matter. [40912/17]

Minister for Health (Deputy Simon Harris): I acknowledge that waiting times are often unacceptably long and I am conscious of the burden that this places on patients and their families.

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.

In order to reduce the numbers of long-waiting patients, I asked the HSE to develop Waiting List Action Plans for 2017 in the areas of Inpatient/Daycase, Scoliosis and Outpatient Services. The Inpatient/Daycase Action Plan is being delivered through a combination of normal hospital activity, as well as insourcing and outsourcing initiatives utilising NTPF funding. Under the Inpatient/Daycase Plan, since early February, over 23,800 patients have come off the Inpatient/Daycase Waiting List.

The NTPF has advised that to date 5,901 patients have been authorised for treatment in private hospitals under its Initiatives, 2,235 patients have accepted an offer of treatment in a private hospital and that 1,112 patients have received their procedure. The NTPF has also indicated that 2,841 patients have been authorised for treatment in public hospitals under the Plan's insourcing initiatives, 910 offers of treatment have been accepted and 285 patients have been treated.

Under the Outpatient Plan, more that 84,200 patients have come off the Outpatient Waiting

List.

Ambulance Service Response Times

67. **Deputy Louise O'Reilly** asked the Minister for Health the steps he is taking regarding allegations by ambulance drivers that precious time is being lost by ambulances travelling to accidents and other emergencies due to the fact they are not fitted with satellite navigation equipment and advanced paramedics are instead having to use Ordnance Survey maps on their personal mobile phones due to the lack of an onboard navigation system. [40779/17]

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

Nursing Homes Support Scheme Administration

68. **Deputy Billy Kelleher** asked the Minister for Health when he expects to bring forward proposals on changing the nursing home support scheme. [40943/17]

Minister of State at the Department of Health (Deputy Jim Daly): 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.

When the NHSS commenced in 2009, a commitment was made that it would be reviewed after three years. The Report of the Review was published in July 2015. Arising out of the Review, a number of key issues have been identified for more detailed consideration across Departments and Agencies.

An Interdepartmental/Agency Working Group has been established to progress the recommendations contained in the Review. This Group is chaired by the Department of Health and includes representatives from the Department of the Taoiseach, the Department of Public Expenditure and Reform, the HSE, the Revenue Commissioners, and when required, the National Treatment Purchase Fund (NTPF). These recommendations include examining the treatment of business and farm assets for the purposes of the financial assessment element of the Scheme. The programme for a Partnership Government has also committed to reviewing the NHSS to remove any discrimination against small businesses and family farms. It is important to remember that the NHSS is largely underpinned by primary legislation and changes to the NHSS will require legislative implementation.

On this basis, I have requested legal advice from the office of the Attorney General regarding potential changes to the legislation that will address this matter. I have met with representatives from the I.F.A to discuss this matter and have apprised them of the current progress. I am committed to this review of the position with regard to family farms and small businesses for the purposes of the financial assessment of the scheme.

Primary Care Centres

69. **Deputy Michael McGrath** asked the Minister for Health the position regarding the

future of the health centre in Passage West, County Cork; and if services will continue to be provided in the local community. [40769/17]

Minister for Health (Deputy Simon Harris): As the HSE has responsibility for the provision, along with the maintenance and operation of Primary Care Centres and other Primary Care facilities, the Executive has been asked to reply directly to the Deputy.

Nursing Homes Support Scheme Review

70. **Deputy Martin Heydon** asked the Minister for Health the position regarding the work of the interdepartmental agency working group established to oversee the implementation of certain recommendations contained in the review of the fair deal scheme from July 2015, with specific reference to the recommendations relating to the financial assessment of family farms and small businesses; the expected timeframe for the completion of the work; and if he will make a statement on the matter. [40937/17]

Minister of State at the Department of Health (Deputy Jim Daly): 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.

When the NHSS commenced in 2009, a commitment was made that it would be reviewed after three years. The Report of the Review was published in July 2015. Arising out of the Review, a number of key issues have been identified for more detailed consideration across Departments and Agencies.

An Interdepartmental/Agency Working Group has been established to progress the recommendations contained in the Review. This Group is chaired by the Department of Health and includes representatives from the Department of the Taoiseach, the Department of Public Expenditure and Reform, the HSE, the Revenue Commissioners, and when required, the National Treatment Purchase Fund (NTPF). These recommendations include examining the treatment of business and farm assets for the purposes of the financial assessment element of the Scheme. The programme for a Partnership Government has also committed to reviewing the NHSS to remove any discrimination against small businesses and family farms. It is important to remember that the NHSS is largely underpinned by primary legislation and changes to the NHSS will require legislative implementation.

On this basis, I have requested legal advice from the office of the Attorney General regarding potential changes to the legislation that will address this matter. I have met with representatives from the I.F.A. yesterday evening to discuss various strategies that may assist with addressing their members concerns and have apprised them of the current progress. We agreed to meet again in the near future for further discussions. I am committed to this review of the position with regard to family farms and small businesses for the purposes of the financial assessment of the scheme.

Health Service Capacity Review

71. **Deputy Billy Kelleher** asked the Minister for Health the position regarding the bed capacity review. [40939/17]

72. **Deputy Thomas P. Broughan** asked the Minister for Health if he will report on the Health Service Capacity Review 2017; if the review is on course to be completed by the end of 2017; if the capacity review steering group has provided an interim report; and if he will make a statement on the matter. [40789/17]

Minister for Health (Deputy Simon Harris): I propose to take Questions Nos. 71 and 72 together.

Work on the Health Service Capacity Review is ongoing. The review is examining key elements of primary and community care capacity in addition to hospital capacity. As part of the review process, the Department has commissioned independent external consultants to provide technical, analytical and engagement expertise. A Steering Group is overseeing the project and an independent international peer review group is involved in ongoing review and validation of the methodology and approach. My Department has also undertaken a public consultation process to ensure that stakeholder views feed into the process and work is now underway in relation to analysing the submissions received.

The findings from the review will provide a basis for determining both the extent of capacity requirements over the next 15 years and the type of capacity that is needed at a national and regional level. It is expected that the review will be advanced sufficiently to inform the mid-term review of the capital programme and the development of a new 10 year capital plan later this year. A final report will be published before the end of the year. An interim report is not expected.

Medicinal Products Data

73. **Deputy Maureen O’Sullivan** asked the Minister for Health the number of persons being prescribed methadone in 2017; the number that have been prescribed methadone for more than ten years; and if, since the introduction of methadone in 1971, longitudinal research has been carried out to examine its effectiveness [41001/17]

Minister of State at the Department of Health (Deputy Catherine Byrne): Methadone maintenance treatment is a critical stabilising treatment that enables people involved to counter their problem drug use and to rebuild their lives. In conjunction with other services and supports such as counselling, after-care and training, methadone maintenance treatment provides a pathway to recovery for the individual affected by problem substance use.

In their 2014 annual report, the European Monitoring Centre for Drugs and Drug Addiction note that in Europe an estimated 734,000 opioid users received substitution treatment in 2012 with methadone being the most commonly prescribed substitution medication, received by up to two-thirds of substitution clients, while buprenorphine is prescribed to most of the remaining clients (about 20 %). Methadone is the principal substitution medication in six countries within the EU, including in Ireland.

As this is a service matter, it has been referred to the Health Service Executive for attention and direct reply to the Deputy.

HSE Waiting Lists

74. **Deputy Aindrias Moynihan** asked the Minister for Health the steps he will take to reduce waiting times for persons waiting for ophthalmology services in Cork; and if he will make

a statement on the matter. [40898/17]

Minister for Health (Deputy Simon Harris): In relation to the specific case raised, I have asked the HSE to respond to you directly.

Primary Care Centres Staff

75. **Deputy Louise O'Reilly** asked the Minister for Health if primary care centres (details supplied) will receive additional new staff; if there will be no new hires, if staff will instead be moved from areas in the locality to the centre; the locations they will be moved from, in tabular form; and if he will make a statement on the matter. [40781/17]

Minister for Health (Deputy Simon Harris): As the HSE has responsibility for the provision, along with the maintenance and operation of Primary Care Centres and other Primary Care facilities, the Executive has been asked to reply directly to the Deputy.

HSE Properties

76. **Deputy Catherine Connolly** asked the Minister for Health the status of the plans in respect of a new building in view of the decision of HSE west to ring-fence the insurance payment for the construction of a new building following the burning down of the addiction counselling service building at Merlin Park hospital, Galway; and if he will make a statement on the matter. [40767/17]

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

Hospitals Funding

77. **Deputy Bobby Aylward** asked the Minister for Health if additional resources will be allocated to the existing cardiac catheterisation laboratory at University Hospital Waterford to increase the laboratory's current capacity (details supplied); and if he will make a statement on the matter. [40787/17]

Minister for Health (Deputy Simon Harris): Further investment to enhance cardiology services at Waterford and to provide an additional 8 hours cath lab activity per week to address waiting times was recommended by the Herity Report. This was identified as a priority in the HSE National Service Plan for 2017 and €500,000 was allocated.

In June, the HSE issued a tender for a mobile cath lab, which arrived on site on 25 September and is scheduled to provide services to patients from Monday 2 October 2017, for a period of 20 weeks. This is expected to assist on an interim basis to addressing elective cardiology waiting lists in UHW.

Disability Services Provision

78. **Deputy Joan Collins** asked the Minister for Health if he will address a matter (details supplied) regarding the service provision at Chamber House, Tallaght; and if he will make a

statement on the matter. [40915/17]

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.

Maternity Services

79. **Deputy Aindrias Moynihan** asked the Minister for Health the steps he will take to reduce waiting times for persons waiting for gynaecological services in Cork University Maternity Hospital; and if he will make a statement on the matter. [40897/17]

Minister for Health (Deputy Simon Harris): I acknowledge that waiting times are often unacceptably long, including for gynaecology services at Cork University Maternity Hospital, and I am conscious of the burden that this places on patients and their families. 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.

In order to reduce the numbers of long-waiting patients, I asked the HSE to develop Waiting List Action Plans for 2017 in the areas of Inpatient/Daycase, Scoliosis and Outpatient Services. The Inpatient/Daycase Action Plan is being delivered through a combination of normal hospital activity, as well as insourcing and outsourcing initiatives utilising NTPF funding. Under the Inpatient/Daycase Plan, since early February, over 23,800 patients have come off the Inpatient/Daycase Waiting List, including at Cork University Maternity Hospital.

The NTPF has advised that to date 5,901 patients have been authorised for treatment in private hospitals under its Initiatives, 2,235 patients have accepted an offer of treatment in a private hospital and that 1,112 patients have received their procedure. The NTPF has also indicated that 2,841 patients have been authorised for treatment in public hospitals under the Plan's insourcing initiatives, 910 offers of treatment have been accepted and 285 patients have been treated. Under the Outpatient Plan, since early February, more than 84,200 patients have come off the Outpatient Waiting List .

In relation to Cork University Maternity Hospital specifically, the South/South West Hospital Group (SSWHG) has developed a phased approach to improve waiting times for gynaecology services there. This includes the establishment of the SSWHG Women and Children Services Directorate earlier this year, which, I expect, will ensure better coordination and utilisation of maternity gynaecological resources across the group.

Question No. 80 answered with Question No. 35.

Employment Rights

81. **Deputy Michael McGrath** asked the Tánaiste and Minister for Business, Enterprise and Innovation further to Parliamentary Question No. 141 of 20 September 2017, if the legal

obligation to comply with the order in terms of rates of pay and so on only relates to the employer concerned; if there will be an obligation on the end user of the employee's services in which, for example, an agency is the employer but a building contractor is the end user of the employee's services; and if she will make a statement on the matter. [41074/17]

Minister of State at the Department of Business, Enterprise and Innovation (Deputy Pat Breen): Ireland has a robust suite of employment legislation which applies where an employer/employee relationship exists. In general, in the case of agency workers, the party who pays the wages is the employer for the purposes of employment legislation.

Specifically in relation to Sectoral Employment Orders, Section 19 of the Industrial Relations (Amendment) Act 2015 provides that once enacted by the Oireachtas, the terms and conditions relating to the remuneration and any sick pay scheme or pension scheme set out in the Sectoral Employment Agreement will apply to every worker of the class, type or group in the economic sector in relation to which the Order was made and to the employers of such workers regardless of whether the employer is an agency or a construction firm.

Queries in relation to the application of a Sectoral Employment Order fall under the remit of Adjudication Service of the Workplace Relations Commission and ultimately the Labour Court.

Work Permits Applications

82. **Deputy Bernard J. Durkan** asked the Tánaiste and Minister for Business, Enterprise and Innovation if an application for a work permit, critical skills category, can be reconsidered in the case of a company (details supplied) in respect of a person in view of the precise requirements of the employer and the skills of the applicant; and if she will make a statement on the matter. [41138/17]

Tánaiste and Minister for Business, Enterprise and Innovation (Deputy Frances Fitzgerald): The initial Critical Skills Employment Permit application in this case was refused on the 25/07/2017 on the grounds that the applicant indicated that the foreign national did not possess a third level degree relevant to the employment concerned which is a requirement for this employment permit type. The applicant was notified of this decision in writing and of their right to request a review of the decision within 28 days. As no such request for a review was received it is not possible to revisit this particular application.

However, the Employment Permits Section informs me that the applicant has submitted a new application for a Critical Skills Employment Permit which was placed in the processing queue on the 31/08/2017 and this new application will be considered in line with the provisions of the Employment Permits Acts. They are currently processing applications for standard employers received on the 21/08/2017 and it is anticipated that a decision will issue for this new within the next 2-3 weeks.

Enterprise Support Schemes

83. **Deputy Maurice Quinlivan** asked the Tánaiste and Minister for Business, Enterprise and Innovation the number of public submissions that were made in respect of the ConnectIreland review; when these submissions will be made public; and if she will make a statement on the matter. [41144/17]

84. **Deputy Maurice Quinlivan** asked the Tánaiste and Minister for Business, Enterprise

and Innovation when the terms of reference of the review into the Succeed-in-Ireland programme will be published; and the person or body that will undertake the independent review into the programme. [41145/17]

Tánaiste and Minister for Business, Enterprise and Innovation (Deputy Frances Fitzgerald): I propose to take Questions Nos. 83 and 84 together.

As was announced previously, my Department will be commissioning an independent review of the Succeed-in-Ireland programme. That review, which will be carried out after details of the initiative's full and final costs are available, will equip us with a thorough understanding of the programme's results and its contribution to employment generation in the State. This is in the interests of good governance and ensuring value for money for the taxpayer.

On 20 April my Department launched a public consultation calling for observations on the draft terms of reference for that review. The consultation period ended on 26 May. I am pleased that the consultation process elicited 17 different submissions. The responses that we received came from a broad range of stakeholders, including public representatives and the general public.

The terms of reference for the review will be finalised in due course. My Department is completing the examination of all the responses to the public consultation, a process which will help to shape the final text. The submissions will be published after the terms of reference are finalised.

Ticket Touting

85. **Deputy Maurice Quinlivan** asked the Tánaiste and Minister for Business, Enterprise and Innovation the action she is taking to combat the problem of ticket touting. [41146/17]

Tánaiste and Minister for Business, Enterprise and Innovation (Deputy Frances Fitzgerald): My predecessor as Minister for Business, Enterprise and Innovation, Mary Mitchell O'Connor T.D., published a consultation paper on the resale of tickets for entertainment and sporting events on 20 January 2017 along with the Minister for Transport, Tourism and Sport and the then Minister for Tourism and Sport. The 24 responses to the consultation were published on the Department's website on 9 May 2017. Officials of my Department are currently engaged in follow-up discussions with sporting bodies, event promoters, consumer bodies, primary ticketing service providers and secondary ticket marketplaces with a view to identifying possible measures aimed at helping ensure that ticket markets work better for consumers. My officials are also pursuing enquiries with public authorities in European Union member states with laws that prohibit or restrict ticket resale on the experience with, and effectiveness of, these laws.

Legislative Measures

86. **Deputy Niall Collins** asked the Tánaiste and Minister for Business, Enterprise and Innovation if she will consider reviewing the Employment Permits Act 2006 whereby an advertisement relating to the proposed employment has to run in a national newspaper for three days as is required under regulations 31(1) and 44(1) of the Employment Permits Regulations 2017; if her attention has been drawn to this matter; and if she will make a statement on the matter. [41210/17]

Tánaiste and Minister for Business, Enterprise and Innovation (Deputy Frances Fitzgerald): The Labour Market Needs Test (LMNT) is one of several statutory provisions of the Employment Permits Act 2006, as amended, which is intended to ensure that the labour market is positively affected by the movement of skills into the country, while also ensuring that access is prioritised for Irish and EEA nationals to employment vacancies in circumstances where such nationals are appropriately skilled and available to take up such vacancies.

In order to ensure that information regarding such vacancies is widely disseminated, and therefore made available to the largest cohort of job seekers possible, the LMNT stipulates that the information is made available on three platforms – the jobsireland/EURES website, in a local newspaper or on a website appropriate to the type of vacancy involved, and in a national newspaper in order to ensure that information is made available in a commonly accessed platform with a nationwide reach. Information regarding the vacancy should be available on these platforms for two weeks prior to an application for an employment permit being submitted; this ensures that any Irish or EEA nationals who wish to submit an application to fill the vacancy have an opportunity to do so, while not imposing a significant delay on the employer’s hiring process.

I have no plans, at this time, to review the structure of the LMNT.

Financial Services Ombudsman Remit

87. **Deputy Pearse Doherty** asked the Minister for Finance the approach taken by the Financial Services Ombudsman to complaints related to tracker mortgages and the lenders’ implementation of the Central Bank’s instructions; and if he will make a statement on the matter. [41010/17]

Minister for Finance (Deputy Paschal Donohoe): Firstly, I must point out that the Financial Services Ombudsman (FSO) is independent in the carrying out of his duties. I have no role in the day to day workings of the office.

However, the FSO has informed me that, on receipt of a complaint, he reviews the complaint to assess whether it may be one which falls under the scope of the Central Bank Examination. If it is, the FSO writes to the financial services provider and requests confirmation of the status of the mortgage loan account by reference to the Examination. Where it is confirmed by the financial services provider that a mortgage loan account is considered to be within the scope of the Examination, the FSO is of the view that the best way of ensuring that he has all of the necessary information to deal with such complaints is to await the outcome of the Examination. For this reason, the FSO considers it necessary to place these complaints on hold pending confirmation of the impact, if any, of the Examination on those mortgage loan accounts.

The FSO does not have any oversight function with respect to the manner in which the financial services providers are conducting their Tracker Mortgage Examinations. The Central Bank of Ireland has laid down the Framework for the Tracker Mortgage Examination and the phases for a Bank to complete including Central Bank assurances that must be completed as part of that process.

I understand from the Central Bank that it invoked its powers under Section 22 of the Central Bank (Supervision and Enforcement) Act to set specific timelines for lenders to complete Phase 2 (the “Review Phase”) of the Examination and in line with those timelines, the Bank expect the vast majority of impacted customers to be identified by lenders by end September 2017. As the lenders’ reviews are subject to assurance work by the Central Bank, it is possible that additional

impacted accounts may be identified after this date. The Central Bank has and continues to challenge lenders through a combination of bilateral engagements and on-site assurance work to ensure that this Review Phase is completed as quickly and accurately as possible.

The Central Bank has clearly articulated its expectations of lenders to provide appropriate redress and compensation to all impacted customers in line with prescribed principles for redress developed by the Central Bank. The timeframes for progression of the redress and compensation programmes vary from lender to lender, however, the Central Bank remains focussed on challenging lenders to ensure that they are progressing redress and compensation and that impacted customers are treated fairly. Some lenders have already commenced redress and compensation programmes and these programmes, along with the Central Bank's assurance work, will continue beyond September 2017 for some lenders.

Lenders are also required to establish a dedicated unit to deal with any queries, complaints, and/or concerns that customers may have during the course of the Examination. The unit must continue to be available to deal with such queries, complaints and/or concerns for at least 6 months after the four phases of the Examination have been completed and until all complaints have been adjudicated on. The Central Bank will continue to engage with lenders in respect of the conduct of the Examination and will consider appropriate supervisory action, up to and including enforcement action, where necessary. I understand that a further update on the Examination will issue in October 2017.

When the Examination is over in respect of each complainant, the FSO will resume their investigation of those complaints which complainants want to pursue.

Financial Services Ombudsman Administration

88. **Deputy Pearse Doherty** asked the Minister for Finance if there have been technical issues with the Financial Services Ombudsman's online complaint submission process; if so, the issue; the length of time it lasted; the number of complaints that were delayed or lost as a result; and if he will make a statement on the matter. [41011/17]

Minister for Finance (Deputy Paschal Donohoe): Firstly, I must point out that the Financial Services Ombudsman is independent in the carrying out of his duties. I have no role in the day to day workings of the office.

However, the Financial Services Ombudsman has informed me that he received 4,513 complaints in 2016. Of these 1,504 were submitted through the online complaint form. It is the Financial Service Ombudsman's experience with online complaint forms that they are user friendly and a convenient method for consumers to submit their complaint. I understand that there have occasionally been minor technical issues; the Financial Service Ombudsman confirms that these would be a low in number (less than 1% of complaint forms submitted) and when they were identified, these issues were resolved usually within the same day. The Financial Services Ombudsman is not aware of any complaint forms lost as a result of the online system; once a complaint form is submitted, it is retrievable in the system.

Tax Yield

89. **Deputy Michael McGrath** asked the Minister for Finance the policy position in respect of index linking income tax bands; the costing for index linking income tax bands from 2018; and if he will make a statement on the matter. [41151/17]

Minister for Finance (Deputy Paschal Donohoe): I assume that in his question the Deputy is referring to index-linking the income tax standard-rate bands by reference to overall wage growth in the economy. My Department is currently developing projections for 2018 wage growth that will be contained in Budget documentation to be published on 10 October, but this work is still ongoing and, under the Fiscal Responsibility Act, all such macro-economic forecasts are subject to scrutiny by the Irish Fiscal Advisory Council before publication.

Accordingly it is not yet possible to provide a costing for index-linking the income tax bands to expected wage growth to 2018. However, I am advised by Revenue that the pre-Budget 2018 Reckoner Ready, available at <http://www.revenue.ie/en/corporate/information-about-revenue/statistics/ready-reckoner/index.aspx>, shows on page 10 the cost to the Exchequer of a 1% indexation of a number of credits and bands in 2018. Further changes can be estimated on a pro-rata basis from the information shown.

As the Deputy will be aware, in the Programme for Partnership Government there is a commitment to continue a medium-term process of income tax reform, to reduce excessive tax rates for low and middle-income earners while maintaining the breadth of the tax base. The Programme for Government therefore includes a commitment not to index-link tax credits or rate bands. While elements of the income tax system have traditionally been adjusted in each Budget this has always been done in a targeted manner to concentrate available resources at particular areas of need, rather than as a more generalised pro-rata increase to all elements of the system. It is my intention to continue this targeted approach in future Budgets. There is also the point that indexation of income tax bands, if undertaken on an automatic basis, would limit the budgetary flexibility of the Minister for Finance and the Government by effectively earmarking in advance resources for such a measure.

Credit Availability

90. **Deputy Michael McGrath** asked the Minister for Finance the average and maximum capital provided by each of the State-funded banks for residential construction projects; and if he will make a statement on the matter. [41191/17]

Minister for Finance (Deputy Paschal Donohoe): I assume that the Deputy is referring to the banks in which the State is an equity shareholder and will answer the question on that basis; I would note for clarity that this does not equate to being “State funded”.

I have received the following responses to the Deputy’s question:

AIB:

“AIB supports proven developers in locations where there is demand for new product across the country. The bank does this through its Local Markets network and through its Real Estate Finance Team.

“AIB has supported developers across the spectrum in terms of scale and the Bank just this year established a new dedicated team to address small and medium sized developer requirements. AIB’s smallest development finance facilities has been below €1m with the largest advance in a single location to a developer being close to €50m.”

Bank of Ireland:

“Bank of Ireland is active in residential development of Single Family Homes (traditional housebuilding), Multi Family Rentals (apartments) and Purpose Built Student Accommodation.

The Bank has allocated funding of €1bn for construction and development lending, the majority of which is allocated to support construction projects in Ireland. In Ireland, the Bank is currently supporting >100 sites which are capable of delivering c.2,500 Single Family Homes, and c.1,300 apartments for rent/Purpose Built Student Accommodation beds.

“The Bank does not fund stand-alone land-bank and land can only be funded as part of an active development project. The Bank assesses each funding opportunity on its own merits and in the context of a number of policy points and guidelines. The appropriate level of funding is one of these and while in part the level of funding ultimately provided by the Bank varies by project, in general our policy stipulates that for ‘Single Family Homes’ housing developments (distinct from apartments or build to rent developments) the Bank may provide up to a maximum of 50% of land costs and up to a maximum of 70% of development costs. The Bank can also provide Mezzanine debt which, in certain circumstances, can increase the level of funding available by a further 10%.

“When assessing each transaction the Bank works with the housebuilder to agree a bespoke structure to meet both their needs and the bank’s requirements, in some cases this has included working alongside Private Equity houses to deliver debt solutions for housebuilders. From a review of the Bank’s active construction and development loan book the average ‘Loan To Cost’ ratio for new residential developments is c.65% (excl Mezz).”

PTSB:

Permanent TSB have confirmed to my officials that they do not engage in lending to residential construction projects.

Interest Rates

91. **Deputy Michael McGrath** asked the Minister for Finance the average interest rate charged by a company (details supplied) for the funding of residential construction projects, including projects to build social and affordable housing; if the company utilises development management agreements; and if he will make a statement on the matter. [41192/17]

Minister for Finance (Deputy Paschal Donohoe): I am informed by the Ireland Strategic Investment Fund (ISIF), which is a co-investor in Activate Capital, that the Activate base lending rate depends on the extent of leverage advanced and the risk characteristics of each specific project and would typically range from circa 6% to 10%. Activate may provide up to 90% of the funding requirement for an individual project, and this may be reflected in the lending terms, including the interest rate.

As would be expected for projects of this nature, there may be a small participation in equity upside if projects are successful so that Activate, and by extension taxpayers, share in any gains alongside the project promoter. Given that Activate Capital has private shareholders, it would not be appropriate to disclose the Fund’s commercially sensitive information, including the interest rates charged on specific projects. This approach is in line with standard commercial confidentiality principles applying to all private companies.

Activate is focused on lending to private residential development projects in Ireland’s main urban centres. The majority of housing units funded by Activate are aimed at the starter home market and, in accordance with legislative requirements, 10% of units are set aside by Activate’s developer customers to meet Part V social and affordable housing requirements.

Activate does not utilise Development Management Agreements as an element of its lend-

ing terms.

Tracker Mortgage Examination

92. **Deputy Michael McGrath** asked the Minister for Finance the compensation percentages offered by each of the lenders involved in the Central Bank's tracker mortgage investigation; if these rates differ for buy-to-lets; if so, the amount by which the rates differ; if payment for independent financial advice is conditional on the borrower obtaining advice; and if he will make a statement on the matter. [41193/17]

Minister for Finance (Deputy Paschal Donohoe): The Central Bank has advised that it is acutely aware of the unacceptable impact that lenders' failures have had on impacted PDH and BTL tracker mortgage customers. Although a significant portion of the lenders' failures occurred prior to the introduction of the Central Bank's customer redress powers in the Central Bank (Supervision and Enforcement) Act 2013, the Central Bank has stated that it expects lenders to provide redress and compensation to all impacted customers.

As part of the Examination framework, where customer detriment is identified, the Central Bank has clearly articulated its expectations of lenders to provide appropriate redress and compensation to impacted customers in line with its prescribed Principles for Redress. Key elements of the Central Bank's expectations in respect of redress and compensation for impacted customers include:

- any harm is stopped at the earliest possible time after each group of impacted customers is identified;

- the interest rates applied to impacted customers' accounts revert to the appropriate tracker interest rate or impacted customers are given the opportunity to revert to such a rate where relevant;

- redress will be provided to impacted customers to return them to the position they would have been in had lenders' failures not occurred;

- reasonable compensation, that reflects the detriment suffered by individual customers, is provided;

- redress and compensation is to be paid to impacted customers up front at the point of offer and compensation cannot be reduced by virtue of a customer lodging an appeal;

- an additional payment is to be provided to impacted customers at the point of offer to enable them to take independent professional advice regarding the redress and compensation offers made to them - it can be noted that this payment is to be made up-front and is not conditional on the customer obtaining financial advice;

- an independent appeals process is to be established to address complaints from customers who are dissatisfied with any aspect of the redress and compensation package that they receive from lenders; and

- lenders will undertake not to raise any time limit defences that may otherwise apply if impacted customers make complaints to the Financial Services Ombudsman (the "FSO") or initiate proceedings before the courts.

The appeals element of the Principles for Redress ensures that customers have an option to challenge any aspect of the redress and compensation package, which is additional to the op-

tions of bringing a complaint to the FSO or initiating court proceedings.

Each lender is responsible for designing and executing their individual redress and compensation programmes in line with the Principles for Redress. The Central Bank advises that, as far as possible, it is challenging lenders' compensation proposals to ensure that customers receive appropriate compensation. However, as it would constitute specific supervisory information, the Central Bank is not in a position to comment on redress and compensation programmes put in place by individual lenders due to the confidentiality requirements of Central Bank legislation.

Insurance Compensation Fund

93. **Deputy Michael McGrath** asked the Minister for Finance the number and value of claims remaining outstanding from the liquidation of a company (details supplied); the number of persons that have received compensation from the insurance compensation fund (ICF) since the Supreme Court decision on the matter; the average proportion of the total claims these persons received from both the liquidation process and the ICF; and if he will make a statement on the matter. [41194/17]

Minister for Finance (Deputy Paschal Donohoe): Setanta Insurance was placed into liquidation by the Malta Financial Services Authority on 30 April 2014. As it was a Maltese incorporated company, the liquidation is being carried out under Maltese law.

As you are aware, the Supreme Court delivered its judgment on 25 May 2017 and overturned the previous decisions of the High Court and the Court of Appeal that the Motor Insurers' Bureau of Ireland (MIBI) is liable in respect of third party motor insurance claims made against the policyholders of Setanta Insurance. The consequence of this is that the Insurance Compensation Fund (ICF) has been deemed responsible for the payment of such third party claims.

As the judgment has been delivered, the process of making payments in accordance with the provisions of the Insurance Act, 1964, as amended, has commenced. Payments can only be made out of the ICF, with the approval of the High Court and only if it appears to the High Court that it is unlikely that the claim can be met otherwise than from the ICF. If satisfied, the High Court can order payments out of the ICF up to 65% (or €825,000, whichever is the lesser) due to relevant claimants.

In this regard, an Order was granted in the High Court on Monday 24 July 2017 in relation to 324 claims which were subsequently paid by the Office of the Accountant of the Courts of Justice. The total value paid out of the ICF in relation to those claimants was €6.5 million being 65% of the total value of the settled claims in accordance with the legislation.

The liquidator for Setanta Insurance has informed me that as of 31 August 2017, there are 1,576 active claims, of these 573 claimants have been paid compensation from the ICF subject to the 65%/€825,000 limits. The liquidator continues to work through claims to be included in the next application to the High Court scheduled to be made in February 2018 in accordance with the legislation.

The Liquidator commissioned actuarial consultants, Willis Towers Watson, to carry out an analysis of Setanta Insurance's claims reserves as at 30 June 2017 and this has now been completed. The report estimates the claims reserves at between €105.9 million and €112.9 million. This is an increase from the first report in 2014, which estimated the claims reserves at between €87.7 million and €95.2 million.

A consequence of this is that based on this actuarial report, the liquidator now estimates that he will not be in a position to meet more than 22% of the claims out of the assets of the liquidation once all matters in the liquidation have been concluded, rather than the not more than 30% of claims figure previously indicated.

My Department is currently considering the implications of this actuarial report. In addition, you should note as previously indicated that there is also a legal concern that any Government intervention could undermine the priority status of claimants in the liquidation. The Department of Finance is therefore seeking legal advice on the impact on the State's ability to recover from the liquidated company if it were to compensate third party claimants.

State Aid Investigations

94. **Deputy Michael McGrath** asked the Minister for Finance the position regarding contact between the Government and the European Commission relating to the illegal state aid complaint made by the Commission by property developers in respect of NAMA; if his Department has provided all information requested by the Commission; when he expects an outcome to the complaint; and if he will make a statement on the matter. [41195/17]

Minister for Finance (Deputy Paschal Donohoe): I wish to advise the Deputy that the position is unchanged since my response to Parliamentary Question 120 of 13 July 2017, available via: <http://oireachtasdebates.oireachtas.ie/debates%20authoring/debateswebpack.nsf/takes/dail2017071300085?opendocument#WRE03300>

The timing of any decision is solely a matter for the European Commission and I do not have an expected timeframe in this regard.

VAT Yield

95. **Deputy Róisín Shortall** asked the Minister for Finance the estimated yield in 2018 from reapplying a 13% VAT rate for the hospitality sector; and the estimated yield if a 10%, 11% or 12% rate was applied, respectively. [41197/17]

Minister for Finance (Deputy Paschal Donohoe): I am advised by the Revenue Commissioners that the most recent estimate for reverting the reduced 9% VAT rate back to 13.5% is that it would result in extra revenue in the region of €491 million.

A pre-Budget 2018 Ready Reckoner is available on the Revenue Commissioners website at: <http://www.revenue.ie/en/corporate/information-about-revenue/statistics/ready-reckoner/index.aspx> .

On page 26, this Ready Reckoner shows the impact of a 1% increase in the 9% rate to be €109 million, which can be multiplied on a straight-line or pro rate basis to calculate the effect of increasing the 9% rate to 10%, 11%, 12% and 13%.

Tax Yield

96. **Deputy Niall Collins** asked the Minister for Finance the estimated cost to the Exchequer in a full year of the proposal as suggested by An Taoiseach recently to allow the higher income tax entry point here to be calculated at €150,000; and if he will make a statement on the

matter. [41209/17]

Minister for Finance (Deputy Paschal Donohoe): I am advised by Revenue that the estimated first and full year cost to the Exchequer of increasing the entry point to the 40% Income Tax rate for all income earners to €150,000 is in the order of €4,257 million and €4,915 million respectively. This change in the Income Tax structure would mean that the 40% Income Tax rate would only begin to apply on gross income that is in excess of €150,000.

These figures are estimates from the Revenue tax forecasting model using latest actual data for the year 2015, adjusted as necessary for income, self-employment and employment trends in the interim. They are estimated by reference to 2018 incomes and are provisional and may be revised.

However, I understand that the Deputy's question relates to a reference by An Taoiseach to the higher rate of income tax in France not becoming payable until income exceeds €150,000. A relevant point to note in this regard is that the French tax system includes a range of four rates of income tax applying over a number of income bands, in contrast to the current two rates of income tax (not including Universal Social Charge) in Ireland. The entry point into the highest generally-applying band of taxation on income in Ireland is currently €70,044, the point from which the 8% rate of USC becomes payable.

Tax Yield

97. **Deputy Róisín Shortall** asked the Minister for Finance the estimated cost in 2018 of increasing the earned income credit to €1,650. [41217/17]

Minister for Finance (Deputy Paschal Donohoe): A Pre-Budget 2018 Ready Reckoner is available on the Revenue Statistics webpage at <http://www.revenue.ie/en/corporate/information-about-revenue/statistics/ready-reckoner/index.aspx>. In relation to the Deputy's question, this Ready Reckoner shows a wide range of estimated costs including, on Page 6, the estimated cost to the Exchequer of changes to the earned income tax credit.

Departmental Staff Recruitment

98. **Deputy John Brassil** asked the Minister for Public Expenditure and Reform the access routes into the Civil Service that are available for persons with special needs (details supplied); and if he will make a statement on the matter. [41162/17]

Minister for Public Expenditure and Reform (Deputy Paschal Donohoe): As the Deputy will be aware, recruitment to the Public sector may be conducted by the various employing organisations. The Public Appointments Services (PAS) is an independent statutory body which provides professional recruitment and selection services when requested to the civil and public service under licence from the Commission for Public Service Appointments (CPSA). As a public body established under the Public Service Management (Recruitment and Appointments) Act, 2004, PAS is also obliged, under section 34(1)(b) of that Act, to ensure that "standards of probity, merit, equity and fairness" apply to all of its recruitment and selection processes.

I understand from PAS that they use verbal and numerical reasoning tests, alongside other assessment tools including interview, for Civil Service roles such as Clerical Officer. The reason for using these types of test is that there is a very significant body of international research

which provides evidence that they are the most effective techniques to predict job performance.

Competitions advertised by PAS are open to all applicants including people with disabilities who fulfil the eligibility requirements set out at that time. PAS carefully considers all requests for reasonable accommodation. In considering such requests, PAS is conscious of the rights of people with disabilities and of the obligations on PAS to observe those rights and to act in accordance with the provisions of the relevant equality legislation.

To assist PAS in considering request for reasonable accommodations in a fair and balanced way, candidates are asked to submit evidence in support of their request. PAS will consider letters or reports from relevant professionals which clearly indicate the severity and the type of accommodation(s) that may be relevant to the person. For example, candidates may be afforded extra time and/or alternative formats if assessment tests are part of the selection process.

Student Grant Scheme Payments

99. **Deputy Pat Deering** asked the Minister for Education and Skills if he will consider further divisions in the adjacent and non-adjacent rate (details supplied) of the SUSI maintenance grant with a view to creating a tiered scale rather than the current system in which only one threshold of 45 kilometres is considered. [41029/17]

Minister for Education and Skills (Deputy Richard Bruton): The student maintenance grant is a contribution towards the living costs of a student. It is not intended to cover the full costs of attending college. The student grant scheme does however, provide for different levels of maintenance support, depending on means. Grants are also provided at adjacent and non-adjacent rates. The higher non-adjacent rates are intended to provide additional support to those students who may be living away from home.

Budget 2011 provided for a number of student grant measures which came into effect for the 2011/12 academic year, including the change in the assessment of the qualifying distance criterion for the non-adjacent rate of grant from 24 kilometres to 45 kilometres.

The 24 km distance criterion was originally set in 1968 and had not been updated in more than 40 years. Since then, significant improvements have taken place in the road and rail network and it is considered that the revised distance criteria is more consistent with the type of distances that students may legitimately be expected to commute to college.

The current qualifying distance of 45 km for the higher non-adjacent rate of student grant takes into account a reasonable radius within which students may commute on a daily basis.

Students in third-level institutions experiencing exceptional financial need can apply for support under the Student Assistance Fund. This Fund assists students, in a sensitive and compassionate manner, who might otherwise be unable to continue their third level studies due to their financial circumstances. Information on the fund is available through the Access Officer in the third level institution attended. This fund is administered on a confidential, discretionary basis.

Broadband Service Provision

100. **Deputy Thomas Byrne** asked the Minister for Education and Skills when a school (details supplied) can expect to be connected to broadband that will meet the school community's needs. [41055/17]

Minister for Education and Skills (Deputy Richard Bruton): Through the Schools Broadband Access Programme the Department provides for the supply of internet connectivity for recognised primary and post primary schools. All post-primary schools and some special schools are now included in the 100 Mbps programme.

Under the current programme the Department continually reviews the availability of services and upgrades schools where the opportunity arises, in line with contractual and budgetary requirements. The most recent drawdown from the Framework of Providers of Broadband Services saw some 1,100 primary schools awarded download speeds of 30 Mbps or greater (the baseline download speed required under the National Broadband Plan). Some 900 of those schools have now been connected with the balance to be in place by the end of 2017.

The policy of this Department is to offer the best quality connectivity to all schools in line with the technical solutions available in the market and financial constraints. Broadband capacity can vary due to geographical location and local infrastructure, and thus impact on the service that can be provided.

The need to improve broadband connectivity to primary schools is recognised in the Digital Strategy for Schools 2015-2020. An interdepartmental working group has been established to determine how best to provide enhanced broadband connectivity to primary schools in collaboration with the Department of Communications, Climate Action and Environment to the National Broadband Plan and the Intervention Strategy, and proposed industry provision.

In the case of the school referred, the Broadband Service Desk and the current provider, Imagine/Magnet, have reviewed the service provided, and they advise that the school is on the best available broadband solution currently available at present.

Schools Designation

101. **Deputy Michael McGrath** asked the Minister for Education and Skills further to Parliamentary Question No. 265 of 20 September 2017, if he will address the specific case concerning the schools referenced; and if the feeder schools have been designated by his department. [41075/17]

Minister for Education and Skills (Deputy Richard Bruton): For school planning purposes, my Department divides the country into 314 geographic areas known as school planning areas which facilitates the orderly planning of school provision and accommodation needs. The primary school referred to by the Deputy is located in the Crosshaven school planning area. The post-primary school referred to by the Deputy is located in the Carrigaline school planning area.

All new schools established since 2011 to meet demographic demand are required to enrol children from within the designated school planning area which the school was established to serve which, in this case, is the Carrigaline school planning area. This does not preclude schools from enrolling pupils from outside of the designated school planning area, rather it reflects the need to accommodate in the first instance the demographic for which the school was established.

Separately, some post-primary schools also give a level of priority to applicants who have attended a particular primary school (known as a feeder school). Such schools are designated by the relevant post-primary school, not by my Department. In fact, in the case of the post-primary school referred to by the Deputy, a number of the primary schools designated as feeder schools in its enrolment policy are not located in the Carrigaline school planning area.

It is the responsibility of the managerial authorities of all schools to implement an enrolment policy in accordance with the Education Act, 1998 and in this regard, the criteria to be applied by schools in determining feeder schools are a matter for schools themselves.

School Accommodation Provision

102. **Deputy Jackie Cahill** asked the Minister for Education and Skills the timeframe for the installation of three prefabricated classrooms for a school (details supplied); and if he will make a statement on the matter. [41111/17]

Minister for Education and Skills (Deputy Richard Bruton): I can confirm that my Deputy has given approval in principle to the school in question for the rental of temporary accommodation to provide three mainstream classrooms.

The school recently submitted supplementary material requested by my Department relating to the proposed costs. This will facilitate my Department's assessment of the application and a decision will be conveyed to the school authority as soon as this process has been completed.

Schools Building Projects Status

103. **Deputy Paul Kehoe** asked the Minister for Education and Skills the status of a new building for a school (details supplied); when the next stage is due to commence; and if he will make a statement on the matter. [41117/17]

Minister for Education and Skills (Deputy Richard Bruton): The brief for the school referred to by the Deputy is for a new three storey building of 5926m², containing 20 classrooms, Junior/Senior dining area, GP Hall, Library, Special Teacher rooms, Multi- Sensory, Physiotherapy and Occupational Therapy rooms, nurse's area, kitchen, ancillary storage and services.

In July of this year, the Stage 2b (Detailed Design) was approved, pending the completion of the process to carry out a Prequalification of Contractors. The pre-qualification process is necessary to create a shortlist of building contractors to ensure that there are a number of appropriate and suitable candidates who can tender for the construction contract.

The tender process, including the pre-qualification of contractors, normally takes between 4 to 6 months. My Department anticipates that this project will complete the tender process and go on site to commence construction in early 2018.

I can assure the Deputy that my Department will make every effort to expedite this process.

Teacher Secondment

104. **Deputy John Curran** asked the Minister for Education and Skills if he will review the provision in SI No. 394 of 2017 which states that directors cannot serve for more than five consecutive years (details supplied); and if he will make a statement on the matter. [41121/17]

Minister for Education and Skills (Deputy Richard Bruton): My Department arranges for the secondment of teachers from their teaching posts for the purpose of developing and providing CPD for teachers and for appointment as Directors of Education Support Centres (ESC's).

By their nature, secondments are not permanent appointments and are renewed each year subject to ongoing need and policy requirements.

Secondment arrangements provide flexibility and ensure that the in-service needs of teachers and other support priorities of the school system can be met within the resources available. Having teachers with relevant and recent teaching experience and expertise is a key requirement for the role. It is a condition therefore that the maximum length of time that a teacher may be on secondment is five years, following which they return to their teaching roles in their schools. In this way, their expertise and knowledge is not lost to the system. Each ESC has a management committee and staff which ensures continuity at a local level.

Section 37 of the Education Act 1998 provides the legislative basis for the establishment and regulation of Education Centres. Section 37(6) of the Act makes provision to make regulations relating to a number of matters in ESC's such as the appointment of management committees, funding, staffing, provision of information to the DES & other operational matters.

In early 2016, my Department received legal correspondence which questioned the Department's powers in relation to ESC's and, in particular, drew attention to the absence of any regulations under Section 37 of the Education Act 1998.

Accordingly, I have now introduced regulations which provide the statutory basis for the appointment and renewal of directors in Education Support Centres. These regulations, which have been flagged for some time, are effective from 1 September 2017.

Schools Building Projects Status

105. **Deputy James Browne** asked the Minister for Education and Skills if will address the delay in building a new purpose built school (details supplied); and if he will make a statement on the matter. [41122/17]

Minister for Education and Skills (Deputy Richard Bruton): The brief for the school referred to by the Deputy is for a new three storey building of 5926m², containing 20 classrooms, Junior/Senior dining area, GP Hall, Library, Special Teacher rooms, Multi- Sensory, Physiotherapy & Occupational Therapy rooms, nurse's area, kitchen, ancillary storage and services.

In July of this year, the Stage 2b (Detailed Design) was approved, pending the completion of the process to carry out a Prequalification of Contractors. The pre-qualification process is necessary to create a shortlist of building contractors to ensure that there are a number of appropriate and suitable candidates who can tender for the construction contract.

The tender process, including the pre-qualification of contractors, normally takes between 4 to 6 months. My Department anticipates that this project will complete the tender process and go on site to commence construction in early 2018.

I can assure the Deputy that my Department will make every effort to expedite this process.

School Curriculum

106. **Deputy Sean Fleming** asked the Minister for Education and Skills further to Parliamentary Question No. 38 of 24 May 2017, the status of the introduction of Mandarin Chinese as a leaving certificate curricular subject; the measures he has taken to engage with interested parties in this regard, particularly with representatives of the People's Republic of China; the

extent to which Mandarin Chinese is being prioritised within the ten year foreign language strategy of his department's action plan for education; his views on the importance of the Mandarin language within the context of the overall language strategy; the funding being made available to support Mandarin Chinese in schools; the most recent statistical breakdown of numbers of students studying Mandarin Chinese at each school year at secondary school level; and if he will make a statement on the matter. [41123/17]

Minister for Education and Skills (Deputy Richard Bruton): The publication of an ambitious ten-year Foreign Language Strategy is a key commitment in my Department's Action Plan for Education and is a priority issue for me in the context of my goal of making Ireland's education system the best in Europe.

As part of their Junior Cycle programme, schools can offer a 100 hour course in Chinese Language and Culture.

Data provided from schools indicates that 86 out of the 644 post-primary schools offering a Transition Year programme offered Chinese language, making it the fourth most popular language for schools to offer in Transition Year; after three curricular languages, French, German and Spanish.

The Strategy will include the introduction of Mandarin Chinese as a Leaving Certificate curricular subject, as a follow on from the Junior Cycle short course in Chinese Language and Culture. A new specification for Leaving Certificate Chinese will be developed by the NCCA. This will include consultation with stakeholders before it is finalised. The State Examinations Commission will develop an appropriate Leaving Certificate examination to compliment the delivery of the specification.

Together with other measures, this will mean that all of our main target languages in our export strategies will now be provided as curricular Leaving Certificate subjects.

With the introduction of Chinese as a Leaving Certificate language, it will be necessary to ensure that appropriate teacher education is provided so that Leaving Certificate students will enjoy their language learning experiences and gain not only an understanding of the language, but also Chinese culture.

The issue of Mandarin Chinese at the Leaving Certificate has been discussed at a number of high level meetings both in Ireland and China over the last number of years, most recently in August of this year.

Student Grant Scheme Eligibility

107. **Deputy Bernard J. Durkan** asked the Minister for Education and Skills if provision can be made whereby students attending courses at a college (details supplied) that are not available elsewhere can qualify for higher education grants or other support; and if he will make a statement on the matter. [41137/17]

Minister for Education and Skills (Deputy Richard Bruton): Under my Department's student grant scheme, eligible candidates may receive funding provided they are attending an approved course at an approved institution, as defined in the scheme. The definition of an approved institution is set out in Section 7 of the Student Support Act 2011 and Regulation 3 of the Student Support Regulations 2017.

The college to which the Deputy refers, is not an approved institution, for student grant

purposes. However, it is open to higher education institutions that operate on a 'for profit' basis, to use their own resources to provide financial supports to any of their students that they consider to be in particular need.

Decisions in relation to the future funding of student supports will be informed by the consideration of the options contained in the Report of the Expert Group on Future Funding for Higher Education. As committed to in the Programme for Government, the report has been referred to the Education Committee as part of the process for building political consensus on the most sustainable approach for funding the higher education sector in the future.

Schools Designation

108. **Deputy Donnchadh Ó Laoghaire** asked the Minister for Education and Skills if his attention has been drawn to the case of a school (details supplied) which has not been considered a feeder school for the nearest secondary school; the reason for this; and if his attention has been further drawn to the difficulties this presents for the school and the way in which it restricts choice for parents. [41152/17]

Minister for Education and Skills (Deputy Richard Bruton): For school planning purposes, my Department divides the country into 314 geographic areas known as school planning areas which facilitates the orderly planning of school provision and accommodation needs. In identifying the requirement for additional school places, my Department uses a Geographical Information System to identify the areas under increased demographic pressure nationwide.

When it is decided that a new school is required to meet demographic needs in a school planning area, a patronage process is conducted to decide who will operate the school. Parental preferences for each patron from parents of children who reside in the school planning area are key to decisions in relation to the outcome of this process.

All new schools established since 2011 to meet demographic demand are required to enrol children from within the designated school planning area which the school was established to serve. This does not preclude schools from enrolling pupils from outside of the designated school planning area, rather it reflects the need to accommodate in the first instance the demographic for which the school was established.

It is the responsibility of the managerial authorities of all schools to implement an enrolment policy in accordance with the Education Act, 1998. In schools where there are more applicants than places available a selection process may be necessary. In this regard a Board of Management may find it necessary to prioritise enrolment of children from particular areas or particular age groups or on the basis of some other criterion. For example, some schools give priority to applicants who have attended a particular primary school (known as a feeder school). The criteria to be applied by schools in such circumstances are a matter for the schools themselves. This selection process and the enrolment policy on which it is based must be non-discriminatory and must be applied fairly in respect of all applicants. However, it may result in some pupils not obtaining a place in their school of first choice.

My Department's priority is ensuring all pupils have access to a school place which unfortunately may not always result in a school place that is their first choice. A range of other factors including parental choice, school location and ease of access and commuting patterns can contribute to oversubscription of certain schools within an area.

Special Educational Needs Staff Data

109. **Deputy Róisín Shortall** asked the Minister for Education and Skills the cost of employing extra special needs assistants for every ten employed. [41198/17]

Minister for Education and Skills (Deputy Richard Bruton): The initial cost of employing 10 additional Special Needs Assistants for one year would be approximately €323,000. This is inclusive of the cost of employers PRSI.

Special need assistants are paid on an incremental salary scale and accordingly the cost of their employment would increase in subsequent years.

An additional 975 SNA posts have been made available for allocation to schools from September 2017 which is a 7.5% increase to meet the demands for the new school year. A total of 13,990 SNA posts are now available at a gross annual cost of €458 million. This is more SNAs than we have ever had previously and will ensure that all children who qualify for SNA support can continue to receive access to such support. In total, the number of SNAs available has increased by over 32% since 2011, when 10,575 posts were available.

As the Deputy may be aware, the NCSE are currently undertaking a Comprehensive Assessment of the SNA Scheme. In response to a progress report from the NCSE on the comprehensive assessment, I requested the NCSE to establish a working group, comprising relevant stakeholders, to assist in proposing a better model for providing care supports so as to provide better outcomes for students with special educational needs who have additional care needs. This Working Group has commenced its work and it will run in tandem with the completion of the overall Comprehensive Review of the SNA Scheme.

It is intended that the reports of the Working Group and of the Review will be completed in Spring 2018.

Garda Station Opening Hours

110. **Deputy Joan Burton** asked the Minister for Justice and Equality if his attention has been drawn to the fact that Rathcoole Garda station is only open one day a week; and if he will make a statement on the matter. [41328/17]

119. **Deputy John Curran** asked the Minister for Justice and Equality the number of hours per day and the number of days per week that Rathcoole Garda station is staffed and open to the public (details supplied); and if he will make a statement on the matter. [41118/17]

Minister for Justice and Equality (Deputy Charles Flanagan): I propose to take Questions Nos. 110 and 119 together.

The Deputy will appreciate that the Garda Commissioner is primarily responsible for the effective and efficient use of the resources available to An Garda Síochána, including the opening times of Garda stations. As Minister, I have no role in the matter.

In this context, I understand that Garda management keeps under review the overall policing arrangements, including the operation of Garda stations and assignment of personnel throughout the State having regard to, for example, crime trends, policing needs and other operational strategies in place on a District, Divisional and Regional level.

Rathcoole Garda Station forms part of the Clondalkin District and I am informed by the

Commissioner that the Garda strength of the Clondalkin District, on 31 August 2017, the latest date for which figures are readily available, is 196 members of which 15 were assigned to Rathcoole Garda station. There are also 7 Garda Reserves and 15 civilians attached to the Clondalkin District. When appropriate, the work of local Gardaí is supported by a number of Garda national units such as the National Bureau of Criminal Investigation, the Garda National Economic Crime Bureau and the Garda National Drugs and the Organised Crime Bureau.

I am advised that the Garda Station referred to is open to the public between 10am - 1pm and 2pm and 6pm Monday to Sunday, subject to the availability of Garda personnel for duty at the station.

As the Deputy will be aware, this Government is committed to ensuring a strong and visible police presence throughout the country in order to maintain and strengthen community engagement, provide reassurance to citizens and to deter crime. To make this a reality for all, the Government has in place a plan to achieve an overall Garda workforce of 21,000 personnel by 2021 comprising 15,000 Garda members, 2,000 Reserve members and 4,000 civilians. In 2017, funding has been provided for the recruitment of 800 Garda recruits and up to 500 civilians to support the wide ranging reform plan in train in An Garda Síochána. Funding has also been provided for the recruitment of 300 Garda Reserves.

This plan is progressing apace. I am informed by the Commissioner that, since the reopening of the Garda College in September 2014, almost 1,400 recruits have attested as members of An Garda Síochána and have been assigned to mainstream duties nationwide. I am also informed that another 200 trainee Garda are scheduled to attest this year which will see Garda numbers, taking account of projected retirements, increase to around the 13,500 mark by year end - an increase of 500 since the end of 2016.

This focus on investment in personnel is critical. The moratorium on recruitment introduced in 2010 resulted in a significant reduction in the strength of An Garda Síochána. We are now rebuilding the organisation and providing the Commissioner with the resources needed to allow for the deployment of increasing numbers of Gardaí across every Garda Division in the coming years.

Firearms Licences

111. **Deputy Bríd Smith** asked the Minister for Justice and Equality if firearms assigned to the National Parks and Wildlife Service are registered with his Department. [41012/17]

Minister of State at the Department of Justice and Equality (Deputy David Stanton): Firearms certificates are a matter for An Garda Síochána. I am advised by the National Parks and Wildlife Service (NPWS) and An Garda Síochána that rangers within the NPWS are licensed individually by An Garda Síochána to hold specified firearms for use in their duties.

Garda Deployment

112. **Deputy Niall Collins** asked the Minister for Justice and Equality the number of the 181 Garda recruits that passed out on 22 September 2017 in Templemore that will be allocated to the Limerick Garda division; when the Limerick division last received a new recruit; and if he will make a statement on the matter. [41050/17]

Minister for Justice and Equality (Deputy Charles Flanagan): As the Deputy will ap-

preciate, it is the Garda Commissioner who is responsible for the distribution of resources, including personnel, among the various Garda Divisions and I, as Minister, have no direct role in the matter. Garda management keeps this distribution of resources under continual review in the context of crime trends and policing priorities so as to ensure that the optimum use is made of these resources.

This Government is committed to ensuring a strong and visible police presence throughout the country in order to maintain and strengthen community engagement, provide reassurance to citizens and to deter crime. To make this a reality for all, the Government has in place a plan to achieve an overall Garda workforce of 21,000 personnel by 2021 comprising 15,000 Garda members, 2,000 Reserve members and 4,000 civilians.

This plan is progressing apace. This year, funding has been provided for the recruitment of 800 Garda recruits and up to 500 civilians to support the wide ranging reform plan in train in An Garda Síochána. Funding has also been provided for the recruitment of 300 Garda Reserves.

I am informed by the Commissioner that the Garda strength of the Limerick Division, on 31 July 2017, the latest date for which figures are readily available, was 552. There are also 32 Garda Reserves and 49 civilians attached to the Division. When appropriate, the work of local Gardaí is supported by a number of Garda national units such as the National Bureau of Criminal Investigation, the Garda National Economic Crime Bureau and the Garda National Drugs and Organised Crime Bureau.

I am further informed by the Commissioner, since the reopening of the Garda College in September 2014, that almost 1,400 recruits have attested as members of An Garda Síochána and have been assigned to mainstream duties nationwide, 39 of whom have been assigned to the Limerick Division including 5 from the most recent attestation on 22 September. I am also informed that another 200 trainee Garda are scheduled to attest this year which will see Garda numbers, taking account of projected retirements, increase to around the 13,500 mark by year end - an increase of 500 since the end of 2016.

This focus on investment in personnel is critical. The moratorium on recruitment introduced in 2010 resulted in a significant reduction in the strength of An Garda Síochána. We are now rebuilding the organisation and providing the Commissioner with the resources needed to deploy increasing numbers of Gardaí across every Garda Division, including the Limerick Division in the coming years.

In so far as the allocation of newly attested Gardaí is concerned, this is a matter for the Garda Commissioner. I am assured by the Commissioner that the needs of all Garda Divisions are fully considered when determining the allocation of resources. However, it is important to keep in mind that newly attested Gardaí have a further 16 months of practical and classroom based training to complete in order to receive their BA in Applied Policing. To ensure that they are properly supported and supervised and have opportunities to gain the breadth of policing experience required, the Commissioner's policy is to allocate them to specially designated training stations which have the required training and development structures and resources in place, including trained Garda tutors and access to a permanently appointed supervisory Sergeant who is thoroughly familiar with their responsibilities under the training programme.

Liquor Licence Data

113. **Deputy Thomas P. Broughan** asked the Minister for Justice and Equality further to Parliamentary Question No. 246 of 12 July 2017, the number of the disclosed offences each

year which resulted in conviction, non-conviction, struck out or dismissed by court; and if he will make a statement on the matter. [41098/17]

114. **Deputy Thomas P. Broughan** asked the Minister for Justice and Equality further to Parliamentary Question No. 246 of 12 July 2017, if he has undertaken reviews of section 37 of the Intoxicating Liquor Act 2008 in particular with regard to the safeguards for test purchasers; and if he will make a statement on the matter. [41099/17]

115. **Deputy Thomas P. Broughan** asked the Minister for Justice and Equality further to Parliamentary Question No. 246 of 12 July 2017, the number of test purchasers by year and county; and if he will make a statement on the matter. [41100/17]

116. **Deputy Thomas P. Broughan** asked the Minister for Justice and Equality further to Parliamentary Question No. 246 12 July 2017, the reason there were no test purchases carried out in counties Galway, Kilkenny, Carlow, Laois, Offaly, Roscommon, Longford and Wexford in the years since 2014; the reason County Clare, DMR east, counties Sligo, Leitrim, Tipperary and Waterford have had no test purchases since 2015; and if he will make a statement on the matter. [41101/17]

Minister for Justice and Equality (Deputy Charles Flanagan): I propose to take Questions Nos. 113 to 116, inclusive, together.

As the Deputy will be aware, the Intoxicating Liquor Act 1988, as amended, makes provision for the test purchasing of intoxicating liquor. These provisions give Gardaí an important additional mechanism to facilitate the targeting of licensed premises which are suspected of engaging in illegal sales of intoxicating liquor to persons under 18 years of age.

Section 37C of the Intoxicating Liquor Act 1988 (as inserted by section 14 of the Intoxicating Liquor Act 2008) came into operation on the 1 October, 2010 by virtue of the Intoxicating Liquor Act 2008 (Commencement) Order 2010.

There is no provision for a formal review of Section 37C of the Act which governs the test purchasing of intoxicating liquor. This does not, however, preclude the carrying out and updating where necessary of the guidelines issued under Section 37C(4) concerning the practical operation of test purchasing.

I have requested a report from An Garda Síochána in relation to the other matters raised by the Deputy and will contact him directly once they are to hand.

Closed-Circuit Television Systems Expenditure

117. **Deputy Brendan Smith** asked the Minister for Justice and Equality the funding provided in his Department's Estimates for 2017 for CCTV systems; the level of expenditure to date; the projected expenditure by the end of 2017; and if he will make a statement on the matter. [41114/17]

118. **Deputy Brendan Smith** asked the Minister for Justice and Equality his plans to extend the rollout of CCTV systems; and if he will make a statement on the matter. [41116/17]

Minister for Justice and Equality (Deputy Charles Flanagan): I propose to take Questions Nos. 117 and 118 together.

The Deputy will be aware that the Programme for a Partnership Government commits to supporting investment in CCTV systems and, in this context, a new Community-based CCTV

grant-aid Scheme was launched by my Department in April 2017 to assist groups in the establishment of CCTV systems in their local areas.

Under the Scheme, eligible community groups can apply for grant-aid of up to 60% of the total capital cost of a proposed CCTV system, up to a maximum grant of €40,000. Upon approval of the grant, the applicant will receive an up-front payment of 50% of the grant with the balance to be paid when the system is fully operational. Some €1 million was secured in Budget 2017 for the purposes of the Scheme and it is envisaged that a similar amount will be made available in 2018 and 2019.

Full details of the Scheme, including guidelines, application forms, code of practice and other relevant documentation are available to download from my Department's website - www.justice.ie.

To date, 5 applications have been received, in addition to a number of enquiries about the Scheme. As these applications were incomplete, they have been returned to the applicants concerned to enable them to provide the information necessary to qualify for grant-aid. Guidance is available to help local groups in both rural and urban areas to apply for this important funding and I am keen to ensure that groups take full advantage of the availability of this funding.

I am very conscious of the value that communities, especially rural communities, place on CCTV as a means of deterring crime and assisting in the detection of offenders and I would encourage interested groups to avail of the Scheme.

Question No. 119 answered with Question No. 110.

Garda Strength

120. **Deputy John Curran** asked the Minister for Justice and Equality the number of Garda reserves currently stationed at Clondalkin, Lucan, Ronanstown and Rathcoole; the number that were stationed at each of these stations in January each year from 2012 to 2017; and if he will make a statement on the matter. [41119/17]

121. **Deputy John Curran** asked the Minister for Justice and Equality the number of gardaí currently stationed in Rathcoole, County Dublin; the number stationed there in January each year from 2012 to 2017; and if he will make a statement on the matter. [41120/17]

Minister for Justice and Equality (Deputy Charles Flanagan): I propose to take Questions Nos. 120 and 121 together.

As the Deputy will appreciate, it is the Garda Commissioner who is responsible for the distribution of resources, including personnel, among the various Garda Divisions and I, as Minister, have no direct role in the matter. I am assured by the Commissioner that the allocation of Gardaí is continually monitored and reviewed taking into account all relevant factors including crime trends, demographics, and security assessments relating to the area in question so as to ensure optimal use is made of Garda human resources.

I am informed by the Commissioner that in regard to the deployment of Garda personnel, a distribution model is used which takes into account all relevant factors including population, crime trends and the policing needs of each individual Garda Division. It is the responsibility of the Divisional Officer to allocate personnel within his/her Division.

Rathcoole Garda station forms part of the Dublin Metropolitan Region (DMR) West Garda

Division. I am informed that on 31 August 2017 the total strength of the DMR West Garda Division was 664 with 15 assigned to Rathcoole Garda Station. There are also 27 Garda Reserves and 47 civilians attached to the Division. When appropriate, the work of the Division is supported by a number of Garda national units such as the National Bureau of Criminal Investigation, the Garda National Economic Crime Bureau and the Garda National Drugs and Organised Crime Bureau.

This Government is committed to ensuring a strong and visible police presence throughout the country in order to maintain and strengthen community engagement, provide reassurance to citizens and deter crime. To make this a reality for all, the Government has in place a plan to achieve an overall Garda workforce of 21,000 personnel by 2021 comprising 15,000 Garda members, 2,000 Reserve members and 4,000 civilians.

This plan is progressing well. This year, funding has been provided for the recruitment of 800 Garda recruits and up to 500 civilians to support the wide ranging reform plan in train in An Garda Síochána. Funding has also been provided for the recruitment of 300 Garda Reserves.

I am advised by the Commissioner, that since the reopening of the Garda College in September 2014, that almost 1,400 recruits have attested as members of An Garda Síochána and have been assigned to mainstream duties nationwide, of which 118 were assigned to the DMR West Division. I understand that another 200 trainee Garda are scheduled to attest this year which will see Garda numbers, taking account of projected retirements, increase to around the 13,500 mark by year end - an increase of 500 since the end of 2016.

This focus on investment in personnel is critical. The moratorium on recruitment introduced in 2010 resulted in a significant reduction in the strength of An Garda Síochána. We are now rebuilding the organisation and providing the Commissioner with the resources needed to allow to deploy increasing numbers of Gardaí across every Garda Division, including the DMR West Division, in the coming years.

This investment in personnel is complemented by substantial investment in resources across the board for An Garda Síochána. The Deputy will be aware of the significant resources that have been made available to An Garda Síochána under the Government's Capital Plan 2016 - 2021. In particular, some €205 million in additional funding for Garda ICT and €46 million for new Garda vehicles has been allocated over the lifetime of the plan. This investment will facilitate the provision of more effective policing services and I have no doubt that these new resources now coming on stream will see an increase in Garda visibility in our communities.

I am informed by the Commissioner that as of the 31 August 2017, the latest date for which figures are available, the Garda strength of Rathcoole Station and the Garda Reserve strength of Clondalkin, Lucan, Ronanstown and Rathcoole Stations from January 2012 up to 2017 are as set out in the following tables:

Rathcoole Garda Station 2012-2017

Date	Amount
2012	27
2013	25
2014	23
2015	22
2016	20
2017*	1

*As of 31 August 2017

Garda Reserve Strength 2012 - 2017*

Station	2012	2013	2014	2015	2016	2017
Clondalkin	5	4	8	8	4	2
Lucan	13	14	14	15	13	10
Ronan-stown	2	2	6	7	5	3
Rathcoole	0	0	0	0	0	0
Total	20	20	28	30	22	15

*As of 31 August 2017

Immigration Status

122. **Deputy Bernard J. Durkan** asked the Minister for Justice and Equality the position regarding stamp 4 status in the case of a person (details supplied) who has been informed by their immigration officer that ministerial authorisation is required; if same can be arranged; and if he will make a statement on the matter. [41129/17]

Minister for Justice and Equality (Deputy Charles Flanagan): I am advised by the Irish Naturalisation and Immigration Service (INIS) of my Department that an application for residence in this State as a family member of an EU citizen was submitted by the person concerned on 5 January 2015. I am informed that the person concerned did not meet the criteria.

On 13 July 2015, INIS granted the person permission to reside in this State for one year under Stamp 4 conditions. INIS informed the person that further extension of that permission may be granted by the relevant local immigration officer subject to the applicant providing a valid passport and providing evidence of employment or self-sufficiency at that stage.

I am informed by INIS that when the person attended her local immigration office to seek the further permission it was declined as the person did not appear to meet the required conditions. I understand that the person was advised to contact INIS directly in relation to the matter. INIS has no record of correspondence from the person concerned to date.

Queries in relation to the status of individual immigration cases may be made directly to the INIS by e-mail using Oireachtas Mail facility which has been specifically established for this purpose. The service enables up to date information on such cases to be obtained without the need to seek information by way of the Parliamentary Questions process. The Deputy may consider using the e-mail service except in cases where the response from INIS is, in the Deputy's view, inadequate or too long awaited.

Immigration Status

123. **Deputy Bernard J. Durkan** asked the Minister for Justice and Equality the position with regard to the determination of eligibility for long-term residency in the case of a person (details supplied); and if he will make a statement on the matter. [41131/17]

Minister for Justice and Equality (Deputy Charles Flanagan): I am advised by the Irish Naturalisation and Immigration Service (INIS) of my Department that an application for residency in the State arising from marriage to an Irish national was received from the person concerned on 20 March 2017. Applications of this kind, in fairness to all other such applicants, are

dealt with in chronological order. INIS will be in contact with this individual in due course. It should be noted that marriage to an Irish national does not confer an automatic right of residence in the State.

Queries in relation to the status of individual immigration cases may be made directly to the INIS of my Department by e-mail using the Oireachtas Mail facility which has been specifically established for this purpose. This service enables up to date information on such cases to be obtained without the need to seek information by way of the Parliamentary Questions process. The Deputy may consider using the e-mail service except in cases where the response from the INIS is, in the Deputy's view, inadequate or too long awaited.

Naturalisation Applications

124. **Deputy Bernard J. Durkan** asked the Minister for Justice and Equality the position with regard to an application for naturalisation in the case of a person (details supplied); if all documentation requested has been supplied; and if he will make a statement on the matter. [41132/17]

Minister for Justice and Equality (Deputy Charles Flanagan): I am advised by the Irish Naturalisation and Immigration Service (INIS) of my Department that the application for a certificate of naturalisation from the person referred to by the Deputy is being processed with a view to establishing whether the applicant meets the statutory conditions for the granting of naturalisation, such as good character and lawful residence. A letter issued to the person concerned on 6 September 2017 requesting certain information, a reply to which has been received.

Queries in relation to the status of individual immigration cases may be made directly to the INIS of my Department by e-mail using the Oireachtas Mail facility which has been specifically established for this purpose. This service enables up to date information on such cases to be obtained without the need to seek information by way of the Parliamentary Questions process. The Deputy may consider using the e-mail service except in cases where the response from the INIS is, in the Deputy's view, inadequate or too long awaited.

Immigration Status

125. **Deputy Bernard J. Durkan** asked the Minister for Justice and Equality the residency status of a person (details supplied); and if he will make a statement on the matter. [41133/17]

Minister for Justice and Equality (Deputy Charles Flanagan): I am advised by the Irish Naturalisation and Immigration Service (INIS) of my Department that, in response to a notification pursuant to the provisions of Section 3 of the Immigration Act 1999 (as amended), the persons concerned have not submitted written representations.

The position in the State of the persons concerned will now be decided by reference to the provisions of Section 3 (6) of the Immigration Act 1999 (as amended) and all other applicable legislation. If any representations are submitted, they will be considered before a final decision is made.

Queries in relation to the status of individual immigration cases may be made directly to the INIS of my Department by e-mail using the Oireachtas Mail facility which has been specifically established for this purpose. This service enables up to date information on such cases to be obtained without the need to seek information by way of the Parliamentary Questions process.

The Deputy may consider using the e-mail service except in cases where the response from the INIS is, in the Deputy's view, inadequate or too long awaited.

Immigration Status

126. **Deputy Bernard J. Durkan** asked the Minister for Justice and Equality if all of the requested documentation has been received in the relevant section of his Department regarding the case of a person (details supplied); if appropriate consideration of their application for the regularisation of residency status can now take place; and if he will make a statement on the matter. [41134/17]

Minister for Justice and Equality (Deputy Charles Flanagan): I am advised by the Irish Naturalisation and Immigration Service (INIS) of my Department that, in response to a notification pursuant to the provisions of Section 3 of the Immigration Act 1999 (as amended), written representations have been submitted on behalf of the persons concerned.

These representations, together with all other information and documentation on file, will be fully considered, under Section 3 (6) of the Immigration Act 1999 (as amended) and all other applicable legislation, in advance of a final decision being made.

Queries in relation to the status of individual immigration cases may be made directly to the INIS of my Department by e-mail using the Oireachtas Mail facility which has been specifically established for this purpose. This service enables up to date information on such cases to be obtained without the need to seek information by way of the Parliamentary Questions process. The Deputy may consider using the e-mail service except in cases where the response from the INIS is, in the Deputy's view, inadequate or too long awaited.

Immigration Status

127. **Deputy Bernard J. Durkan** asked the Minister for Justice and Equality the extent to which the application for residency and naturalisation will be considered in the case of a person (details supplied); and if he will make a statement on the matter. [41135/17]

Minister for Justice and Equality (Deputy Charles Flanagan): I am advised by the Irish Naturalisation and Immigration Service (INIS) of my Department that in response to a notification pursuant to the provisions of Section 3 of the Immigration Act 1999 (as amended), written representations have been submitted on behalf of the person concerned.

These representations, together with all other information and documentation on file, will be fully considered, under Section 3 (6) of the Immigration Act 1999 (as amended) and all other applicable legislation, in advance of a final decision being made.

Queries in relation to the status of individual immigration cases may be made directly to the INIS of my Department by e-mail using the Oireachtas Mail facility which has been specifically established for this purpose. This service enables up to date information on such cases to be obtained without the need to seek information by way of the Parliamentary Questions process. The Deputy may consider using the e-mail service except in cases where the response from the INIS is, in the Deputy's view, inadequate or too long awaited.

Immigration Status

128. **Deputy Bernard J. Durkan** asked the Minister for Justice and Equality the current and or expected residency status and or entitlement to naturalisation in the case of a person (details supplied); and if he will make a statement on the matter. [41136/17]

Minister for Justice and Equality (Deputy Charles Flanagan): The person concerned arrived in the State in 2007, was registered as a student here up to 26 November 2014, and through Trayers & Company Solicitors, submitted an application for permission to remain in the State on 22 May 2015. By letter of 24 May 2016 permission was refused.

The person concerned instituted Judicial Review proceedings on 06 September 2016 challenging the refusal to grant permission to remain and accordingly, as the matter is sub judice, I do not propose to comment further.

Queries in relation to the status of individual immigration cases may be made directly to the INIS of my Department by e-mail using the Oireachtas Mail facility which has been specifically established for this purpose. This service enables up to date information on such cases to be obtained without the need to seek information by way of the Parliamentary Questions process. The Deputy may consider using the e-mail service except in cases where the response from the INIS is, in the Deputy's view, inadequate or too long awaited.

Immigration Status

129. **Deputy Bernard J. Durkan** asked the Minister for Justice and Equality the current and or expected residency status in the case of a person (details supplied); the correct procedure to be followed in their circumstances to upgrade their position; and if he will make a statement on the matter. [41150/17]

Minister for Justice and Equality (Deputy Charles Flanagan): I am advised by the Irish Naturalisation and Immigration Service (INIS) of my Department that a request for further permission was received from the persons in question on 6 June 2017. This is currently receiving attention and correspondence will issue in the coming weeks to the persons concerned.

Queries in relation to the status of individual immigration cases may be made directly to the INIS of my Department by e-mail using the Oireachtas Mail facility which has been specifically established for this purpose. This service enables up to date information on such cases to be obtained without the need to seek information by way of the Parliamentary Questions process. The Deputy may consider using the e-mail service except in cases where the response from the INIS is, in the Deputy's view, inadequate or too long awaited.

Inspector of Prisons

130. **Deputy Clare Daly** asked the Minister for Justice and Equality when the Inspector of Prisons vacancy will be filled; the status of reports which were not completed by a person (details supplied) as a result of their unexpected death; if they will be concluded and or published; if not, if they will need to be recommenced; and if he will make a statement on the matter. [41156/17]

Minister for Justice and Equality (Deputy Charles Flanagan): The Public Appointment Service (PAS) is currently running a Top Level Appointment Competition to appoint a new Inspector of Prisons. The competition was publicly advertised on 25 August 2017. It is understood from PAS that, following a shortlisting process and preliminary interviews, the final

interview process is likely to begin in late October this year.

The Office of the Inspector of Prisons is a statutory, independent office established under the Prisons Act 2007. The previous holder of the post, Judge Michael Reilly, died suddenly on 26 November 2016. Although there is no statutory provision for assigning these powers to any other individual, the Principal Officer in the Inspector of Prisons' office in Nenagh has been the Acting Inspector of Prisons in the meantime. She was appointed under a warrant signed by the previous Minister. All staff in the prison system were instructed to co-operate with her and she remains independent of the Department and the Irish Prison Service as far as investigations are concerned and the content of any report produced. Further, she was authorised to complete any outstanding reports and submit them to me as Minister for Justice and Equality on a non-statutory basis and these are being published in the normal way.

Plainly, this arrangement will end when the new Inspector is appointed through the competition described above.

Crime Data

131. **Deputy Alan Kelly** asked the Minister for Justice and Equality the number of arrests and convictions that were recorded in the recent Operation Thor carried out by An Garda Síochána; and if he will make a statement on the matter. [41161/17]

Minister for Justice and Equality (Deputy Charles Flanagan): As the Deputy will be aware, since its inception in November 2015, there has been concentrated activity under Operation Thor which is reflected in the implementation of over 83,260 targeted checkpoints nationwide and 28,633 searches carried out. There have also been in the region of 5,541 arrests and 6,156 charges covering a range of offences which, in addition to burglary, have included handling stolen property, possession of firearms and drugs offences.

It is also encouraging to note that burglary figures in particular have shown a significant downward trend. The CSO official recorded crime statistics for Q4 of 2016 show a 30% decrease in burglary for the twelve months of 2016 when compared to the same period in 2015 - which parallels the implementation of Operation Thor.

The Government made it a particular priority to strengthen our legislative provisions through the enactment of the Criminal Justice (Burglary of Dwellings) Act 2015 which is targeted at repeat burglars who have previous convictions and who are charged with multiple offences of residential burglary. I am very pleased that this new legislation is now available to support the work which is being carried out by An Garda Síochána under Operation Thor.

Underpinning all of these measures is the Government's commitment to Garda recruitment, ensuring a strong and visible police presence throughout the country in order to maintain and strengthen community engagement, provide reassurance to citizens and deter crime. The Government has in place a plan to achieve an overall Garda workforce of 21,000 personnel by 2021.

As the Deputy will be aware, the Programme for Government underlines the need for close engagement between An Garda Síochána and local communities and this is an essential feature of the strong community policing ethos which has long been central to policing in this jurisdiction. The Deputy will also be aware that as part of the overall strategy to oppose criminality, the Garda authorities pursue a range of partnerships with community stakeholders, including the farming organisations. There are a range of partnership initiatives which have been established between An Garda Síochána and important rural-based organisations such as the Irish Farmers Association, Muintir na Tire and other rural community organisations, including the

well established Community Alert Programme, the ongoing work of the Metal Theft Forum, the Crimestoppers campaign highlighting the Theft of Livestock, the Theftstop initiative in relation to farm equipment, and the highly successful Garda Text Alert Scheme.

Policing Authority Reports

132. **Deputy Róisín Shortall** asked the Minister for Justice and Equality the timeframe for completion of the independent review of the reporting of breath tests and the issuing of fixed charges notices commissioned by the Policing Authority; and if he will make a statement on the matter. [41206/17]

Minister for Justice and Equality (Deputy Charles Flanagan): As the Deputy is aware, my predecessor as Minister for Justice and Equality wrote to the Chairperson of the Policing Authority in accordance with section 62O(6) of the Garda Síochána Act, 2005 (as amended) requesting that the Authority report on its oversight of the issues which have arisen in relation to mandatory alcohol testing.

This report is to include an examination of all aspects of the matter, addressing to the extent possible the reasons why issues have arisen, the incidence and scale of the issues and the solutions implemented to ensure there is no recurrence.

The Policing Authority contracted an independent company to carry out the examination of these issues in accordance with the request. I am advised that the independent examination is at an advanced stage and the Policing Authority expects to be in receipt of the report in October.

Direct Provision System

133. **Deputy Róisín Shortall** asked the Minister for Justice and Equality his Department's policy on vulnerability assessments of persons entering direct provision; the details of this assessment; if these assessments are now or planned to be standard practice; and if he will make a statement on the matter. [41207/17]

Minister of State at the Department of Justice and Equality (Deputy David Stanton): All services for protection applicants (either those in State provided accommodation or those who live in the community) are delivered under the Government policies of direct provision and dispersal.

This system of direct provision is the system whereby State services are delivered directly to protection applicants through the relevant Government Department or Agency – for example the Department of Education & Skills delivers education services through the established school system; the HSE delivers medical services through the established GP and hospital systems.

In the case of the Department of Justice and Equality, full board accommodation and related services are offered to residents while their application for protection is being processed. Not every person who seeks international protection in Ireland chooses to accept the offer of full board accommodation and of course many choose to live with colleagues, family or friends in communities across the country, as they are entitled to do.

Those who accept the offer of accommodation are in turn offered a health screening check on arrival at the initial Reception Centre in Baleskin. These services are provided by the HSE and assessments as to individual vulnerabilities are made at this stage by the HSE team. This service is, by definition, made available by the HSE on a voluntary and strictly confidential ba-

sis. Screening covers Hepatitis, TB, HIV, immunisation status and any other ailments or conditions that the medical officers feel require further investigation and/or treatment. In addition, arrangements are in place in various parts of the country to offer this service to those who do not avail of it in Dublin. Figures supplied by the HSE show that approximately 84% of asylum seekers availed of health screening in 2015 while residing in the reception centre in Dublin. No figures are available in relation to those who subsequently availed of screening after being dispersed from the Reception Centre.

While the Health Unit in RIA assists in the coordination of the provision of health services and communications with various stakeholders, RIA has no role in the provision of health services as this remains the sole responsibility of the HSE.

Following on from this initial health screening, access to health services in Ireland thereafter for asylum seekers residing in State provided accommodation is 'mainstreamed' i.e. it is provided on the same basis as the general population. Asylum seekers in State provided accommodation will also generally qualify for a medical card and an exemption from prescription charges. They are then eligible to avail of a wide range of health services free of charge including GP services. They also have access to the Public Health Nursing System, social work services and Community Welfare services. A dedicated asylum seeker psychological service operates in Baleskin Health Centre and the North Strand Health Centre. North Strand Road, Dublin 1.

Tusla and the HSE link in with accommodation centres to provide on-site services and monitoring of children and families through Public Health Nurse and GP services, social work teams, mental health specialists and through the positive engagement of accommodation centre management teams.

The Community Welfare Service of the Department of Social Protection holds clinics in many centres to assist families with needs which may fall to be assisted under the Exceptional Needs Payments.

Children are linked in by local management to mainstream primary and post-primary schools in a like manner to the general population. Younger children may also avail of the free ECCE pre-school placements. Homework clubs are provided at certain family centres. The Department of Education has also made changes to allow children who are 5 years in the system and who have attended a minimum of five years in the Irish school system to avail of third level education.

RIA has a dedicated Child and Family Services Unit, whose role is to manage, deliver, coordinate, monitor and plan all matters relating to child and family services for all asylum seekers residing in State provided accommodation. It also acts as a conduit between RIA and Tusla, the latter having statutory functions in this area. The Unit is headed up by an official seconded from Tusla who has clinical expertise in the area of child welfare and protection.

The Child Protection and Welfare Policy and Practice Document in force in all accommodation centres is based on the HSE's "Children First - National Guidelines for the protection and welfare of children. The HSE and Tusla have provided 'Keeping Safe' child protection training and Designate Liaison Person Training (DLP) to each centre's Designated Liaison Persons and other staff members. RIA has recently updated its Child Protection Policy to include a Practice Document. Briefing sessions were held in family centres around the country for centre staff members and all other relevant personnel. All staff of centres under contract to RIA are Garda vetted.

In summary, those in the protection process have access to the same set of assessments as

other persons resident in communities across the country and have the same rights to appeal decisions or make complaints through the relevant Departmental channels and through the relevant Ombudsmen where appropriate and necessary. Any vulnerabilities that are identified at any assessment are identified and addressed by the relevant Government Department or Agency.

Legal Services Regulation

134. **Deputy Róisín Shortall** asked the Minister for Justice and Equality the current stage of the drafting of the Legal Services Regulatory Authority report which is due by October 2018; if he has received interim reports, briefings or updates on the results of this review of the Legal Services Regulatory Authority; and if he will make a statement on the matter. [41208/17]

Minister for Justice and Equality (Deputy Charles Flanagan): The Deputy will appreciate that the Legal Services Regulatory Authority is an independent statutory body and that I do not, as Minister, have a role in relation to its day to day operations. Under section 34 of the Legal Services Regulation Act 2015 the Legal Services Regulatory Authority is the body which has, by law, been given the specific task of preparing, with the support of a public consultation process, a comprehensive report in relation to the education and training (including on-going training) arrangements in the State for legal practitioners, including the manner in which such education and training is provided. This report is, under the terms of the Act, to be provided to the Minister for Justice and Equality by the Legal Services Regulatory Authority within two years of its establishment day, 1 October 2016. The Government will, therefore, take account of any specific findings and recommendations that are made on these matters by the Authority in its report including in deciding the appropriate policy responses to be made. Similarly, account will also be taken of any interim report provided under the terms of section 34(6) of the 2015 Act. It is expected that the Authority will commence its work on these matters in due course.

The Deputy will also wish to note that the Regulatory Authority has been deeply engaged in the conduct of public consultations and in the making of reports on a whole series of issues which it remains obliged to deal with under the 2015 Act within set deadlines. For example, on 31 March 2017, the Authority presented its report under section 118 (Legal Partnerships) which was laid before the Houses of the Oireachtas on 28 April 2017. The Authority then submitted a further short report on Legal Partnerships on 31 July 2017 which is in the process of being laid before the Houses. At present, the Authority is finalising two more reports which it is to submit by 30 September 2017. The first follows commissioned research and a public consultation on the establishment, regulation, monitoring, operation and impact of Multi-Disciplinary Practices conducted under section 119 of the 2015 Act while the second follows public consultations on certain issues relating to barristers conducted under section 120 of the Act.

The Regulatory Authority also submitted its first Annual Report on 26 April 2017 which, under the terms of the Act, covers its activities for the quarter since establishment on 1 October 2016 to the end of that year. That report was laid before each House of the Oireachtas on 18 May 2017. It should be noted that in addition to such reports being laid before the Houses, the Regulatory Authority also makes them available, as may be appropriate, on its website www.LSRA.ie along with other useful information.

Údarás na Gaeltachta Funding

135. **Deputy Éamon Ó Cuív** asked the Minister for Culture, Heritage and the Gaeltacht the allocation made to Údarás na Gaeltachta in each of the years 2010 to 2017 by capital and

current allocations in tabular form; and if she will make a statement on the matter. [41103/17]

Minister of State at the Department of Culture, Heritage and the Gaeltacht (Deputy Joe McHugh): The information sought by the Deputy is outlined in the table:

Year	Capital€m	Current(Admin)€m	Current(Programmes)€m	Total€m
2010	11	3.915	18	32.915
2011	6.0	10.3	3.3	19.6
2012	5.938	9.871	3.273	19.082
2013	6.0	9.009	3.4	18.409
2014	5.687	8.798	3.0	17.485
2015	6.687	8.798	3.0	18.485
2016	9.087*	8.823	3.0	20.910
2017	8.187**	8.958	3.250	20.395

* An additional capital allocation of €2.4m, arising from savings elsewhere in the Department's Vote, was secured for an tÚdarás in 2016 and is included in the figure provided.

** An additional capital allocation of €1.5m, arising from savings elsewhere in the Department's Vote, has been secured for an tÚdarás to date in 2017 and is included in the figure provided.

Foras na Gaeilge

136. **Deputy Éamon Ó Cuív** asked the Minister for Culture, Heritage and the Gaeltacht the allocation made to Foras na Gaeilge in each of the years 2010 to 2017 by capital and current allocations in tabular form; and if she will make a statement on the matter. [41104/17]

Minister of State at the Department of Culture, Heritage and the Gaeltacht (Deputy Joe McHugh): The funding provided by my Department to Foras na Gaeilge over the period 2010-2016, along with the allocation for this year is set out in the Revised Estimates Volume 2017, relates to current expenditure only and is set out in the following table:

Year	€
2010	15,458,996
2011	15,016,140
2012	14,563,603
2013	13,690,340
2014	12,711,090
2015	12,614,150
2016	12,527,548
2017	13,989,000

This funding comprises the Department's share of the budget approved by the North/South Ministerial Council, ringfenced funding for Clár na Leabhar Gaeilge and Colmcille in addition to one-off unmatched funding in 2016 and 2017.

Metal Detectors

137. **Deputy Clare Daly** asked the Minister for Culture, Heritage and the Gaeltacht her plans to review and revise the law on metal detecting here. [41115/17]

Minister for Culture, Heritage and the Gaeltacht (Deputy Heather Humphreys): I refer the Deputy to my reply to Parliamentary Question Number 120 on 27 September 2017. I have no plans to propose a change in the law in this regard.

Cultural Policy

138. **Deputy Micheál Martin** asked the Minister for Culture, Heritage and the Gaeltacht the attempts she made to secure funding to buy the Yeats collection for the State; and if she will make a statement on the matter. [41125/17]

139. **Deputy Micheál Martin** asked the Minister for Culture, Heritage and the Gaeltacht if her departmental officials are of the view that the most recent Yeats memorabilia that has become available to auction should be bought by State; and if she will make a statement on the matter. [41126/17]

140. **Deputy Micheál Martin** asked the Minister for Culture, Heritage and the Gaeltacht if she has received many requests for the State to buy the latest Yeats collection at auction; and if she will make a statement on the matter. [41127/17]

Minister for Culture, Heritage and the Gaeltacht (Deputy Heather Humphreys): I propose to take Questions Nos. 138 to 140, inclusive, together.

I am happy to confirm that I was able to support the National Library of Ireland and the National Museum of Ireland in acquiring a number of items in advance of the auction in London yesterday.

In July this year I agreed to provide funding of up to €500,000 to the National Library of Ireland to assist in the acquisition of more than 500 letters between W.B. Yeats and his wife George Yeats.

I also provided €150,000 to the National Museum of Ireland to assist in the acquisition of such items as the National Museum of Ireland deemed appropriate, including furniture and other artefacts.

These letters and other items were withdrawn from auction as a result.

This support is in addition to €518,000 which I provided in December 2016 to the National Library to assist in purchasing 10 signed letters from James Joyce to W.B. Yeats, the Dream Diary of W.B. Yeats wife George and the Yeats Family Library.

Alongside these purchases, the National Library of Ireland have announced the forthcoming donation by the Yeats family of both the remaining Yeats family archive and items currently on loan to the National Library of Ireland for its Yeats exhibition.

These donations will be made under Section 1003 of the Taxes Consolidation Act 1997, the tax relief available in respect to donors of important national heritage items to the Irish national collections.

It is worth pointing out that the donation by the family of Yeats' Noble medal and certificate in 2016 along with the further donation of material which is currently being finalised will have a total value of almost €2.5m. This will mean that in total, over the past 2 years the State has acquired material from the Yeats family collection amounting to a total value of over €4 million.

The combined acquisitions of Yeats material by the National Library make the National

Library the world's largest W.B. Yeats archive.

The National Gallery of Ireland, the Office of Public Works and the trustees of Muckross House in Killarney National Park were also successful in acquiring items at yesterday's auction, and the various institutions have now published details of the items which they have acquired either at auction or in advance of it.

Medical Card Eligibility

141. **Deputy Willie Penrose** asked the Minister for Health his plans to increase the €500 eligibility limit for receipt of a medical card by a single person over 70 years of age in view of the fact that this has been fixed from 1 January 2014; if this can be reviewed to reflect inflation in the interim from 1 January 2018; and if he will make a statement on the matter. [41163/17]

Minister for Health (Deputy Simon Harris): Under the Health (Alteration of Criteria for Eligibility) (No. 2) Act 2013, when a person attains the age of 70, the medical card income limits are €500 gross income per week for a single person and €900 gross income per week for a couple. Any revision of these medical card income thresholds requires primary legislation.

Persons aged 70 or older, who are assessed as ineligible under the gross income thresholds, may also have their eligibility assessed under the means-tested medical card scheme if they so wish, for example in the event that they face particularly high expenses, e.g. nursing home or medication costs. This scheme is open to all persons, irrespective of their age and assessment is based on net income and assessable outgoing expenses. The qualifying income thresholds under this scheme are lower than over-70s gross income thresholds. In setting the assessment guidelines, the Health Service Executive (HSE) has regard to Government policy as outlined by the Minister for Health, changes in the consumer price index and other issues which may be relevant.

Furthermore, persons, including those aged over 70 years, may be deemed eligible for a medical card on a discretionary basis, if they are judged to face undue hardship in arranging GP services as a result of medical or social circumstances. In addition, from August 2015, all persons aged 70 or older qualify for a GP Visit Card, regardless of income.

There are no proposals at present to amend the income guidelines for the granting of eligibility for medical cards for persons aged 70 and over. However, it should be noted that the gross income limits are reviewed annually and considered in the context of the budget.

Occupational Therapy Waiting Lists

142. **Deputy Brendan Smith** asked the Minister for Health the way in which it is proposed to reduce the long waiting times being experienced by children in counties Cavan and Monaghan that are in need of an assessment for occupational therapy. [40970/17]

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 Report

143. **Deputy Eugene Murphy** asked the Minister for Health if the recommendations of the recent report on Roscommon mental health services will be implemented; and if so, the time-frame for same. [40978/17]

Minister of State at the Department of Health (Deputy Jim Daly): As this is a service matter, I have asked the Health Service Executive to respond directly to the Deputy as soon as possible.

Disabilities Assessments

144. **Deputy John Curran** asked the Minister for Health the way in which it is proposed to reduce the number of overdue assessments of need under the Disability Act 2005 in the Dublin west and Dublin south west local health areas. [40966/17]

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.

Hospital Waiting Lists Action Plans

145. **Deputy Bobby Aylward** asked the Minister for Health if no child will have to wait longer than four months for a scoliosis operation by the end of 2017. [40952/17]

Minister for Health (Deputy Simon Harris): The HSE and the Children's Hospital Group are actively implementing the action plan they developed to ensure that no child will be waiting over 4 months by year end and are focussed on maximising all available capacity both internally and externally to achieve this target.

Nursing Homes Support Scheme Administration

146. **Deputy Noel Rock** asked the Minister for Health the position regarding extending the fair deal scheme to allow persons receive care in their own home; and if he will make a statement on the matter. [41008/17]

Minister of State at the Department of Health (Deputy Jim Daly): It is Government policy to promote care in the community for older people so that they can continue to live in their own homes for as long as possible. The only statutory scheme in place at present to support older people is the Nursing Home Support Scheme, commonly known as 'A Fair Deal', and there have been calls to extend this scheme to cover home care services. However, the Government is committed to establishing a new separate statutory home care scheme along with a system of regulation for home care services. The Department of Health is currently engaged in a detailed process to progress this.

The statutory scheme for home care will introduce clear rules in relation to what services individuals are eligible for and how decisions are made on allocating services. For that reason, developing a new statutory scheme will be an important step in ensuring that the system operates in a consistent and fair manner for all those who need home care services. It will also help to improve access to the home care services that people need, in an affordable and sustainable way. The system of regulation for home care will help to ensure that the public can be confident that the services provided are of a high standard.

As an initial step, the Department commissioned the Health Research Board to undertake an evidence review of the home care systems that are in place in four other European countries. This review, which was published on 11 April, will help us to learn from the experiences of other jurisdictions and will inform the debate and future consideration of approaches to formal home care financing and regulation here in Ireland.

I, along with Minister Harris, also launched a public consultation on home care on 6 July. The purpose of this consultation is to allow all those who have views on this topic to have their say, including home care users, their families, and healthcare workers. It will also allow us to find out what people think about current home care services as well as the public's views on what the future scheme should look like. The deadline for submissions is 2 October, 2017. A report of the findings of this consultation process will be published and the findings will be used by the Department in the development of the new home care scheme.

The development of a regulatory and funding model for home care services is a complex undertaking. While the public consultation and evidence review are important steps in the process of developing the new scheme, a significant amount of additional preparation needs to be carried out before final decisions are taken on the form of home care scheme and system of regulation. This is required if the reforms are to be successful, affordable and sustainable. Every effort will be made to progress this matter as quickly as possible.

Nursing Homes Support Scheme Review

147. **Deputy Carol Nolan** asked the Minister for Health the progress regarding the commitment under the programme for Government to address the discrimination faced by farmers in respect of the fair deal scheme; and if he will make a statement on the matter. [41013/17]

Minister of State at the Department of Health (Deputy Jim Daly): 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.

When the NHSS commenced in 2009, a commitment was made that it would be reviewed after three years. The Report of the Review was published in July 2015. Arising out of the Review, a number of key issues have been identified for more detailed consideration across Departments and Agencies.

An Interdepartmental/Agency Working Group has been established to progress the recommendations contained in the Review. This Group is chaired by the Department of Health and includes representatives from the Department of the Taoiseach, the Department of Public Expenditure and Reform, the HSE, the Revenue Commissioners, and when required, the National Treatment Purchase Fund (NTPF). These recommendations include examining the treatment

of business and farm assets for the purposes of the financial assessment element of the Scheme. The programme for a Partnership Government has also committed to reviewing the NHSS to remove any discrimination against small businesses and family farms. It is important to remember that the NHSS is largely underpinned by primary legislation and changes to the NHSS will require legislative implementation.

On this basis, I have requested legal advice from the office of the Attorney General regarding potential changes to the legislation that will address this matter. I have met with representatives from the I.F.A to discuss this matter and have apprised them of the current progress. I am committed to this review of the position with regard to family farms and small businesses for the purposes of the financial assessment of the scheme.

Hospital Waiting Lists Action Plans

148. **Deputy Louise O'Reilly** asked the Minister for Health the details of the agreement reached with Portland hospital and Franziskus hospital for the provision of surgery for children with scoliosis from Ireland; the type of surgery to be provided; the number of surgeries to be provided; and if he will make a statement on the matter. [41019/17]

149. **Deputy Louise O'Reilly** asked the Minister for Health the surgery plan for the 68 identified children with complex medical needs that are awaiting surgery for scoliosis; and if he will make a statement on the matter. [41020/17]

150. **Deputy Louise O'Reilly** asked the Minister for Health if the 68 children on the scoliosis waiting list with complex medical needs are suitable for transfer to either England or Germany for surgery; and if he will make a statement on the matter. [41021/17]

151. **Deputy Louise O'Reilly** asked the Minister for Health if his attention has been drawn to the fact that children and young adults are being referred from Crumlin children's hospital to the Mater hospital for scoliosis surgery and are being sent back to Crumlin due to the fact the Mater hospital cannot provide treatment; the numbers involved; and if he will make a statement on the matter. [41022/17]

152. **Deputy Louise O'Reilly** asked the Minister for Health the time from the signing of the agreement for treatment with Stanmore hospital to the first child from the scoliosis waiting list being operated on; and if he will make a statement on the matter. [41023/17]

153. **Deputy Louise O'Reilly** asked the Minister for Health the time between the first examination by Stanmore hospital of a child on the scoliosis waiting list and the time for that child's surgery; and if he will make a statement on the matter. [41024/17]

154. **Deputy Louise O'Reilly** asked the Minister for Health if his attention has been drawn to the fact that there are at least five parents that have not heard back from Stanmore hospital regarding their children's surgery for scoliosis since July 2017; and if he will make a statement on the matter. [41025/17]

Minister for Health (Deputy Simon Harris): I propose to take Questions Nos. 148 to 154, inclusive, together.

The HSE is actively implementing the action plan they developed to ensure that no child will be waiting over 4 months by year end and are focussed on maximising all available capacity both internally and externally to achieve this target.

In relation to the queries raised by the Deputy, as these are service issues, I have asked the HSE to respond to you directly.

General Practitioner Services Provision

155. **Deputy John Brady** asked the Minister for Health if he will establish a general practitioner out-of-hours service in north Wicklow; if not, the reasons therefor; and if he will make a statement on the matter. [41027/17]

Minister for Health (Deputy Simon Harris): General practitioners contracted under the General Medical Services scheme must make suitable arrangements to enable contact to be made with them, or a locum/deputy, for emergencies outside normal practice hours. While there is no obligation on GPs to participate in GP out of hours cooperatives as a means of meeting this contractual requirement, such services have been developed and expanded over time and are now an essential part of our primary care services helping to ensure that, to the greatest extent possible, urgent care needs are met in the primary care setting.

The geographic area of North Wicklow, which covers Bray, Greystones and Enniskerry, is not currently serviced by a GP out of hours co-operative. The current out of hours service for the area is provided through a GP deputising service covering night time and weekend periods. The HSE has advised that the current service is unable to meet demand and is not sustainable long term.

I recognise the need for an improved out of hours service for North Wicklow which can provide the appropriate level of cover for the population of the area. The development of such a service would allow GPs to participate fully in the provision of an integrated healthcare system providing medical services that are appropriate, timely and effective, easily accessible and responsive to the needs of patients.

The HSE remains committed to the development of GP out of hours services in North Wicklow, and a proposal to provide a structured out of hours service for the area which would ensure 24/7 GP cover is being pursued. I expect to be in a position to provide further news on this in the coming weeks.

The HSE's National Primary Care Division has also undertaken a national review of current GP out of hours services and a final report is expected to be completed shortly. This report will make recommendations regarding the future provision of GP out of hours services and will have particular relevance to the current gaps in service, in areas such as North Wicklow.

Hospital Admissions

156. **Deputy John Brady** asked the Minister for Health the action he has taken to deal with inadequate protocols in place at St. Columcille's Hospital in Loughlinstown in cases in which persons attend the minor injuries unit without a general practitioner referral letter; and if he will make a statement on the matter. [41028/17]

Minister for Health (Deputy Simon Harris): The Ireland East Hospital Group has confirmed that GP referral letters became a part of the St Columcille's Hospital Operational Policy for the Medical Assessment Unit, in November 2016.

The protocol is in line with the operation of a Medical Assessment Unit in a Level 2 Hospital as outlined in the Acute Medicine Clinical Care Programme. The Medical Assessment

Unit at St Columcille's Hospital accepts GP referred patients and transfers of patients from St. Vincent's University Hospital as per an agreed patient pathway.

The protocol is that when a person presents to the Medical Assessment Unit without a GP referral letter they are advised of the need for a letter in order to be seen. If however, they state they are unwell or indeed look unwell and are not happy to attend their GP or another healthcare facility the protocol is that they will be reviewed by the Triage Nurse on duty at the hospital and a decision made regarding their most appropriate management. This may include being seen by the Medical Assessment Unit doctor or an emergency transfer to another healthcare provider with an Emergency Department on site. On occasion the person will be treated in St. Columcille's Hospital if appropriate.

Disability Services Provision

157. **Deputy Donnchadh Ó Laoghaire** asked the Minister for Health the position regarding the provision of a multidisciplinary team for a school (details supplied). [41033/17]

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 particular issue raised by the Deputy is a service matter for the HSE. Accordingly 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 Review

158. **Deputy Mick Wallace** asked the Minister for Health the financial supports available for those that suffer with haemochromatosis and require regular venesection; his plans to introduce financial supports to help with the significant financial burden regular treatment creates; and if he will make a statement on the matter. [41043/17]

Minister for Health (Deputy Simon Harris): The IBTS has been running a Haemochromatosis clinic in the Stillorgan Blood Donation Clinic since 2007 and sees approximately 600 patients annually. In this clinic the IBTS only accepts Hereditary Haemochromatosis (HH) patients who are eligible to donate blood. In 2013 and 2014, the IBTS commenced provision of a programme for HH patients in their D'Olier Street (Dublin) and St Finbarr's Hospital (Cork) clinics, respectively. The Clinics provide phlebotomy at no cost to the patient with a prescription from their treating clinician. The phlebotomy would be performed, regardless of whether the patient wanted to have their unit converted to a donation.

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 under way. I expect that the issue of therapeutic venesection services for patients with Haemochromatosis will be considered in the context of the overall GP contract review process.

Disabilities Assessments

159. **Deputy Kevin O’Keeffe** asked the Minister for Health the status of an assessment for a person (details supplied) in County Cork. [41044/17]

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 an individual case, I have arranged for the question to be referred to the Health Service Executive (HSE) for direct reply to the Deputy.

National Lottery Funding Applications

160. **Deputy Paul Kehoe** asked the Minister for Health the reason for refusal of a HSE national lottery grant application (details supplied); if there is an avenue for appeal; and if he will make a statement on the matter. [41045/17]

Minister of State at the Department of Health (Deputy Finian McGrath): As I have no role or function in relation to the Health Service Executive (HSE) national lottery scheme, I have asked the HSE to reply to the Deputy directly.

Transport Support Scheme

161. **Deputy Robert Troy** asked the Minister for Health if the motorised grant scheme will be reintroduced; and if so, when it will be open to new applicants. [41046/17]

Minister of State at the Department of Health (Deputy Finian McGrath): Conscious of the reports of the Ombudsman in 2011 and 2012 regarding the legal status of both the Mobility Allowance and Motorised Transport Grant Scheme in the context of the Equal Status Acts, the Government decided to close both schemes in February 2013.

The Government is aware of the continuing needs of people with a disability who rely on individual payments that support choice and independence. In this regard, monthly payments of up to €208.50 have continued to be made by the Health Service Executive to 4,700 people who were in receipt of the Mobility Allowance.

The Government decided that the detailed preparatory work required for a new Transport Support Scheme and associated statutory provisions should be progressed by the Minister for Health and the *Programme for a Partnership Government* acknowledges the ongoing drafting of primary legislation for a new Transport Support Scheme. I can confirm that work on the policy proposals for the new Scheme is at an advanced stage. The proposals seek to ensure that:

- There is a firm statutory basis to the Scheme’s operation;
- There is transparency and equity in the eligibility criteria attaching to the Scheme;
- Resources are targeted at those with greatest needs; and

- The Scheme is capable of being costed and is affordable on its introduction and on an ongoing basis.

The next step is to seek Government approval to the drafting of a Bill for the new Scheme.

HSE Staff Recruitment

162. **Deputy Niamh Smyth** asked the Minister for Health the reason medical scientists and those in similar posts within the Saolta healthcare group are able to apply for inter hospital transfers within the group but not to other HSE hospital posts outside of the group in view of the fact that recruitment for the entire HSE is handled centrally. [41048/17]

Minister for Health (Deputy Simon Harris): I have asked the HSE to respond to the Deputy directly on this matter.

Hospital Appointments Status

163. **Deputy Robert Troy** asked the Minister for Health if an appointment for a person (details supplied) can be scheduled; and if he will make a statement on the matter. [41062/17]

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.

Mental Health Services Expenditure

164. **Deputy Brendan Howlin** asked the Minister for Health the cost of extending access to the counselling in primary care service to all those aged 16 to 25 years of age; and if he will make a statement on the matter. [41063/17]

Minister of State at the Department of Health (Deputy Jim Daly): As indicated in the HSE Service Plan 2017, the Counselling in Primary Care Service expects to see around 8,900 adults this year, and collaboration is also progressing between mental health and primary care in relation to developing counselling for those under age 18. Around 3,000 adults will also be seen by the HSE National Counselling Service. Other service initiatives aimed at developing counselling or advice from a prevention or early intervention point of view include, for example, the prioritisation this year of new Jigsaw services at Dublin, Cork and Limerick and the enhancement of Primary Care psychology through the provision of an additional 114 Assistant Psychologists.

As the planning and scoping of any proposal to extend services is primarily a operational matter, in the light of changing demand or other relevant factors, this would first of all have to

be considered by the HSE, in the overall context of competing demands and resource limitations. I have, therefore, asked the Executive to respond in further detail direct to the Deputy on this matter raised.

Home Help Service Expenditure

165. **Deputy Brendan Howlin** asked the Minister for Health the number of home help hours funded in 2017; the cost of increasing the allocation by 10%; and if he will make a statement on the matter. [41064/17]

166. **Deputy Brendan Howlin** asked the Minister for Health the funding required to address all cases in which a need for a home care package has been identified; and if he will make a statement on the matter. [41065/17]

Minister of State at the Department of Health (Deputy Jim Daly): I propose to take Questions Nos. 165 and 166 together.

As these are service matters I have asked the Health Service Executive to respond directly to the Deputy as soon as possible.

Organ Donation

167. **Deputy Louise O'Reilly** asked the Minister for Health if the assistance scheme for living organ donors can be expanded to include relief, compensation and assistance to parents not working outside the home; and if he will make a statement on the matter. [41069/17]

Minister for Health (Deputy Simon Harris): The Policy for the Reimbursement of Expenses of Living Donors provides for the reimbursement of accommodation and travel expenses incurred by living kidney donors up to a maximum of €6,000. In addition, the scheme reimburses loss of earnings incurred by salaried/waged donors and self-employed donors for up to 12 weeks after the donation, up to a maximum of €10,000.

The policy was introduced in 2014 and a review of the provisions of the policy was undertaken last year. The scheme acknowledges the great generosity of living kidney donors. However, it is not feasible to cover all expenses of donors under the scheme, which is funded from the overall health budget. There are no plans to further alter the scheme.

Vaccination Programme

168. **Deputy Shane Cassells** asked the Minister for Health the number of agency hours that have been approved for all vaccination programmes in schools in County Meath to the end of 2017. [41071/17]

169. **Deputy Shane Cassells** asked the Minister for Health the number of vaccination schedules postponed in County Meath schools in the past number of weeks. [41072/17]

170. **Deputy Shane Cassells** asked the Minister for Health if there is a threat to scheduled vaccination appointments in secondary schools in County Meath in the week commencing 25 September 2017 or in the coming weeks. [41073/17]

Minister for Health (Deputy Simon Harris): I propose to take Questions Nos. 168 to 170,

inclusive, together.

As these matters relate to the vaccination programme in County Meath, the Deputy's questions have been referred to the HSE for direct reply.

Services for People with Disabilities

171. **Deputy Louise O'Reilly** asked the Minister for Health the status of a home care package for a person (details supplied); and if he will make a statement on the matter. [41076/17]

172. **Deputy Louise O'Reilly** asked the Minister for Health if the HSE has acquiesced to the requests of the parents of a person (details supplied) to receive direct funding and responsibility for a staffing home care package; and if he will make a statement on the matter. [41077/17]

173. **Deputy Louise O'Reilly** asked the Minister for Health if full home care cover is or ever has been provided for a person (details supplied); and if he will make a statement on the matter. [41078/17]

174. **Deputy Louise O'Reilly** asked the Minister for Health if full home care cover, night and day, will be provided to a person (details supplied); and if he will make a statement on the matter. [41079/17]

Minister of State at the Department of Health (Deputy Finian McGrath): I propose to take Questions Nos. 171 to 174, inclusive, together.

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 particular issues raised by the Deputy are service matters, I have arranged for the Deputy's questions to be referred to the Health Service Executive (HSE) for direct reply to the Deputy.

Hospitals Data

175. **Deputy Louise O'Reilly** asked the Minister for Health further to Parliamentary Question No. 1038 of 11 September 2017, the hospital sites in which electrophysiology is available; the sites in which electrocardiogram, Holter monitor, event monitor, cardiac stress testing and electrophysiology is available; and if he will make a statement on the matter. [41080/17]

Minister for Health (Deputy Simon Harris): As the issues raised relate to service matters, it has been referred to the Health Service Executive for attention and direct reply to the Deputy.

Hospitals Data

176. **Deputy Louise O'Reilly** asked the Minister for Health further to Parliamentary Question No. 1038 of 11 September 2017, the hospital sites in which cardiac imaging is available; the sites in which coronary catheterisation, echocardiogram, intravascular ultrasound, CT, MRI

and PET scanning is available; and if he will make a statement on the matter. [41081/17]

Minister for Health (Deputy Simon Harris): As the issues raised relate to service matters, I have asked the HSE reply directly to the Deputy.

Hospitals Data

177. **Deputy Louise O'Reilly** asked the Minister for Health further to Parliamentary Question No. 1038 of 11 September 2017, the details of cardiac diagnostic testing infrastructure deficits across hospital groups; the detail of submissions made by the hospital groups for additional cardiac diagnostic testing equipment and infrastructure across the hospital groups; and if he will make a statement on the matter. [41082/17]

Minister for Health (Deputy Simon Harris): As the issues raised relate to service matters, I have asked the HSE to reply directly to the Deputy.

Hospitals Building Programme

178. **Deputy Louise O'Reilly** asked the Minister for Health further to Parliamentary Question No. 1038 of 11 September 2017, the details of infrastructural improvement projects to address cardiac infrastructure deficits made in submissions by the hospital groups; the detail of infrastructural improvement projects to address cardiac infrastructure deficits made in submissions by the national clinical programme; and if he will make a statement on the matter. [41083/17]

Minister for Health (Deputy Simon Harris): As the issues raised relate to service matters, I have asked the HSE to reply directly to the Deputy.

Stroke Care

179. **Deputy Louise O'Reilly** asked the Minister for Health further to Parliamentary Question No. 1130 of 11 September 2017, his plans to recruit a national stroke audit manager; the timeframe for the planned transfer of governance of the national stroke audit to NOCA; and if he will make a statement on the matter. [41084/17]

Minister for Health (Deputy Simon Harris): As the issues raised relate to service matters, I have asked the HSE to reply directly to the Deputy.

Hospital Equipment

180. **Deputy Louise O'Reilly** asked the Minister for Health if there have been issues with the provision of thrombectomy services at Beaumont hospital due to the age or utility of equipment; if concerns have been expressed by clinicians in respect of the existing thrombectomy infrastructure; his plans to address infrastructural and equipment issues in view of the importance of the service in the provision of thrombectomy nationally; the contingency plans in place; the cost of replacing and upgrading the equipment to ensure continuity in the provision of this service; and if he will make a statement on the matter. [41085/17]

Minister for Health (Deputy Simon Harris): In response to the particular query raised, as

this is a service matter, I have asked the HSE to respond to you directly.

Stroke Care

181. **Deputy Louise O'Reilly** asked the Minister for Health the actions being taken to advance the recommendations of the HIQA health technology assessment of mechanical thrombectomy; and if he will make a statement on the matter. [41086/17]

Minister for Health (Deputy Simon Harris): Following a request from the HSE's National Clinical Programme for Stroke, HIQA agreed to carry out a health technology assessment (HTA) of endovascular treatment using mechanical thrombectomy for the management of acute ischaemic stroke. The purpose of the HTA was to examine the evidence for using mechanical thrombectomy in addition to standard medical care as a treatment strategy for acute ischaemic stroke in Ireland. HIQA's advice, as a result of this work, included *inter alia* that mechanical thrombectomy is a safe and effective procedure when provided as an adjunct to standard medical care within six to 12 hours of onset of an acute ischaemic stroke.

As this is a service matter, I have asked the HSE to respond to you directly.

Obesity Strategy

182. **Deputy Louise O'Reilly** asked the Minister for Health if he will be reporting on the national obesity plan as per the action point in Ten Steps Forward to report annually on the plan; if so, when; if a report card will be done of the progress to date in view of the fact that the report is a year old; and if he will make a statement on the matter. [41087/17]

Minister of State at the Department of Health (Deputy Catherine Byrne): A draft progress report along the lines described by the deputy will be submitted for consideration at the first meeting of an Obesity Policy and Action Plan (OPAP) Implementation Oversight Group. This meeting will take place in the coming weeks. In the meantime, I refer the Deputy to her previous questions that I recently answered with respect to progress with implementing the OPAP

Hospital Services

183. **Deputy Lisa Chambers** asked the Minister for Health the position regarding the rheumatology department at Mayo university hospital; the staffing measures in place; the number of days weekly it operates; the level of staff; the number of persons seen on a weekly basis; and if he will make a statement on the matter. [41088/17]

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

Hospitals Capital Programme

184. **Deputy Lisa Chambers** asked the Minister for Health the position regarding the Sacred Heart Hospital in Castlebar, County Mayo; and if he will make a statement on the matter. [41089/17]

Minister for Health (Deputy Simon Harris): The Capital Programme announced in Janu-

ary 2016 provides for the replacement and refurbishment of 90 public nursing homes across the country over the next five years including the Sacred Heart Hospital, Castlebar. Under this Programme, a new build 74 bed community nursing home is being delivered to replace existing beds where the physical environment requires substantial improvement.

The HSE does not envisage any difficulty with achieving completion of works by the end of 2017 and it expects that the building will be ready for the existing level of service to move in Q1 2018.

Hospitals Data

186. **Deputy Lisa Chambers** asked the Minister for Health the number of surgeries that have been cancelled at Mayo university hospital over each of the past six months, in tabular form; the type of surgery involved; if it was elective surgery; and if he will make a statement on the matter. [41091/17]

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

HSE Agency Staff Expenditure

187. **Deputy Lisa Chambers** asked the Minister for Health the amount which has been spent on agency staff from 1 January 2017 to 31 August 2017 in County Mayo; and if he will make a statement on the matter. [41092/17]

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

Nursing Homes Support Scheme Review

188. **Deputy Thomas P. Broughan** asked the Minister for Health further to Parliamentary Question No. 396 of 20 September 2017, if HIQA has been instructed to invigilate the extra charges by nursing homes; the role of the interdepartmental agency working group; if further funding will be required to ensure the implementation of recommendations in the 2015 review of the nursing homes support scheme; and if he will make a statement on the matter. [41102/17]

Minister of State at the Department of Health (Deputy Jim Daly): When the NHSS commenced in 2009, a commitment was made that it would be reviewed after three years. The Report of the Review was published in July 2015. Arising out of the Review, a number of key issues have been identified for more detailed consideration across Departments and Agencies.

An Interdepartmental/Agency Working Group has been established to progress the recommendations contained in the Review. This Group is chaired by the Department of Health and includes representatives from the Department of the Taoiseach, the Department of Public Expenditure and Reform, the HSE, the Revenue Commissioners, and when required, the National Treatment Purchase Fund (NTPF). These recommendations include

- Improvements to the administration of the Scheme, including an examination of the treatment of farm and business assets for the purposes of the financial assessment element of the Scheme;

- A review of how prices for private and voluntary nursing homes are set by the National Treatment Purchase Fund (NTPF);

- A Value for Money and Policy Review of the cost differentials in public and private/voluntary residential facilities, due to commence in 2017.

Funding for the implementation of certain recommendations, where required, will be considered on a case by case basis. I have also asked this group to consider the issue of additional charges in nursing homes. On foot of this, a Department led project team will identify and examine the key issues and considerations in relation to additional charges, explore options to respond to those issues and analyse the implications and consequences of those options. The Interdepartmental Group will then consider the issues identified and once they have completed this consideration they will decide what steps to propose next and report back to Minister Daly.

In light of this work I have not requested HIQA to invigilate the additional charges by nursing homes. HIQA is the independent authority established under the Health Act 2007 to drive continuous improvement and to monitor safety and quality in Ireland's health and personal social care services. Since 2009 all nursing homes - public, voluntary and private have been registered and inspected by HIQA.

Hospital Appointments Status

189. **Deputy Pearse Doherty** asked the Minister for Health when a person (details supplied) will receive an appointment at Our Lady's hospital, Manorhamilton; and if he will make a statement on the matter. [41124/17]

Minister of State at the Department of Health (Deputy Jim Daly): As this is a service matter I have asked the Health Service Executive to respond directly to the Deputy as soon as possible.

Transport Support Scheme

190. **Deputy Dara Calleary** asked the Minister for Health his plans to reintroduce the mobility grant which was withdrawn three years ago [41128/17]

Minister of State at the Department of Health (Deputy Finian McGrath): Conscious of the reports of the Ombudsman in 2011 and 2012 regarding the legal status of both the Mobility Allowance and Motorised Transport Grant Scheme in the context of the Equal Status Acts, the Government decided to close both schemes in February 2013.

The Government is aware of the continuing needs of people with a disability who rely on individual payments that support choice and independence. In this regard, monthly payments of up to €208.50 have continued to be made by the Health Service Executive to 4,700 people who were in receipt of the Mobility Allowance.

The Government decided that the detailed preparatory work required for a new Transport Support Scheme and associated statutory provisions should be progressed by the Minister for Health and the *Programme for a Partnership Government* acknowledges the ongoing drafting of primary legislation for a new Transport Support Scheme. I can confirm that work on the policy proposals for the new Scheme is at an advanced stage. The proposals seek to ensure that:

- There is a firm statutory basis to the Scheme's operation;

- There is transparency and equity in the eligibility criteria attaching to the Scheme;
- Resources are targeted at those with greatest needs; and
- The Scheme is capable of being costed and is affordable on its introduction and on an ongoing basis.

The next step is to seek Government approval to the drafting of a Bill for the new Scheme.

HSE Reports

191. **Deputy Pat Buckley** asked the Minister for Health if his attention has been drawn to the report on Roscommon health services detailing the large sums being returned to the Exchequer in previous years; if his Department sought to investigate the cause of underspends; and if he will make a statement on the matter. [41141/17]

Minister of State at the Department of Health (Deputy Jim Daly): I am familiar with the recently report published by the HSE referred to by the Deputy, including concerns around funding or other serious issues highlighted in the report. As the HSE has established an Implementation Team to follow through on the recommendations of this Report, I have referred the question to the Executive for a detailed reply to the Deputy. The Deputy can be rest assured that I, and the Department of Health, will continue to closely monitor the progress of the Implementation Team.

Mental Health Services Provision

192. **Deputy Pat Buckley** asked the Minister for Health the progress in developing a pathway to the development of a 24/7 crisis intervention model. [41142/17]

Minister of State at the Department of Health (Deputy Jim Daly): The HSE is currently providing a 24-hour service through its Acute Units located in General Hospitals for people requiring urgent mental health assessment and treatment . Work is ongoing to expand upon the services available in the community to ensure a 7-day a week service.

Based on an extensive data collection process, areas have been identified that would require additional resources to achieve 7/7 cover. Engagement with local management teams has commenced in order to achieve implementation of seven-over-seven by the end of 2017. The HSE Mental Health Division is establishing an evidence informed model including detailed clinical, governance, training, and performance measurement structures for the operation of a 24/7 service. Through engagement with local CHO management teams, a working group has been established capturing the views of those from across the service pertaining to what form these extended services should take. Building on the development of 7/7 services, these views will then be presented to management for consideration and implementation. The HSE Mental Health Division have not yet completed a costing model in respect of the 24/7 service.

General Practitioner Services

193. **Deputy Maurice Quinlivan** asked the Minister for Health the reason a doctor in County Limerick is charging €15 for the flu vaccine to persons with medical cards and to persons over 70 years of age. [41143/17]

Minister for Health (Deputy Simon Harris): The HSE provides the flu and pneumococcal vaccines free of charge for all those in the at-risk groups. Those aged 18 years or older in the at-risk groups may attend either their GP or pharmacist for vaccination and those under 18 years should attend their GP. The vaccine and consultation are free for those with a Medical Card or a GP Visit Card. Those without a Medical Card or a GP Visit Card will be charged a consultation fee.

Oireachtas Joint Committee Reports

194. **Deputy Bernard J. Durkan** asked the Minister for Health the extent to which his Department has examined the Sláintecare report with a view to identification of apparent weaknesses in the delivery of various health services resulting in waiting lists, overcrowding at accident and emergency and patient anxiety and safety with particular reference to the need to target the areas in question which have been the subject matter of much debate over the past number of years; if he will put in place measures to address these issues in the short to medium term and thereafter; and if he will make a statement on the matter. [41167/17]

200. **Deputy Bernard J. Durkan** asked the Minister for Health the extent to which he expects the public hospital sector to respond to the challenges set out in the Sláintecare report; if he expects the necessary funding to become available; and if he will make a statement on the matter. [41173/17]

Minister for Health (Deputy Simon Harris): I propose to take Questions Nos. 194 and 200 together.

The Government is committed to making tangible and sustainable improvements in our health services and the Sláintecare report now provides a framework and a direction of travel to do this. We have a level of consensus and support for the vision and strategic direction outlined in the report that is unprecedented. I am determined to harness this and to work with colleagues across the political spectrum and with all stakeholders to move forward now on this very important agenda. This is one of the key priorities for the Government, and the focus now must be on ensuring that the implementation phase is properly designed and that a clear implementation plan is developed as quickly as possible.

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.

In order to reduce the numbers of long-waiting patients, I asked the HSE to develop Waiting List Action Plans for 2017 in the areas of Inpatient/Daycase, Scoliosis and Outpatient Services. These Plans have commenced and their implementation is ongoing. These Plans are utilising both the capacity within the private hospital system through outsourcing, whilst maximising existing capacity in our public hospital system through insourcing within hospital groups.

In relation to unscheduled care, Hospital Groups, Community Health Organisations and hospitals are all currently in the process of planning for winter Emergency Department demand through developing integrated winter plans to cover the period October 2017 to March 2018. These plans will be submitted to the HSE for approval in the coming weeks.

Hospital Waiting Lists Action Plans

195. **Deputy Bernard J. Durkan** asked the Minister for Health the most serious waiting list situations in respect of various procedures at various public hospitals as recorded over the past three years; the degree to which he has put in place corrective measures; and if he will make a statement on the matter. [41168/17]

210. **Deputy Bernard J. Durkan** asked the Minister for Health the extent to which provision is being made to ensure that persons awaiting access to surgical procedures can have their waiting period minimised (details supplied); and if he will make a statement on the matter. [41183/17]

Minister for Health (Deputy Simon Harris): I propose to take Questions Nos. 195 and 210 together.

I acknowledge that waiting times are often unacceptably long and I am conscious of the burden that this places on patients and their families.

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.

In order to reduce the numbers of long-waiting patients, I asked the HSE to develop Waiting List Action Plans for 2017 in the areas of Inpatient/Daycase, Scoliosis and Outpatient Services. The Inpatient/Daycase Action Plan is being delivered through a combination of normal hospital activity, as well as insourcing and outsourcing initiatives utilising NTPF funding. Under the Inpatient/Daycase Plan, since early February, over 23,800 patients have come off the Inpatient/Daycase Waiting List.

The NTPF has advised that to date 5,901 patients have been authorised for treatment in private hospitals under its Initiatives, 2,235 patients have accepted an offer of treatment in a private hospital and that 1,112 patients have received their procedure. The NTPF has also indicated that 2,841 patients have been authorised for treatment in public hospitals under the Plan's insourcing initiatives, 910 offers of treatment have been accepted and 285 patients have been treated.

Under the Outpatient Plan, since early February, more than 84,200 patients have come off the Outpatient Waiting List .

National Children's Hospital Status

196. **Deputy Bernard J. Durkan** asked the Minister for Health the extent to which progress in respect of the provision of the new children's hospital continues; and if he will make a statement on the matter. [41169/17]

Minister for Health (Deputy Simon Harris): Following the Government's April 2017 decision to give the green light for the new children's hospital project construction investment, detailed discussions with the preferred tenderer and the hundreds of specialists who are part of the construction team were concluded over the summer period. The construction contract for the building of the main children's hospital and the satellite centres contract were signed in August. Confirmed dates for completion of the development of the new children's hospital and the paediatric outpatients and urgent care centres have now been agreed with the preferred contractor. The new children's hospital will be completed by the middle of 2022. The Paediatric Outpatients and Urgent Care Centre at Connolly will open in 2019 followed by the second one at Tallaght in 2020 in advance of the opening of the main hospital in 2022. Site prepara-

tory work has continued throughout the year and the construction phase of the project has now commenced.

On 29 August, the Minister for Health published the General Scheme for the Children's Health Bill on the Department of Health's website. The General Scheme was referred to the Chair of the Joint Oireachtas Committee on Health on 31 August for pre legislative scrutiny, requesting the Committee to note the priority for the Department of progressing this work. This legislation will create a single statutory entity to run the new children's hospital. The new body will take over the services of the existing three Dublin children's hospitals and run the new children's hospital. The Bill provides for the establishment of a single body to govern and manage paediatric services, as well as to facilitate planning for the transition of staff and services to the outpatient and urgent care centres which will open several years ahead of the new children's hospital opening. It will also support the organisation of the clinical and non-clinical services in an integrated manner across the existing sites before the move to the new facilities.

This new hospital is an extraordinary opportunity to transform paediatric services in Ireland by bringing together patients and staff from across the three existing children's hospitals into a single organisation as the national tertiary paediatric service with the facilities and necessary status to take on a leadership role nationally in relation to paediatric healthcare and as an international player in paediatric research and innovation.

Hospital Waiting Lists Action Plans

197. **Deputy Bernard J. Durkan** asked the Minister for Health the extent to which the national treatment purchase scheme can be utilised to alleviate waiting lists at various public hospitals; and if he will make a statement on the matter. [41170/17]

198. **Deputy Bernard J. Durkan** asked the Minister for Health the extent to which the private hospital sector can be utilised through the national treatment purchase fund to address the issue of long waiting lists for various procedures; and if he will make a statement on the matter. [41171/17]

199. **Deputy Bernard J. Durkan** asked the Minister for Health the extent to which the requests for specific medical and surgical procedures have dominated hospital waiting lists in the past two years; the procedures in place to address the issue; and if he will make a statement on the matter. [41172/17]

Minister for Health (Deputy Simon Harris): I propose to take Questions Nos. 197 to 199, inclusive, together.

I acknowledge that waiting times are often unacceptably long and I am conscious of the burden that this places on patients and their families.

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.

In order to reduce the numbers of long-waiting patients, I asked the HSE to develop Waiting List Action Plans for 2017 in the areas of Inpatient/Daycase, Scoliosis and Outpatient Services. These Plans have commenced and their implementation is ongoing. These Plans are utilising both the capacity within the private hospital system through outsourcing, whilst maximising existing capacity in our public hospital system through insourcing within hospital groups.

Question No. 200 answered with Question No. 194.

Primary Care Centres Data

201. **Deputy Bernard J. Durkan** asked the Minister for Health the number of primary care centres in place and fully operational in County Kildare; the extent to which each has eased the burden on the public hospital sector in their respective catchment areas; and if he will make a statement on the matter. [41174/17]

Minister for Health (Deputy Simon Harris): As the HSE has responsibility for the provision, along with the maintenance and operation of Primary Care Centres and other Primary Care facilities, the Executive has been asked to reply directly to the Deputy.

Nursing Home Services

202. **Deputy Bernard J. Durkan** asked the Minister for Health the extent to which he views the important role played by St. Brigid's nursing home, Crooksling in the provision of hospital care for women; if his attention has been drawn to the high quality of care available there, the dedication of the staff, the use of modern technology and equipment and the suitability of the peaceful, sylvan location of the hospital all contributing to the highest possible level of quality care; if he will ensure that this level of quality service continues at the location indefinitely having particular regard to the shortage of such facilities; and if he will make a statement on the matter. [41175/17]

Minister of State at the Department of Health (Deputy Jim Daly): The long term beds provided by public nursing homes are an essential part of our infrastructure, and without them many older people would not have access to the care that they need. The standard of care delivered to residents in these units is generally very high, but we recognise that many of our public units are housed in buildings that are less than ideal in the modern context. For this reason the Capital Programme announced in January 2016 provides for the replacement and refurbishment of 90 public nursing homes across the country over the five year period from 2016 to 2021.

St. Brigid's Nursing Home, Crooksling has faced a number of challenges in recent years; the physical environment is unsuitable as a long-stay residence and works undertaken by the HSE at the home can only prolong its use on a short term basis. Under the five year programme, the Government is committed to delivering a new 100 bed Community Nursing Unit at Tymon North to provide long stay residential care.

Community Care Provision

203. **Deputy Bernard J. Durkan** asked the Minister for Health the extent to which he has investigated the origin of rumours regarding the future of Maynooth community care unit having particular regard to the very high quality of service available there, universal satisfaction throughout the community and its strategic location; and if he will make a statement on the matter. [41176/17]

Minister of State at the Department of Health (Deputy Jim Daly): As this is a service matter I have asked the Health Service Executive to respond directly to the Deputy as soon as possible.

Hospital Waiting Lists Data

204. **Deputy Bernard J. Durkan** asked the Minister for Health the number of persons on waiting lists for hip replacements at various hospitals throughout the country; the longest period of time a person has been on this waiting list; and if he will make a statement on the matter. [41177/17]

Minister for Health (Deputy Simon Harris): I acknowledge that waiting times are often unacceptably long and I am conscious of the burden that this places on patients and their families.

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.

In order to reduce the numbers of long-waiting patients, I asked the HSE to develop Waiting List Action Plans for 2017 in the areas of Inpatient/Daycase, Scoliosis and Outpatient Services. The Inpatient/Daycase Action Plan is being delivered through a combination of normal hospital activity, as well as insourcing and outsourcing initiatives utilising NTPF funding. Under the Inpatient/Daycase Plan, since early February, over 23,800 patients have come off the Inpatient/Daycase Waiting List.

The NTPF has advised that to date 5,901 patients have been authorised for treatment in private hospitals under its Initiatives, 2,235 patients have accepted an offer of treatment in a private hospital and that 1,112 patients have received their procedure. The NTPF has also indicated that 2,841 patients have been authorised for treatment in public hospitals under the Plan's insourcing initiatives, 910 offers of treatment have been accepted and 285 patients have been treated. Long-waiting orthopaedic patients are receiving treatment under the insourcing initiative.

Under the Outpatient Plan, since early February, more than 84,200 patients have come off the Outpatient Waiting List .

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

Hospitals Capital Programme

205. **Deputy Bernard J. Durkan** asked the Minister for Health the position regarding to the provision of the next stage of development of Naas General Hospital with particular reference to upgrading the endoscopy services; if his attention has been drawn to the need for the immediate implementation of the programme; and if he will make a statement on the matter. [41178/17]

Minister for Health (Deputy Simon Harris): My Department's mid-term review submission includes this project and many others. Funding for this project will be considered in the context of the future capital envelope for the health service and the overall priorities for future service development in the Dublin Midlands Hospital Group.

Hospital Waiting Lists Data

206. **Deputy Bernard J. Durkan** asked the Minister for Health the number of persons awaiting appointment with consultants prior to getting on to a waiting list for the relevant procedure; and if he will make a statement on the matter. [41179/17]

Minister for Health (Deputy Simon Harris): I acknowledge that waiting times are often unacceptably long and I am conscious of the burden that this places on patients and their families.

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.

In order to reduce the numbers of long-waiting patients, I asked the HSE to develop Waiting List Action Plans for 2017 in the areas of Inpatient/Daycase, Scoliosis and Outpatient Services. The Inpatient/Daycase Action Plan is being delivered through a combination of normal hospital activity, as well as insourcing and outsourcing initiatives utilising NTPF funding. Under the Inpatient/Daycase Plan, since early February, over 23,800 patients have come off the Inpatient/Daycase Waiting List.

The NTPF has advised that to date 5,901 patients have been authorised for treatment in private hospitals under its Initiatives, 2,235 patients have accepted an offer of treatment in a private hospital and that 1,112 patients have received their procedure. The NTPF has also indicated that 2,841 patients have been authorised for treatment in public hospitals under the Plan's insourcing initiatives, 910 offers of treatment have been accepted and 285 patients have been treated.

Under the Outpatient Plan, since early February, more than 84,200 patients have come off the Outpatient Waiting List .

In addition in November 2016, 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.

This week, I gave approval to the HSE to put in place capacity to drive a national waiting list validation project to support systematic and regular waiting list validation and continued focus on scheduled care.

With regard to the number of patients waiting for Outpatient appointments, the NTPF publishes the waiting list figures each month on its website NTPF.ie.

Health Services Provision

207. **Deputy Bernard J. Durkan** asked the Minister for Health the extent to which a streamlined support service exists throughout the public hospital sector to ensure that consultants have the opportunity to carry out the maximum number of procedures that lack of ancillary facilities such as theatre staff, equipment and theatre space remains available and does not impede progress in this area; and if he will make a statement on the matter. [41180/17]

Minister for Health (Deputy Simon Harris): To assist it in delivering on its commitments, the HSE has revised and enhanced its Performance and Accountability Framework for 2017. The Framework sets out how the HSE including the national divisions, the hospital groups and individual managers will be held to account for their performance.

It makes explicit the responsibilities of health service managers in the four equally important domains of performance which are: access to services; the quality and safety of those services; doing this within the financial resources available; and effectively harnessing the efforts of the workforce. The emphasis of the Framework is on recognising good performance, improving performance at all levels of the health service and ensuring that individual managers are held to account for their performance.

My Department oversees and monitors the HSE's implementation of its performance accountability framework and monitors implementation of the HSE corporate plan and annual national service plans.

A Capacity Review is currently being undertaken by my Department and will examine both current capacity across the health system including in acute hospitals, primary care and social care, and the drivers of future demand moving to 2030. This review is due to be concluded by the end of 2017 and the findings will feed into decisions regarding future capital expenditure.

My Department is pursuing a range of initiatives to address health service staffing, including the development of a national strategic framework for health workforce planning. The recruitment and retention of medical staff is also a priority for the HSE and the number of consultants employed in the public health service continues to increase. At the end of July 2017 there were 2,892 whole time equivalents, an increase of 105 on the corresponding month in 2016 and 700 in the past decade. There has been an increase of 722 whole time equivalent nurses and midwives in the last year.

The 2017 total Health Budget of €14.6 billion was the highest ever health budget and is enabling both progress towards addressing the challenge of increased demand from a growing and aging population, and the commencement of some significant new developments which will over time deliver real improvements for patients. The increased funding and growth in staffing within our health service are allowing for expansion in service levels and optimum utilisation of facilities.

General Practitioner Data

208. **Deputy Bernard J. Durkan** asked the Minister for Health the number of general practitioners practising here; the extent to which this number has fluctuated in the past ten years; the extent to which demographic trends are affecting requirements in this area; and if he will make a statement on the matter. [41181/17]

Minister for Health (Deputy Simon Harris): While no central register exists specifically for GPs working in Ireland, all doctors in practice in Ireland must be registered with the Medical Council. A number of sources provide data on GPs working in Ireland at present. The Medical Council collects and analyses data from the general, specialist and trainee specialist registers to produce valuable data on the GP workforce. The HSE Primary Care Reimbursement Service collects data on the number of GMS contract-holders and those GPs delivering state-funded primary care services. The Irish College of General Practitioners also collects and analyses data on the GP workforce, including the number of doctors registered for professional competence and those holding membership of the ICGP.

As of 19 September 2017, there are 3,556 doctors on the Medical Council's Specialist Register in the Speciality of General Practice. Holding registration does not, however, necessarily mean that a medical practitioner is active in general practice at the time. In the last ten years, the number of GPs contracted by the HSE to provide services to medical card holders and GP

visit card holders under the GMS scheme has increased. At the end of 2007 there were 2,129 GPs who held GMS contracts. As of 1 September 2017, there are 2,496 GPs who hold GMS contracts. Many GPs also hold contracts with the HSE to provide services under other state schemes, e.g. the Primary Childhood Immunisation Programme. There are a further 437 GPs at 1 September 2017 without GMS contracts who hold other such contracts with the HSE, bringing the total number of GPs contracted by the HSE at present to 2,993.

The Government is committed to the continued development of GP capacity to ensure that patients across the country continue to have access to GP services and that general practice is sustainable in all areas into the future. Several efforts to increase the number of practising GPs have been undertaken in recent years. These include changes to the entry provisions to the GMS scheme to accommodate more flexible/shared GMS/GP contracts, and to the retirement provisions for GPs under the GMS scheme, allowing GPs to hold GMS contracts until their 72nd birthday, as well as the introduction of enhanced supports for rural GP practices. These steps should help to address the future demand for GPs by enticing GPs who may have ceased practicing for family or other reasons back into the workforce, facilitating GPs to work past the standard retirement age and encouraging more GPs to work in rural areas. Separately, the State is seeking to train more GPs to provide GP services to the population. In 2009, there were 120 GP training places and in 2017 there were 170 training places filled. The Government is committed to further increasing this number to 259 places annually in future years.

In September 2015, the HSE published a medical workforce planning report entitled *Medical Workforce Planning - Future Demand for General Practitioners 2015 - 2025*. The report identified a current unmet service demand of around 500 GPs, and estimated that there will be a shortage of around 493 GPs in Ireland by 2025 if the impact of population ageing on GP consultation rates alone is considered. This estimate was based on the assumption that there would be no inward migration of GPs and that the GP training intake would remain at the 2015 level of 157 training places annually. As I have indicated, the Government is committed to increasing GP trainee places on a phased basis.

Mental Health Services Funding

209. **Deputy Bernard J. Durkan** asked the Minister for Health the extent to which adequate and financial provision remains available to his Department to meet the requirements of the mental health services with particular reference to the need to ensure the maintenance of the necessary supportive structures; and if he will make a statement on the matter. [41182/17]

Minister of State at the Department of Health (Deputy Jim Daly): As reflected in the agreed Programme for Government, the Government remains strongly committed to developing all aspects of mental health policy and services. This includes, for example, on-going reviews of both the Mental Health Act 2001, and *A Vision for Change*. We will increase also the HSE Mental Health budget annually, as resources allow over future years. In the region of €140m additional funding has been provided for mental health since 2012, involving the approval of around 1,500 new posts to delivery the change necessary to achieve a modern, high quality service. The overall HSE funding provision for mental health in 2017 is significant at around €853m.

Key priorities being addressed in this context include youth mental health, further improvement to child & adolescent (CAMHS) and adult services, older people's services and enhanced Out-of-Hours response for those in need of urgent services. Other new initiatives, such as those arising from the *National Task Force on Youth Mental Health* are also being progressed. While this sector is experiencing difficulties in staff recruitment and retention, similar to other

areas of the health sector, this is being addressed by the HSE, and funding is not an issue in that specific regard. However, as I have indicated, further investment will be required in the future to develop mental health services on all fronts, including progressing improved supports and continuing structural change.

I am satisfied that, bearing in mind all the circumstances, adequate financial provision exists at present to underpin this year development of mental health services, and that the Government is fully committed to improving this in the future.

Question No. 210 answered with Question No. 195.

Nursing Staff Provision

211. **Deputy Bernard J. Durkan** asked the Minister for Health the degree to which adequate numbers of nurses are likely to become available throughout the public health sector over the next three years; and if he will make a statement on the matter. [41184/17]

Minister for Health (Deputy Simon Harris): Nursing and midwifery recruitment and retention is a priority for the Government and my Department is in regular contact with the HSE on matters concerning the recruitment of nurses and midwives. The HSE is currently focused on offering graduating nurses and midwives permanent posts and replacing agency staff with permanent staff. Recruitment of additional nurses is also the subject of considerable ongoing activity by the HSE and voluntary hospitals with campaigns in train in Ireland and abroad. As part of the 2017 Nursing and Midwifery Recruitment and Retention Agreement, reached with the INMO and SIPTU earlier this year, it committed to put in place an additional 1,224 nursing and midwifery posts across the public health service by the end of December 2017. Very extensive and detailed work has been sustained throughout 2017 to implement the Agreement.

As part of the Agreement there was a commitment to increase the number of nursing and midwifery undergraduate places. Since 2010, the four year undergraduate nursing programme had an annual intake of 1,570 nurses which includes 140 midwifery students. In 2016, an additional 60 places were made available for Psychiatric nursing. In 2016, 1,428 Irish trained nurses and midwives undertook the internship programme. This programme is a requirement for first time registration with the Nursing and Midwifery Board of Ireland (NMBI). In 2017, there are 1,421 nurses currently undertaking the internship programme. As already mentioned, the nursing agreement also allows for permanent contracts to be offered to all student nurse graduates. A nursing and midwifery workforce plan for 2018 and 2019 to meet service need with relevant engagement to be undertaken with stakeholder is also provided for in this agreement. These measures should help provide a good supply of nurses to the public health sector in the years to come.

HSE Waiting Lists

212. **Deputy Billy Kelleher** asked the Minister for Health the number of persons in each CHO waiting for a podiatry appointment in primary care; and the numbers waiting zero to 12 weeks, 12 to 26 weeks, 26 to 52 weeks and more than 52 weeks, respectively. [41185/17]

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

HSE Waiting Lists

213. **Deputy Billy Kelleher** asked the Minister for Health the number of persons in each CHO waiting for an ophthalmology appointment in primary care; and the numbers waiting zero to 12 weeks, 12 to 26 weeks, 26 to 52 weeks and more than 52 weeks, respectively. [41186/17]

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

HSE Waiting Lists

214. **Deputy Billy Kelleher** asked the Minister for Health the number of persons in each CHO waiting for an audiology appointment in primary care; and the numbers waiting zero to 12 weeks, 12 to 26 weeks, 26 to 52 weeks and more than 52 weeks, respectively. [41187/17]

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

HSE Waiting Lists

215. **Deputy Billy Kelleher** asked the Minister for Health the number of persons in each CHO waiting for a psychology appointment in primary care; and the numbers waiting zero to 12 weeks, 12 to 26 weeks, 26 to 52 weeks and more than 52 weeks, respectively. [41188/17]

Minister of State at the Department of Health (Deputy Jim Daly): The number of patients awaiting a psychology appointment across all Community Healthcare Organisations at the end of July, including those waiting more than a year are as follows:

	Total number	Of which are waiting more than a year
0-4 years	981	151
5-17 years	5830	2035
18-64 years	1491	380
65+ years	113	18

The HSE has a Service Improvement Initiative underway for Psychology Services; which includes the recruitment of an additional 22 psychologist posts and 114 Assistant psychology posts. These posts were advertised recently. A cross divisional Working Group, including the Mental Health Division, is working to ensure standardised delivery of service, setting out and communicating the arrangements for care pathways and reporting of metrics. Each CHO has been requested to submit a short-term action plan to address waiting lists in priority areas as part of the Service Improvement Initiative.

Other developments in this area include the Counselling in Primary Care Service (CIPC) for adults over 18 years who are medical card holders; a greater awareness of fostering mental health promotion in society through campaigns like the 'Let's Talk' campaign and 'The Little Things'; implementing the Suicide Prevention Strategy '*Connecting for Life*'; the ongoing reduction of Child and Adolescent Mental Health Services (CAMHS) waiting lists for those waiting over 12 Months; the development of counselling services across both primary and secondary care, including early intervention at primary care level; and the opening of new Jigsaw youth mental health services, bringing the total number of services to 13.

HSE Waiting Lists

216. **Deputy Billy Kelleher** asked the Minister for Health the number of persons in each CHO waiting for a dietetics appointment in primary care; and the numbers waiting zero to 12 weeks, 12 to 26 weeks, 26 to 52 weeks and more than 52 weeks, respectively. [41189/17]

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.

HSE Waiting Lists

217. **Deputy Billy Kelleher** asked the Minister for Health the number of persons in each CHO waiting for an oral health appointment in primary care; and the numbers waiting zero to 12 weeks, 12 to 26 weeks, 26 to 52 weeks and more than 52 weeks, respectively. [41190/17]

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

Home Help Service Data

218. **Deputy Billy Kelleher** asked the Minister for Health the number of home help hours provided in each local health office area in June, July and August 2017; and the way in which this compares against the target in tabular form. [41205/17]

Minister of State at the Department of Health (Deputy Jim Daly): As this is a service matter I have asked the Health Service Executive to respond directly to the Deputy as soon as possible.

Disabilities Data

219. **Deputy Margaret Murphy O'Mahony** asked the Minister for Health the number of children awaiting a first assessment from the HSE under the Disability Act 2005 at the end of June 2017 or latest day available in each LHO in tabular form. [41221/17]

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 Data

220. **Deputy Margaret Murphy O'Mahony** asked the Minister for Health the number

of persons on the speech and language therapy assessment waiting list in each LHA in tabular form; and the number waiting less than four months, four to 12 months and more than 12 months. [41222/17]

221. **Deputy Margaret Murphy O'Mahony** asked the Minister for Health the number of persons on the speech and language therapy treatment waiting list in each LHA in tabular form; and the number waiting less than four months, four to 12 months and more than 12 months. [41223/17]

Minister for Health (Deputy Simon Harris): I propose to take Questions Nos. 220 and 221 together.

As these questions relate to service matters, I have arranged for them to be referred to the Health Service Executive (HSE) for direct reply.

Occupational Therapy Data

222. **Deputy Margaret Murphy O'Mahony** asked the Minister for Health the number of persons on the occupational therapy first time assessment waiting list in each LHA area in tabular form; the number waiting less than four months, four to 12 months and more than 12 months; and the number waiting aged zero to four years, five to 17 years, 18 to 64 years and aged 65 years plus. [41224/17]

223. **Deputy Margaret Murphy O'Mahony** asked the Minister for Health the number of persons on the occupational therapy treatment waiting list in each LHA in tabular form; the number waiting less than four months, four to 12 months and more than 12 months; and the number in each that are aged zero to four years, five to 17 years, 18 to 64 years and aged 65 years plus. [41225/17]

Minister for Health (Deputy Simon Harris): I propose to take Questions Nos. 222 and 223 together.

As these questions relate to service matters, I have arranged for them to be referred to the Health Service Executive (HSE) for direct reply.

Agri-Environment Options Scheme Payments

224. **Deputy Michael Healy-Rae** asked the Minister for Agriculture, Food and the Marine the status of an AEOS payment for a person (details supplied); and if he will make a statement on the matter. [41009/17]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): The person named commenced their AEOS3 contract on 1 May 2013. Payments have been made for the 2013 to 2015 scheme years. During an on-the-spot inspection carried out on 8 July 2016 an issue arose regarding the stocking density on the commonage land. This issue has now been resolved and the 2016 payment will be processed shortly.

GLAS Administration

225. **Deputy Michael Ring** asked the Minister for Agriculture, Food and the Marine if there

have been exemptions in which GLAS applicants with two separate commonage holdings did not have to pay for the services of two separate advisors; and if he will make a statement on the matter. [41017/17]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): The contract between an Advisor and a GLAS participant is entirely a commercial matter between those two parties. This is an issue that falls outside the remit of the Department.

GLAS Payments

226. **Deputy Charlie McConalogue** asked the Minister for Agriculture, Food and the Marine when a GLAS payment will issue to a person (details supplied); and if he will make a statement on the matter. [41032/17]

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 received a payment in respect of the 2015 scheme year.

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.

Forestry Premium Payments

227. **Deputy Michael Moynihan** asked the Minister for Agriculture, Food and the Marine the reason a forestry premium was not paid on a claim by a person (details supplied) in County Cork; and if he will make a statement on the matter. [41049/17]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): The person in question has not complied with the terms and conditions of the afforestation scheme. It was a condition of the scheme under which he planted that the applicant must provide the Department with satisfactory proof of ownership in the form of folio documents, title deeds or leases.

This site was planted in 1993 and over the intervening years and, despite repeated requests, the person named failed to submit satisfactory proof of ownership. It should be noted that the scheme under which he received planting approval has now ceased.

GLAS Eligibility

228. **Deputy Éamon Ó Cuív** asked the Minister for Agriculture, Food and the Marine his plans to allow farmers that applied for GLAS 3 in autumn 2016 and achieved a tier 3 score of less than 16.50 into the scheme; the reason that a person (details supplied) was not informed of their rejection from the scheme until 20 June 2017; and if he will make a statement on the matter. [41053/17]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): Almost 14,000 applications were submitted for the third tranche of GLAS (GLAS 3) on the online application system. All Tier 1 and Tier 2 applications which are delivering higher environmental benefits have been accepted into the Scheme and all Tier 3 applications which have met the minimum score of 16.5, as set out in the Scheme terms and conditions, have also been accepted into

Scheme. This selection criteria was clearly outlined in section 9 of the terms and conditions. This section also advised applicants that the submission of a valid application was not a guarantee of entry into the Scheme and that actions carried out before the notified commencement date would not be considered for payment.

In the case of the person named notification regarding the outcome of their application was delayed owing to the challenges of processing the large volume of applications received.

It is not expected that the Scheme will be reopened, on the basis that it has now more than met its intended target of 50,000 applicants.

Planning Issues

229. **Deputy Micheál Martin** asked the Minister for Agriculture, Food and the Marine if he or his departmental officials made a submission to An Bord Pleanála regarding the planning permission sought to build an incinerator (details supplied); and if he will make a statement on the matter. [41097/17]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): I wish to confirm to the Deputy that neither I nor officials from my Department made a submission to An Bord Pleanála regarding planning permission to build an incinerator.

Horse Racing Ireland

230. **Deputy Donnchadh Ó Laoghaire** asked the Minister for Agriculture, Food and the Marine further to Parliamentary Question No. 277 of 2 March 2017, the requirement of the permit holder and the definition of qualifies as present in these circumstances particularly in view of the fact that such bookmakers have been reprimanded by Horse Racing Ireland for unauthorised persons operating pitches as indicated in correspondence by this Deputy with him when the permit holder was present. [41112/17]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): Horse Racing Ireland (HRI) is a commercial state body established under the Horse and Greyhound Racing Act, 2001 and is responsible for the overall administration, promotion and development of the horse racing industry.

HRI have advised that historically, any bookmaker operating at a racecourse could only operate from one position within the betting ring in line with the relevant rules agreed between the respective bookmakers and racecourses associations.

With this rule now having been relaxed to allow bookmakers to operate from multiple locations and associated technological developments, HRI is currently reviewing the licensing implications of this change. HRI is anxious to ensure that any person placing bets on-course is properly protected in the event of any dispute or non-payment.

Any ongoing processes between HRI and any individual bookmakers are clearly a matter on which I cannot comment. *Question No. 231 withdrawn.*

Afforestation Programme

232. **Deputy Charlie McConalogue** asked the Minister for Agriculture, Food and the Marine his views on proposals by an organisation (details supplied) of a five point plan to revitalise farm forestry in view of the fact that Ireland is failing to meet its forestry targets and address the barriers that exist to planting. [41200/17]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): I note the points raised in proposals by the named organisation and the challenges of reaching forestry targets. Planting figures for 2015 and 2016 combined actually exceed the targets set out in the Forestry Programme 2014 -2020. My Department is currently involved in a detailed midterm review of the Forestry Programme and is engaging with stakeholders in its development.

It is important to note that my Department each year has provided sufficient budget to fund afforestation stated targets. However it is quite clear that there is intense competition for planting land driven by a number of different factors not least expansion in other agricultural sectors and this is affecting demand.

I am convinced that forestry remains an extremely attractive option for landowners and can serve as a complementary income stream for farmers. This is because the Department funds 100% of the cost of establishing the new forest and guarantees an annual premium of up to €249 per acre (€615 per hectare) payable each year for 15 years. Forestry is also compatible with other agriculture schemes and farmers can continue to receive their Basic Payment on land which is also planted.

It is important now that the benefits of the schemes are clearly communicated and well understood by landowners. Minister of State Andrew Doyle has established a group jointly with industry to specifically examine the marketing and promotion of the schemes and this group has met once already and will meet again next week. This group will come forward with a series of initiatives in the very near future on communicating the benefits of forestry to farmers to ensure that landowners are considering forestry as a viable land use option.

State Aid

233. **Deputy Charlie McConalogue** asked the Minister for Agriculture, Food and the Marine further to the recent announcement by European Commissioner for Agriculture that countries worst affected by Brexit-related currency changes are invited to apply for EU state aid to help the agricultural sector, if Ireland has formally submitted an application to the European Commission in this regard; and if not, the reason therefor. [41201/17]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): I am in regular contact with Commissioner Hogan and my European counterparts in relation to the threat posed by Brexit, and the currency related difficulties that have been and are continuing to be experienced. I will have an opportunity to voice this once again at the Agriculture Council next month and I intend to avail of the that opportunity. I know that the Commissioner is acutely aware of these issues himself but I think it important to raise them in the wider forum of the Council.

Brexit Issues

234. **Deputy Charlie McConalogue** asked the Minister for Agriculture, Food and the Marine if Ireland has formally submitted an application to the European Commission to avail of CAP funding under market disturbance provisions in view of the losses incurred in the value of agrifood produce from Brexit related currency changes. [41202/17]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): I am very much aware of the significant challenges Brexit poses for Ireland's agrifood sector which has been adversely affected due to the fall in value of sterling.

My Department, in conjunction with the Government, has been actively engaged in developing responses to help mitigate Brexit's more immediate effects, particularly those associated with the sterling/euro exchange rate.

Emergency measures were introduced by the Commission in accordance with Articles 219 and 220 of 1308/2013 in recent years in direct response to the market difficulties being experienced by farmers and producers during this time. Such measures included exceptional adjustment aid to milk producers and farmers in other livestock sectors, with €350 million in emergency funding allocated to Member States. Ireland's allocation of €11.1 million from this fund (topped up by 100% national funding) was used to leverage a greater fund of €150 million to provide low-cost loans to the livestock and tillage sectors.

At this juncture, Ireland has not applied to avail of CAP funding under market disturbance provisions. However, given that the Irish agrifood sector is particularly sensitive to the ongoing currency fluctuations between the euro and sterling, this is something that both I and my Department officials are continually monitoring. I also continue to draw the attention of the Commission, Commissioner Hogan and my counterparts in other Member States to the very real risks that Brexit and the resulting currency fluctuations have on the Irish Agrifood sector.

Beef Data and Genomics Programme

235. **Deputy Charlie McConalogue** asked the Minister for Agriculture, Food and the Marine the number of persons participating in the beef data genomics scheme that have completed a beef carbon navigator by county; and if he will make a statement on the matter. [41203/17]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): The Bovine Data Genomics Programme provides for six years of payments to farmers for completion of actions which deliver accelerated genetic improvement in the Irish national herd and improvement of its environmental sustainability. As part of the scheme applicants must complete a carbon navigator with an approved advisor thereafter and provide data for an annual update to their carbon navigator.

There are currently 25,669 participants in BDGP I and BDGP II.

A total of 23,760 participants have thus far completed their Carbon Navigator broken down by County in the following tables:

It should be noted that BDGP II participants have until 31st October 2017 to complete their carbon navigator.

BDGP I by county	Participants
Carlow	315
Cavan	1156
Clare	1800
Cork	1684
Donegal	1310
Dublin	58

BDGP I by county	Participants
Galway	2527
Kerry	1255
Kildare	306
Kilkenny	576
Laois	578
Leitrim	910
Limerick	774
Longford	611
Louth	222
Mayo	2184
Meath	559
Monaghan	810
Offaly	568
Roscommon	1323
Sligo	919
Tipperary	975
Waterford	338
Westmeath	708
Wexford	567
Wicklow	386
Total	23419

BDGP II by county	Participants
Carlow	1
Cavan	12
Clare	27
Cork	33
Donegal	20
Dublin	0
Galway	60
Kerry	10
Kildare	0
Kilkenny	9
Laois	6
Leitrim	12
Limerick	10
Longford	11
Louth	3
Mayo	33
Meath	7
Monaghan	13
Offaly	6
Roscommon	22
Sligo	16

BDGP II by county	Participants
Tipperary	18
Waterford	2
Westmeath	4
Wexford	1
Wicklowl	5
Total	341

Renewable Heat Incentive

236. **Deputy Charlie McConalogue** asked the Minister for Communications, Climate Action and Environment the position regarding the introduction of a renewable heat incentive scheme; when he expects this to be finalised; and if he will make a statement on the matter. [41036/17]

Minister for Communications, Climate Action and Environment (Deputy Denis Naughten): The proposed Renewable Heat Incentive is designed to financially support the installation of renewable heating systems by commercial, industrial and agricultural heat users in the non-emissions trading sector.

The need for the proposed Renewable Heat Incentive is set out in the National Mitigation Plan, the Energy White Paper and the Programme for Government. Its implementation will contribute to meeting Ireland's 2020 renewable energy and emission reduction targets.

The development of the Renewable Heat Incentive has involved detailed economic analysis, extensive engagement with industry and two public consultations. I will seek Government approval for the scheme shortly and European Commission State Aid approval in advance of the scheme commencing operation which I expect to take place in 2018.

Broadband Service Provision

237. **Deputy Thomas Byrne** asked the Minister for Communications, Climate Action and Environment when a school (details supplied) can expect to be connected to broadband that will meet the school community's needs. [41054/17]

Minister for Communications, Climate Action and Environment (Deputy Denis Naughten): In April I published an updated High Speed Broadband Map which is available at www.broadband.gov.ie. This map shows the areas targeted by commercial operators to provide high speed broadband services and the areas that will be included in the State Intervention Area. The Map is searchable by eircode.

eir signed an agreement with me in April last committing to follow through on their commercial plans to provide new high speed broadband infrastructure to 300,000 premises in rural areas. eir has committed to doing this work over a 90 week period with an average of 500 premises passed per day. Quarterly updates on progress of the eir 300k roll-out are published on my Department's website. The Quarter 2 2017 figures have been verified by my Department and the eir roll-out is in line with the Commitment Agreement.

The school referred to by the Deputy and the provision of its eircode, in a subsequent call with an official from my Department, falls within a LIGHT BLUE area on the Map and is covered by eir's planned rural fibre high speed broadband deployment.

Broadcasting Service Provision

238. **Deputy Timmy Dooley** asked the Minister for Communications, Climate Action and Environment the transmission status of RTÉ in Northern Ireland; and if he will make a statement on the matter. [41094/17]

Minister for Communications, Climate Action and Environment (Deputy Denis Naughten): RTÉ is obliged under Section 114(1)(a) of the Broadcasting Act 2009 to ‘establish, maintain and operate a national television and sound broadcasting service which shall have the character of a public service, be a free-to-air service and be made available, in so far as is reasonably practicable, to the whole community on the island of Ireland’.

In this context, a guiding principle in RTÉ’s Public Service Statement is that it will ‘provide for and be responsive to the interests, needs and concerns of the whole community on the island of Ireland’.

Multiplex Broadcasting Services NI Ltd. (NI Mux) was established in 2012 as a joint venture by RTÉ and TG4 to hold and operate the licence for a small multiplex in Northern Ireland which carries RTÉ and TG4 services. Under the terms of the Belfast (Good Friday) Agreement and the subsequent St. Andrew’s Agreement, these services are made as widely available as possible to viewers in Northern Ireland on a free-to-air basis.

NI Mux provides coverage additional to overspill coverage from Saorview and this ensures that RTÉ and TG4 services are currently available to around 97% of homes in Northern Ireland.

The availability of RTÉ services in Northern Ireland has been enhanced by the availability of digital services, including the RTÉ Player and a range of mobile applications, such as RTÉ News Now. In addition, RTÉ’s collaboration with the Independent Broadcasters of Ireland in launching the Irish Radio Player App allows listeners to connect to Irish radio stations on android and apple devices, wherever they are.

Electric Vehicles

239. **Deputy Maurice Quinlivan** asked the Minister for Communications, Climate Action and Environment if his attention has been drawn to the fact that there is only one electric vehicle charging point on the north side of Limerick city and this charging point at a location (details supplied) has been broken for months despite repeated requests for repair; his views on whether this is acceptable; and if he will make a statement on the matter. [41147/17]

240. **Deputy Maurice Quinlivan** asked the Minister for Communications, Climate Action and Environment if the only electric vehicle charging point on the north side of Limerick city at a location (details supplied) will be repaired immediately in view of the fact traditional requests for repair to the ESB have been unsuccessful to date. [41148/17]

241. **Deputy Maurice Quinlivan** asked the Minister for Communications, Climate Action and Environment the plans in place to increase the number of electric vehicle charging points in Limerick city. [41149/17]

Minister for Communications, Climate Action and Environment (Deputy Denis Naughten): I propose to take Questions Nos. 239 to 241, inclusive, together.

There is an extensive public network of electric vehicle charging points across Ireland. The maintenance and repair of these points is an operational matters for ESB eCars.

I have sought clarification regarding the charge point referred to by the Deputy and ESB eCars has advised that it is a dual headed charge point which caters for two different types of charger of which one is not in operation. ESB eCars engineers have visited this particular charge point numerous times but have been unable to fix it. Currently, ESB eCars are waiting for a key component part and are following up with the manufacturers in this regard. I have requested ESB eCars update the Deputy once this issue is rectified. Until that time, electric vehicle owners have the option of using a number of other charging points in the area.

In relation to increasing the number of charge points not only in Limerick City but around the country, this is a key focus of the work of the Low Emissions Vehicle Taskforce. The Taskforce is co-chaired by my Department and the Department of Transport, Tourism and Sport and is examining options for infrastructure, regulation and pricing in order to devise a sustainable policy framework for effective and efficient electric vehicle recharging. The work of the Taskforce is well underway with a stakeholder engagement event in July helping inform proposals in relation to Budget 2018.

Environmental Protection Enforcement

242. **Deputy Gerry Adams** asked the Minister for Communications, Climate Action and Environment the environmental protection measures undertaken during the exploration further to the exploration licence granted by his Department for the Porcupine Basin off the south west coast; the ongoing audit or review process undertaken by his Department; and if he will make a statement on the matter. [41166/17]

Minister of State at the Department of Communications, Energy and Natural Resources (Deputy Seán Kyne): Ireland's transition to a low carbon energy future will involve progressively moving to lower emission fuels, e.g., moving initially from peat and coal to natural gas, and ultimately towards an even greater reliance on renewable energy. In that regard, the Government has introduced a range of policy measures and schemes to incentivise the use of renewable energy and deliver energy efficiency. However, oil and natural gas will remain significant elements of Ireland's energy supply in the transition period.

Ireland currently sources all its oil from abroad and sources its gas supply from a combination of the Kinsale field, the Corrib field and the gas pipeline from Moffat in Scotland. Corrib and Kinsale are not in a position to meet all of Ireland's annual gas demand and so Ireland will continue to rely on gas via Great Britain for the foreseeable future. The Kinsale fields are expected to cease production by 2021, while Corrib production is projected to decrease to 50 per cent of its initial levels by 2025.

Taking the above into account, successful exploration in Ireland's offshore has the potential to deliver benefits to Irish society and the economy, particularly in terms of enhanced security of supply and reduced fossil fuel imports. However, any such exploration must be conducted in an environmentally sensitive manner.

In 2015, my Department completed the Irish Offshore Strategic Environmental Study 5 (IOSEA5) process with the adoption of the Plan underpinning IOSEA5 and publication of the IOSEA5 Statement. The objectives of IOSEA5 were to inform my Department of specific environmental considerations in future petroleum activities under licensing rounds in the Atlantic Margin Basins, as well as the award of licences in the Celtic and Irish Seas; and to provide exploration companies working offshore with an operational baseline against which they can conduct their work and ensure the protection of the marine environment.

On 11 July 2017, approval to drill an exploratory well within Block 53/6-A in the southern Porcupine Basin off the south west coast of Ireland was granted to Providence Resources Plc.

Prior to granting approval, the application to drill from Providence Resources was considered against a range of technical, environmental, and financial requirements. In addition, the company had to obtain a safety permit from the Commission for Energy Regulation and approval by the Irish Coast Guard for the company's Oil Spill Contingency Plan and Well Emergency Response Plan .

In respect of environmental requirements, the company was required to submit an Environmental Risk Assessment and a Natura Impact Screening (Appropriate Assessment) Statement in support of its application to commence drilling activities and these were considered in the context of the likely effects on the environment of the proposed drilling.

A review was undertaken for my Department by Bec Consultants, an independent consultancy appointed for their expertise in ecological and conservation marine biology to *inter alia* :

- examine the submitted Environmental Statement and assess whether or not it met the scope and quality of requirements set out or implied by the specific European and Irish Environmental Impact Assessment legislation and guidelines;

- appraise the Environmental Statement, highlighting any deficiencies in respect of the statutory requirements of the Statement and detailing the outcome and resolution of any such deficiencies; and

- ensure that the requirements of the European Communities (Birds and Natural Habitats) Regulations, 2011, for an assessment to be carried out on any plan or project likely to have a significant effect on a protected site or species were met by the Appropriate Assessment Screening Report.

In addition, the National Parks and Wildlife Service was requested to provide its observations in terms of Natura 2000 sites, where relevant, and Annex IV species (Cetaceans) in accordance with the Habitats Directive (92/43/EEC).

The documentation associated with this environmental assessment is available on my Department's website.

During the course of offshore exploration operations, the Department audits environmental compliance by reviewing daily environmental reporting, as well as daily operational reports for both geophysical survey and drilling operations. Additionally, in the case of drilling operations, a rig inspection visit takes place during operations in order to audit compliance with the conditions associated with the use and discharge of added chemicals, in accordance with the OSPAR Convention for the Protection of the Marine Environment in the North-East Atlantic.

Rail Services Provision

243. **Deputy Carol Nolan** asked the Minister for Transport, Tourism and Sport when the results of the public consultation on the rail review will be published; if a decision has been made in respect of the potential closure of railway lines in particular the Limerick to Ballybrophy line; and if he will make a statement on the matter. [41016/17]

Minister for Transport, Tourism and Sport (Deputy Shane Ross): As the Deputy is aware, the National Transport Authority (NTA) held a public consultation process to start a

national debate on the current and future role of rail transport in Ireland. The public consultation process was launched with the publication of a Rail Review 2016 Report, which examined the funding required to support the heavy rail network now and into the future, together with a consultation document “The Role of Rail in Ireland and Funding its Delivery”. The report provided an analysis of Iarnród Éireann’s financial situation, some funding solutions and proposals to grow passenger numbers.

Over 300 submissions were received by the NTA in response to that consultation process which have now all been examined and the NTA is preparing a report of those submissions, which I expect to receive shortly.

As noted within the Rail Review Report, its analysis predates the finalisation of the National Planning Framework which is being developed at present under the leadership of the Department of Housing, Planning and Local Government. Once agreed by Government, the approach which that Framework adopts toward land-use planning and settlement patterns for the country will have significant impacts on the potential of rail and other transport infrastructure and services into the future. No decisions have been made on future changes to the rail network, including any decisions relating to the closure of railway lines.

Sports Capital Programme Applications

244. **Deputy Charlie McConalogue** asked the Minister for Transport, Tourism and Sport the status of a sports capital application by a school (details supplied); and if he will make a statement on the matter. [41039/17]

Minister of State at the Department of Transport, Tourism and Sport (Deputy Brendan Griffin): The 2017 round of the Sports Capital Programme closed for applications on 24 February and I can confirm that an application has been submitted on behalf of the school. By the closing date, a record number of 2,320 applications seeking €155 million in grants were received. The total amount currently available to allocate under this round is €30 million. Accordingly, the allocation of grants will be particularly challenging.

All of the 2,320 applications received are currently being assessed by officials in my Department. I expect to be in a position to make an announcement regarding allocations in the coming weeks.

Severe Weather Events Response

245. **Deputy Imelda Munster** asked the Minister for Transport, Tourism and Sport if he will put in place a financial package that can adequately compensate a club (details supplied) following the devastation caused to their grounds adjoining the Crana River following the recent floods; and if he or the Minister of State for Sport will urgently meet with the club committee to discuss options. [41109/17]

Minister of State at the Department of Transport, Tourism and Sport (Deputy Brendan Griffin): My colleague the Minister of State at the Department of Defence, Mr. Paul Kehoe TD, has already announced a scheme to provide emergency humanitarian assistance to organisations (including sporting bodies) unable to secure flood insurance and affected by the recent flooding in Donegal.

Accordingly, in the first instance I would urge any sporting organisation affected by the

floods to contact the Irish Red Cross who are administering the scheme.

In relation to sports clubs impacted by the flooding but whose damage is deemed to be outside the terms of the Irish Red Cross Scheme, I have previously advised that any such clubs should contact the Sports Capital Programme Division of my Department. In this regard, a request for assistance has already been received from the club referred to by the Deputy and I have personally visited the site in the company of Minister Joe McHugh. I am aware of the challenges the club faces and am eager to assist in any way I can. In this regard, officials in my Department are liaising with the club to assess their needs and make recommendations on what assistance can be provided.

Road Projects Status

246. **Deputy Imelda Munster** asked the Minister for Transport, Tourism and Sport if he has sought the inclusion of the N56 Letterkenny relief road in the amended capital plan 2016 to 2021; and if he will allocate funding to this project in County Donegal. [41110/17]

Minister for Transport, Tourism and Sport (Deputy Shane Ross): 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 the N56) is a matter for the Transport Infrastructure Ireland (TII) 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 question to TII for direct reply. Please advise my private office if you don't receive a reply within 10 working days.

Military Aircraft

247. **Deputy Clare Daly** asked the Minister for Transport, Tourism and Sport the number of munition of war permits issued between 1 June and 31 August 2017 under Article 5 of the Air Navigation (Carriage of Munitions of War, Weapons and Dangerous Goods) Order 1973; the details of the date, the aircraft operator, the location from which they were flying to and from and the cargo they were carrying that required the permit; the instances in which he has refused permit requests for the same period; the name of the aircraft operator; and the basis on which the permit request was refused. [41158/17]

248. **Deputy Clare Daly** asked the Minister for Transport, Tourism and Sport the reason for the drop in the number of exemption applications to carry munitions processed in May and June 2017; and the reason for the increase again in July 2017. [41159/17]

249. **Deputy Clare Daly** asked the Minister for Transport, Tourism and Sport the detail of the eight flights which landed here with munitions classified as dangerous goods on board in August 2017; the reason for the high number of flights; the countries they were from; the destination in each case; and if he will make a statement on the matter. [41160/17]

Minister for Transport, Tourism and Sport (Deputy Shane Ross): I propose to take Questions Nos. 247 to 249, inclusive, together.

My Department publishes on its website a Monthly Statistical Report on Munitions of War

Exemptions issued under the Air Navigation (Carriage of Munitions of War, Weapons and Dangerous Goods) Order, 1973, (SI No. 224 of 1973). This can be accessed by the Deputy via the following link www.dttas.ie/sites/default/files/publications/aviation/english/statistics-munitions-war/1-20170906-munitions-war-statistics-end-august-2017.pdf (latest figures available are up to the end of August 2017). The remainder of the information sought by the Deputy for the period 1 June 2017 to 31 August 2017 (inclusive) will be forwarded to the Deputy.

The number of applications processed in any month traditionally fluctuates depending on the number of applications my Department receives at any given time from the various airlines. The flights with dangerous goods on board that landed in Ireland were in respect of the unloaded weapons including ammunition carried by members of an Garda Síochána flying to/from Italy and the remainder is in respect of a consignment of munitions being sent to Switzerland on behalf of the Irish Defence Forces.

In relation to the 6 refusals detailed in the tabular statement found at the following link, these were all refused on the advice of the Department of Foreign Affairs and Trade.

[/debates%20authoring/webattachments.nsf/0/B29AF046D69B744A802581AA003D9C9B/\\$File/Statistics%201%20Jun%20to%2031%20Aug.pdf?openelement](#)>Statistics 1 Jun - 31 Aug

Affordable Childcare Scheme Eligibility

250. **Deputy Bernard J. Durkan** asked the Minister for Children and Youth Affairs her plans to allow parents that are students and in receipt of the SUSI higher education grant avail of full access to the affordable childcare scheme under band A; and if she will make a statement on the matter. [41026/17]

Minister for Children and Youth Affairs (Deputy Katherine Zappone): Currently SUSI grants do not give rise to eligibility for subsidised childcare, although some recipients of SUSI grants may be eligible for subsidised childcare on other grounds. For example, if a SUSI grant-recipient also has a Medical Card or a GP Visit Card, then the SUSI grant-recipient may be eligible for childcare subsidised through the Community Childcare Subvention (CCS) scheme. In addition, the ECCE free pre-school programme is a universal programme that provides 15 hours of free early care and education for 38 weeks per year for children aged between 3 and school entry, regardless of parental income.

A new universal subsidy for childcare was introduced by my Department in September for children aged between 6 months and 36 months, or until qualification for the ECCE free pre-school programme if that is later than 36 months. As this new subsidy is universal, it is available to SUSI grant recipients who are not already in receipt of a CCS childcare subsidy. Provided the child is within the specified age-range, a subsidy of up to €20 per week is available in any Tusla-registered childcare provider, for up to 52 weeks per year.

In addition, at the earliest possible date the existing targeted childcare schemes will be replaced by the Affordable Childcare Scheme. When it is introduced, the Affordable Childcare Scheme will change the basis of eligibility for subsidised childcare. Rather than eligibility being based on possession of a Medical Card (or GP Visit Card) or receipt of a relevant social welfare payment or participation in a designated training course, eligibility will then be based on family income.

Foster Care Provision

251. **Deputy Clare Daly** asked the Minister for Children and Youth Affairs the steps she has taken to address the potential shortcomings highlighted by the Special Rapporteur for Children in respect of the legal basis for children that are the subject of a section 12 order to be handed into the care of a private foster provider. [41157/17]

Minister for Children and Youth Affairs (Deputy Katherine Zappone): In May I welcomed the publication of Dr Geoffrey Shannon's audit into the use of section 12 of the Child Care Act 1991 by An Garda Síochána. The report was undertaken by Dr Shannon on behalf of An Garda Síochána and correspondingly most of the recommendations made by Dr Shannon relate to Garda practice and procedures.

A number of recommendations were made by Dr Shannon which merit further consideration by my Department. Accordingly, my officials are currently examining the relevant issues raised by Dr Shannon. Clarification has also been sought from Tusla, the Child and Family Agency, regarding the Agency's procedures in relation to the use of private providers of emergency foster care placements. When this clarification has been received, my Department, in conjunction with the Child and Family Agency, will consider what further action on this matter is required.

Area Based Childhood Programme

252. **Deputy Róisín Shortall** asked the Minister for Children and Youth Affairs the estimated cost in 2017 of all community-based early intervention programmes; the cost of the ABC programmes in 2017; and the extent to which these costs have been factored into the expenditure base for 2018. [41199/17]

Minister for Children and Youth Affairs (Deputy Katherine Zappone): The Area Based Childhood (ABC) Programme is a prevention and early intervention initiative led by my Department. The Programme commenced in 2013 and was designed as a time-bound co-funding arrangement for the period 2013 to 2016 in conjunction with The Atlantic Philanthropies.

A key purpose of the ABC Programme is to identify the learning across the programme and transfer this learning into existing and established services. In budget 2016, my department secured additional funding to extend all of the existing ABC Programme to the end of December 2017.

The projected full year costs of the ABC Programme for the calendar year 2017 are approximately €8.6 million.

Based on past costs and projections submitted by areas to the Programme managers for 2018, the total estimated cost of extending the entire ABC Programme from January 1 to August 31 2018, is approximately €6.5 million. My Department has also taken account of full programme costs for 2017 and for previous years, in the budget estimates for 2018.

DCYA does not directly fund, or hold information on funding for, any other community based early intervention programmes outside of the ABC Programme.

My Department is working to ensure that we take full account of the learning from all the interventions across the 13 ABC sites, and the national evaluation, in order to inform the delivery of prevention and early intervention initiatives and to achieve our shared goal of improving the lives of children and families throughout Ireland.

Departmental Schemes

253. **Deputy Charlie McConalogue** asked the Minister for Rural and Community Development further to Parliamentary Question No. 452 of 13 July 2017, the position regarding the introduction of a renovation scheme; and if he will make a statement on the matter. [41035/17]

Minister for Rural and Community Development (Deputy Michael Ring): The Government's Action Plan for Rural Development contains a number of measures which have the objective of rejuvenating Ireland's rural towns and villages to make them more attractive places in which to live and work, and to increase their tourism potential.

An enhanced Town and Village Renewal Scheme was launched on 13 April last, with a focus on improving the economic development of our rural towns and villages. It is envisaged that this scheme will support up to 300 towns and villages over the next 12 months.

My officials have separately been examining the potential for developing a pilot scheme to encourage residential occupancy in rural towns and villages. The pilot will consider ways in which properties that are currently not in use in town and village centres can be renovated to allow them to be used for residential purposes. This will further help to rejuvenate town centres while also contributing to the housing needs of individuals.

The initiative is being developed in consultation with relevant Departments and details of the scheme will be announced when they are finalised.

Town and Village Renewal Scheme

254. **Deputy Carol Nolan** asked the Minister for Rural and Community Development the number of projects that have been approved for funding under the town and village renewal scheme that are still awaiting receipt of the funding allocated; the amount that has been paid out to groups; the amount that remains outstanding to be paid; and if he will make a statement on the matter. [41014/17]

Minister for Rural and Community Development (Deputy Michael Ring): The 2017 Town and Village Renewal Scheme was launched on 13 April last, with a focus on improving the economic development of our rural towns and villages. The closing date for applications was 30 June 2017 and there was a high level of interest in the programme.

The assessment process in respect of the scheme is nearing completion and I hope to be in a position to announce the successful projects shortly. The scheme will support up to 300 towns and villages over the next 12 to 15 months.

Leader Programmes Data

255. **Deputy Carol Nolan** asked the Minister for Rural and Community Development the number of applications for Leader funding since the new programme commenced; the amount of funding sought; the number of applications each year under the previous LEADER programme; and if he will make a statement on the matter. [41015/17]

Minister for Rural and Community Development (Deputy Michael Ring): Leader is a multi-annual programme which has a budget of €250 million over the period to 2014-2020. The programme is delivered in 28 sub-regional areas by Local Action Groups (LAGs). Fund-

ing Agreements with the LAGs for the current programme were, for the most part, signed with the LAGs in the second half of 2016 and the programme effectively became operational from that date.

Over 5,000 expressions of interest have been received by the LAGs from potential project promoters. The LAGs are currently working with project promoters to develop and finalise project applications.

To date, 335 projects with a value of over €8.25 million have been approved for LEADER funding by the LAGs. The number and value of projects at final approval stage in each Local Action Group is provided on Table 1. I understand that a further 316 projects, requesting funding of over €10 million, is progressing through the approvals process.

The 2007-2013 LEADER Programme had a budget of approximately €400 million over its lifetime. The number of approved applications each year under the previous LEADER programme is provided on Table 2.

Table 1 – Projects at Final Approved stage in each LAG, 2017

LAG Area	Number of Projects	Leader Grant Amount (€)
Carlow	9	608,336.16
Cavan	6	139,719.27
Clare	30	534,795.46
Cork North	0	0.00
Cork South	1	15,496.70
Cork West	1	10,000.00
Donegal	32	1,025,173.46
Dublin	5	60,509.61
Galway East	0	0.00
Galway West	0	0.00
Kerry	90	1,514,135.32
Kildare	0	0.00
Kilkenny	21	477,620.98
Laois	5	63,319.50
Leitrim	0	0.00
Limerick	3	14,794.29
Longford	5	20,476.57
Louth	6	43,561.54
Mayo	12	210,963.29
Meath	5	44,206.66
Monaghan	3	145,292.11
Offaly	29	451,774.03
Roscommon	7	162,602.61
Sligo	21	503,081.26
Tipperary	10	275,959.88
Waterford	12	1,409,419.65
Westmeath	11	142,030.13
Wexford	11	377,738.10
Wicklow	0	0.00

LAG Area	Number of Projects	Leader Grant Amount (€)
TOTAL	335	8,251,006.58

Table 2 – Number of Projects approved

Year	Number of Projects approved by LAGs
2009	1,048
2010	1,838
2011	1,989
2012	2,539
2013	2,726
2014	548
2015	79
TOTAL	10,767

Departmental Funding

256. **Deputy Charlie McConalogue** asked the Minister for Rural and Community Development if he will provide funding to an organisation (details supplied) that is overseeing the regeneration of an area as a cultural and social hub in County Donegal to employ a full-time administrator to oversee the ongoing projects; and if he will make a statement on the matter. [41034/17]

Minister for Rural and Community Development (Deputy Michael Ring): I understand that the organisation referred to by the Deputy has contacted the Leader Local Action Group in the area regarding potential Leader funding for a project. However, no formal application for funding has yet been submitted to the Local Action Group.

I am advised that Leader funding would not cover the costs of providing a full time administrator for a project, although other elements of the project may be eligible for funding. The question of approving Leader funding for the project would ultimately be a matter for the Leader Local Action Group. The Leader programme is delivered through Local Action Groups which manage the programme in 28 sub-regional areas and make decisions on project applications in their respective areas.

Western Development Commission Funding

257. **Deputy Lisa Chambers** asked the Minister for Rural and Community Development the budget for the Western Development Commission for 2017; the projected budget for 2018; and if he will make a statement on the matter. [41061/17]

Minister for Rural and Community Development (Deputy Michael Ring): The Western Development Commission (WDC) was established on a statutory footing in 1999 under the Western Development Commission Act, 1998. The main aim of the Commission is to promote, foster and encourage economic and social development in the Western Region, covering counties Donegal, Leitrim, Sligo, Mayo, Roscommon, Galway and Clare.

The Exchequer allocation for the WDC in the Revised Estimates Volume for 2017 is €2.495 million. This figure comprises €1.495 million in Current expenditure funding and €1 million in Capital funding.

The allocation to the WDC for 2018 will be agreed as part of the forthcoming Budget and Estimates process.

Seniors Alert Scheme

258. **Deputy Sean Fleming** asked the Minister for Rural and Community Development the position regarding the changing of contracts for the installation of personal monitored alarms; the rationale behind expected changes regarding same; and if he will make a statement on the matter. [41068/17]

Minister for Rural and Community Development (Deputy Michael Ring): The Seniors Alert Scheme is administered by local community and voluntary groups with the support of my Department and Pobal. The scheme encourages community support for vulnerable older people in our communities by providing grant assistance towards the purchase and installation of personal monitored alarms to enable older persons, of limited means, to continue to live securely in their homes with confidence, independence and peace of mind. Funding is available under the scheme towards the purchase of equipment i.e. personal alarm and/or pendant by a registered organisation.

The Seniors Alert Scheme is administered by local community and voluntary groups with the support of my Department and Pobal. The scheme encourages community support for vulnerable older people in our communities by providing grant assistance towards the purchase and installation of personal monitored alarms to enable older persons, of limited means, to continue to live securely in their homes with confidence, independence and peace of mind. Funding is available under the scheme towards the purchase of equipment i.e. personal alarm and/or pendant by a registered organisation.

In 2016, with my Department's agreement, Pobal commissioned a general review of the scheme to identify potential improvements, including technological advances. Following the review, a new scheme was designed and tenders were invited from potential suppliers. I understand this process has almost concluded and I intend to be in a position to announce a new and improved iteration of the scheme shortly.

Severe Weather Events Response

259. **Deputy Carol Nolan** asked the Minister for Rural and Community Development if he will liaise with Donegal County Council to ensure funding is provided to rebuild the key community and tourism amenities of Swan Park, Buncrana and Glenevin waterfall that were devastated by the recent floods in the area. [41218/17]

Minister for Rural and Community Development (Deputy Michael Ring): I would like to acknowledge the devastation caused by the recent floods in Donegal and the damage caused to the two areas mentioned, Swan Park and Glenevin Waterfall. My Department previously supported the development of Swan Park through the REDZ 2015 Pilot Scheme.

Unfortunately, funding schemes within my Department which might have been of assistance for the reconstruction of facilities at Swan Park and Glenevin Waterfall have closed for 2017. Successful projects under the Outdoor Recreational Infrastructure Scheme were announced earlier this year and successful applicants under the Town and Village Renewal Scheme will be announced shortly, following an appraisal process.

I understand, however, that the Leader Local Action Group (LAG) in Donegal, through its Implementing Partner, will engage with the local community with a view to identifying where Leader support may be of assistance in relation to these projects, as appropriate.

Leader is a multi-annual programme administered by my Department which will provide €250 million in support for rural development up to 2020. The programme is delivered in 28 Leader areas around the country by Local Action Groups, in collaboration with implementing partners. Decisions on project funding are made by the Local Action Groups.

Humanitarian Assistance Scheme

260. **Deputy Carol Nolan** asked the Minister for Rural and Community Development if he will establish a humanitarian assistance scheme to support and assist the owners of private roads and lanes in north and east County Donegal that were devastated by the recent floods. [41219/17]

Minister for Rural and Community Development (Deputy Michael Ring): The Government has provided financial support through the Department of Employment Affairs and Social Protection under the Humanitarian Assistance Scheme to meet the immediate needs of those directly impacted by the recent flooding in Co. Donegal. The scheme provides assistance to affected householders in order to return their homes to a habitable condition.

Separately, I announced the provision of €10 million for a Local Improvement Scheme on 21 September. This is a nation-wide scheme which supports improvement works on private and non-public roads.

My Department wrote to Local Authorities in August to establish the level of demand for an LIS scheme this year. The Local Authorities were advised that any requests for funds would be subject to their capacity to complete any proposed works in 2017, and funding availability.

It was not possible to fully support the level of demand which the Local Authorities stated they could deliver in 2017, but all eligible Local Authorities received a minimum of €250,000, with the exception of three Authorities who requested less than that amount. Co. Donegal was allocated €884,000, which was the third largest allocation under the LIS scheme for 2017.

It is a matter for the Local Authorities to determine which roads they wish to prioritise from the funding allocated to them.

Local Improvement Scheme Applications

261. **Deputy Carol Nolan** asked the Minister for Rural and Community Development if his attention has been drawn to the fact that Donegal County Council recently made a submission to his Department seeking more than €20 million in funding under the local improvement scheme following receipt of 1,300 applications from across the county; the level of funding which will be available for allocation to local authorities in 2018; and when these funds will be made available to local authorities. [41220/17]

Minister for Rural and Community Development (Deputy Michael Ring): On 21 September I announced the provision of €10 million for a Local Improvement Scheme. This is a nation-wide scheme which supports improvement works on private and non-public roads.

My Department wrote to Local Authorities in August to establish the level of demand for

an LIS scheme this year. The Local Authorities were advised that any requests for funds would be subject to their capacity to complete any proposed works in 2017, and funding availability.

I am aware that Donegal County Council submitted a list of potential works with a value of more than €20 million under the LIS. However, not all of these works were deliverable in 2017. The Council indicated that it could complete up to €1 million in works in 2017, or up to €2.5 million if other works in the county were reprioritised.

Within the budget available for 2017, it was not possible to fully support the level of demand which the Local Authorities stated they could deliver in 2017. However, all eligible Local Authorities received a minimum of €250,000, with the exception of three Authorities who requested less than that amount. Co. Donegal was allocated €884,000, which was the third largest allocation under the LIS scheme for 2017.

It is a matter for the Local Authorities to determine which roads they wish to prioritise from the funding allocated to them.

The level of funding available for the LIS scheme in 2018 will be considered in the context of the 2018 Budget and Estimates process.

Rent Supplement Scheme Data

262. **Deputy Róisín Shortall** asked the Minister for Employment Affairs and Social Protection the annualised cost of the average monthly rent currently paid to rent supplement recipients under the scheme; the number of families availing of the scheme; and if she will make a statement on the matter. [41140/17]

266. **Deputy Eoin Ó Broin** asked the Minister for Employment Affairs and Social Protection the number of rent supplement tenancies in place; and the annual cost of these tenancies. [41059/17]

Minister for Employment Affairs and Social Protection (Deputy Regina Doherty): I propose to take Questions Nos. 262 and 266 together.

Rent supplement plays a vital role in housing families and individuals, with the scheme currently supporting approximately 38,600 tenants for which the Government has provided €253 million for in 2017.

The full annualised costs for 38,600 tenants at current blended rent supplement tenancy rates of €480 per month, is approximately €223 million.

The Deputies will be aware that the Department's strategic policy is to return rent supplement to its original purpose, that of a short-term income support, facilitated by the introduction of the HAP scheme. There are currently over 27,240 tenants in receipt of HAP support. The strategic goal as set out in Rebuilding Ireland is to transfer all long-term tenancies from rent supplement to HAP by 2020.

I trust this clarifies matters for the Deputies.

Dietary Allowance Applications

263. **Deputy Charlie McConalogue** asked the Minister for Employment Affairs and Social

Protection her plans to allow persons in receipt of an old age pension to continue to avail of the diet supplement allowance after they transfer onto their State pension in view of the expense associated with many of the conditions covered by diet supplement; and if she will make a statement on the matter. [41038/17]

Minister for Employment Affairs and Social Protection (Deputy Regina Doherty): Diet supplement, administered under the supplementary welfare allowance (SWA) scheme, is payable to qualifying persons, in receipt of the supplement prior to February 2014, who have been prescribed a special diet as a result of a specified medical condition. There are currently fewer than 3,000 in receipt of the diet supplement of diet supplement at a cost of €4.6 million in 2017.

Following the outcome of a review of the costs of healthy eating and specialised diets by the Irish Nutrition and Dietetic Institute commissioned by the Department during 2013, the scheme has been closed to new applicants from 1 February 2014. This independent research showed that the average costs across all of the retail outlets of the diets supplemented under the scheme can be met from within one third of the minimum personal rate of social welfare payment, i.e. the SWA rate which was then paid at €186 per week. The weekly rate of SWA has recently increased to €191 further to Budget 2017. The diet supplement scheme was discontinued for new applicants on the basis of this evidence.

Existing recipients continue to receive the diet supplement at the current rate of payment for as long as they continue to have an entitlement to the scheme or until their circumstances change. This measure ensured that nobody was immediately worse off by the closure of the scheme. An increase in weekly means affects the rate of diet supplement payable.

The weekly increase provided in Budget 2017 delivers on the commitments as outlined in the Programme for Partnership Government – to increase the State Pension and to support an increase for people with disabilities. For this reason arrangements were put in place so that the effect of the Budget 2017 increase on weekly social welfare payments will not impact on the payment of diet supplement to existing customers.

In cases of particular hardship, officials continue to have the legislative power to award a SWA payment in cases of exceptional need. Any person who considers that they may have an entitlement to financial support should contact their local Community Welfare Service who may be able to offer assistance.

I trust this clarifies the matter for the Deputy.

Data Protection

264. **Deputy Róisín Shortall** asked the Minister for Employment Affairs and Social Protection if she has prepared a response to the list of questions submitted to her Department by the Data Protection Commissioner regarding the public services card (details supplied); if she will publish the responses to these questions when they are finalised; and if she will make a statement on the matter. [41042/17]

Minister for Employment Affairs and Social Protection (Deputy Regina Doherty): My Department has prepared responses to the list of questions submitted by the Data Protection Commissioner regarding the Public Services Card.

These responses are currently being proofed and will issue to the Data Protection Commissioner shortly.

Once the Data Protection Commissioner has had an opportunity to consider these responses they will be published on my Department's website.

Carer's Allowance Applications

265. **Deputy Marc MacSharry** asked the Minister for Employment Affairs and Social Protection when a person (details supplied) in County Sligo will have a decision on a carer's allowance application in view of the fact that the person concerned is due to travel shortly abroad with their child for treatment which cannot be provided here; and if she will make a statement on the matter. [41047/17]

Minister for Employment Affairs and Social Protection (Deputy Regina Doherty): Carer's Allowance is a statutory, means-tested payment which provides an income support for carers who look after certain people in need of full-time care and attention.

As is the case with most other means-tested social welfare payments, Carer's Allowance is not payable on an extended basis to or in respect of persons outside the State, although legislation provides for the payment of carer's allowance when a person leaves the State on a temporary basis for the specific purpose of accompanying a care recipient while that person is receiving treatment.

There is no requirement that the treatment be one which is not available in the State.

A temporary absence is considered to be one which lasts no longer than thirteen weeks.

If the person concerned leaves the State on 1 October 2017, as scheduled, she will be entitled to continued payment of carer's allowance up to 3 January 2018. There are other possible income support options available to this family and an officer of the Department is in the process of contacting the person concerned to explain what other payments may be available to them in these circumstances.

I hope this clarifies the matter for the Deputy.

Question No. 266 answered with Question No. 262.

Community Employment Schemes Review

267. **Deputy Niamh Smyth** asked the Minister for Employment Affairs and Social Protection if a review of the community employment scheme is taking place; the purpose of this review; if the further curtailment of the time that persons over 55 years of age can spend on the scheme is anticipated; her plans to address the anomalies outlined in correspondence (details supplied); and if she will make a statement on the matter. [41070/17]

Minister for Employment Affairs and Social Protection (Deputy Regina Doherty): Following the publication of my Department's Report - *An Analysis of the Community Employment Programme* – earlier this year, the Government approved a number of changes to the terms and conditions around participation on Community Employment (CE). The main purpose of these changes was to broaden the availability of CE to a greater number of people on the live register, to standardise eligibility and other conditions regarding the length of time a person can participate on the programme and to promote progression outcomes.

These changes, implemented last July, include a reduction in the general qualifying age

for CE for those on the live register, from 25 to 21 years and it will now be easier for previous participants to re-enter a scheme as the base line year is being moved from 2000 to 2007. CE participants age 55 and over can avail of up to 3 consecutive years on a scheme, after only one year in receipt of a qualifying social welfare payment. The lifetime participation limit on CE of 6 years (7 years if in receipt of a qualifying disability-linked payment) remains unchanged.

In addition a review of the current rule, which enables a percentage of those aged 62 or over, to participate on a continuous basis up to the State Pension age, is currently underway and is expected to be finalised in the coming weeks.

I trust this clarifies the matter for the Deputy.

Jobseeker's Allowance Eligibility

268. **Deputy Dara Calleary** asked the Minister for Employment Affairs and Social Protection the position regarding retained firemen seeking jobseeker's allowance while their availability is restricted due to fire service commitments. [41093/17]

Minister for Employment Affairs and Social Protection (Deputy Regina Doherty): Retained (part-time) fire-fighters, provide services which are vitally important to their communities. Typically, these workers provide services in rural and less densely populated areas but larger urban centres may also have a cohort of part-time workers.

Retained fire-fighters who are otherwise unemployed are entitled to a jobseeker's payment in respect of days that they are engaged in fire-fighting or training, subject to the usual qualification conditions in relation to means or social insurance contributions. They are, also required to satisfy the statutory conditions for the receipt of a jobseeker's payment of being available for and genuinely seeking work. Any person who fails to satisfy these conditions is not entitled to a jobseeker's payment.

Taking account of the unusual circumstances of retained fire personnel the Social Welfare and Pensions (Miscellaneous Provisions) Act 2013 carried amendments to both jobseeker's benefit and jobseeker's allowance that put the treatment of retained fire fighters on a legislative basis. These amendments were introduced with particular regard to the vital service provided by this group, particularly in rural communities where the fire service is almost exclusively staffed by retained personnel.

This legislation provided that when a retained fire fighter is on call this will not result in a disallowance for a jobseeker's payment on grounds of availability. It also provides that retained fire fighters are exempt from suffering a loss of a day of jobseeker's payment for any day of firefighting employment. Finally, the legislation also provides an exemption for retained fire fighters from having to satisfy the substantial loss of employment condition under jobseeker's benefit.

The legislation and associated regulations allow retained fire-fighters a reasonable and fair level of access to the jobseeker schemes given the unique circumstances of the service they provide their communities.

JobPath Programme

269. **Deputy John Brady** asked the Minister for Employment Affairs and Social Protection if JobPath providers Turas Nua and a company (details supplied) are engaging with persons

that are not long-term unemployed; and if she will make a statement on the matter. [41105/17]

270. **Deputy John Brady** asked the Minister for Employment Affairs and Social Protection the number of part-time workers that are engaging with the JobPath scheme; and if she will make a statement on the matter. [41106/17]

271. **Deputy John Brady** asked the Minister for Employment Affairs and Social Protection the number of school teachers that are engaging with the JobPath scheme; and if she will make a statement on the matter. [41107/17]

Minister for Employment Affairs and Social Protection (Deputy Regina Doherty): I propose to take Questions Nos. 269 to 271, inclusive, together.

As the Deputy will be aware, JobPath is an employment activation service that supports people who are long-term unemployed and those most at risk of becoming long-term unemployed to secure and sustain paid employment. The service is delivered by two companies, Seetec Ltd and Turas Nua Ltd.

For the purposes of the JobPath service all long-term unemployed jobseekers on the Live Register are categorised into groups based on their duration of unemployment (e.g. 1- 2 years, 2 – 3 years etc.). Selection for referral to the JobPath provider is by means of stratified random sampling using these groupings; the objective being to ensure equity in selection and also that people referred to JobPath are a representative of the long-term cohort on the Live Register. The duration of a person's jobseeker claim is recorded in terms of days of unemployment. Job-seeker Allowance claims are made up of continuous periods of unemployment. Any two such periods not separated by more than 52 weeks is considered to be the same continuous period of unemployment. Long-term jobseekers that may have left the live register to go into employment are still considered to be long-term if they reopen their claim within the 52 weeks. They retain certain entitlements (for example no waiting days and other supplemental benefits) and are eligible for selection for activation services including JobPath.

Customers who have not been in full-time employment but are returning to Jobseeker's payments from other departmental employment schemes, for example community employment and TÚS are also eligible for selection for JobPath.

To date some 9,000 part time workers have engaged with the JobPath service, this figure represents approximately 8% of the total number of clients who have engaged with JobPath.

There were approximately 72,000 people with JobPath in August 2017. There was no data on a level of education for 18% of this cohort. Of the remaining 82%, some 0.8% have informed the Department that they are teaching professionals. This group includes self-described teachers / tutors / instructors of all disciplines and levels.

I trust this clarifies the matter for the Deputy.

One-Parent Family Payment

272. **Deputy John Brady** asked the Minister for Employment Affairs and Social Protection the stage at which the report into the impact changes to the one-parent family payment are having on lone parents as committed to in the Social Welfare Bill 2016 is at; and if she will make a statement on the matter. [41108/17]

Minister for Employment Affairs and Social Protection (Deputy Regina Doherty): On

foot of the legislative commitment contained in the Social Welfare Act 2016 to carry out an independent report on the amendments to the one parent family payment, and following a tendering process, Indecon Economic Consultants were selected and commenced work on the report in April of this year.

The contract requires Indecon to examine the financial, social, poverty and welfare dependency impacts of the changes to the OFP scheme that were introduced since January 2012. To achieve this Indecon must carry out a detailed quantitative and econometric analysis of the Department's data on affected lone parents, and carry out a qualitative analysis that includes issuing a survey to 34,000 lone parents and collating those results.

The timeframe for the review was always very ambitious given the scale and complexity of the issues to be covered in the review. However, it is expected that the report will be available within the coming weeks.

Jobseeker's Benefit Eligibility

273. **Deputy Bernard J. Durkan** asked the Minister for Employment Affairs and Social Protection the payment available to a family in the case of a person (details supplied); and if she will make a statement on the matter. [41130/17]

Minister for Employment Affairs and Social Protection (Deputy Regina Doherty): Following further clarification with the Deputy's Office, the person concerned should contact their Local Intreo Centre to establish if his spouse is entitled to an Adult Dependent Allowance on his Jobseeker Benefit claim.

I hope this clarifies the matter for the Deputy.

Rent Supplement Scheme Eligibility

274. **Deputy Bernard J. Durkan** asked the Minister for Employment Affairs and Social Protection when rent support will be restored in the case of a person (details supplied); the reason rent support was not equally restored; and if she will make a statement on the matter. [41139/17]

Minister for Employment Affairs and Social Protection (Deputy Regina Doherty): The rent supplement claim for the person concerned was closed in 2015 as documentation requested relating to combined household means was not provided. It is open to the person concerned to submit a complete and up-to-date rent supplement application form, including all required documentation. Upon receipt of the necessary documentation his entitlement to rent supplement will be assessed accordingly.

I trust this clarifies the matter for the Deputy.

Carer's Benefit Payments

275. **Deputy Marc MacSharry** asked the Minister for Employment Affairs and Social Protection when a person (details supplied) will have their carer's benefit payment reinstated; and if she will make a statement on the matter. [41154/17]

Minister for Employment Affairs and Social Protection (Deputy Regina Doherty): It is a condition for receipt of Carer's Benefit (CARB) that the person being cared for must have a disability whose effect is that they require full-time care and attention.

This is defined as requiring from another person, continual supervision and frequent assistance throughout the day in connection with normal bodily functions or continuous supervision in order to avoid danger to him or herself.

The care recipient suffered injury in a road traffic accident in August 2015. CARB was initially awarded for a period of 6 months from 3 March 2016 to 31 August 2016 and the claim was extended on a number of occasions since then.

Prior to the expiry of her claim on 30 August 2017 the carer submitted further evidence in support of a claim for continued payment and the deciding officer decided that this evidence did not indicate that the requirement for full-time care was satisfied.

The person concerned was notified on 30 August 2017 of this decision, the reason for it and of her right of review and appeal.

A request for a review and additional medical evidence was received on 11 September 2017. Following this review the decision remained unchanged.

The person concerned was notified on 26 September of the outcome of the review, the reasons for it and of her right of appeal.

However, it has also been noted that the care recipient injured himself in an occupational injury. If he has suffered a loss of physical or mental faculty as a result of this occupational accident, he may have an entitlement to disablement benefit which is one of the benefits under my Department's occupational injuries benefit scheme. Part of the application process for disablement benefit involves an in-person assessment by one of the Department's Medical Assessors to determine if he suffered any loss of faculty. If he is deemed to have lost half of his physical or mental faculty and needs someone to help him daily at home to attend to his personal needs, he could be entitled to a constant attendance allowance. This is payable at the same rate as CARB.

I have arranged for an application form for disablement benefit to issue to him.

I hope this clarifies the matter for the Deputy.

JobPath Data

276. **Deputy Peadar Tóibín** asked the Minister for Employment Affairs and Social Protection the amount her Department paid to a company (details supplied) since the beginning of the contract in summer 2015; the number of unemployed persons that have remained in sustainable employment for more than 12 months after having been referred to the company by her Department in view of the fact that the company is an employment advisory company; and the procedures for redeployment the company has in place when making its own Irish employees redundant. [41165/17]

Minister for Employment Affairs and Social Protection (Deputy Regina Doherty): My Department does not publish the individual fees paid to the JobPath providers because of commercial sensitivity. This commercial sensitivity is in relation to the release of the information having the potential to both influence the management of the contracts currently in place and any future procurement that may be undertaken and thus putting the State at a disadvantage.

The JobPath service is being delivered through a payment by results model and the initial set up costs and the ongoing running costs are borne by the companies. Fees comprise an initial registration fee and thereafter job sustainment fees are payable for each 13-week period of sustained employment, up to a maximum of 52 weeks.

The jobs must be full-time, that is, employment for more than 30 hours a week. This means JobPath companies are incentivised financially to assist people to find full-time jobs that they are likely to hold down and are therefore suited to. My Department verifies each individual job sustainment fee claim before payment, confirming that the customer is in employment and no longer on the Live Register.

In relation to the number of participants to find full-time employment, it is important to note that jobseekers may be supported through the service for up to 30 months - under the service jobseekers have access to a personal adviser (PA) who works with them over two phases. During the first phase, of 12 months duration, the PA provides practical assistance in searching, preparing for, securing and sustaining employment. The second phase starts if the jobseeker is successful in finding work. During this phase the PA continues to work with the jobseeker for a further period of at least three months, and up to 12 months. In addition to the two phases jobseekers may also undertake training while with the service and this may extend the period the jobseeker is supported through the service for up to a further 6 months.

It will therefore take time to accumulate a sufficient number of clients (who have completed their engagement period with the service) for complete and robust outcome data to be available. With this in mind, it is intended that an econometric evaluation of the service will commence at the end of 2017. The Department has however commenced publishing initial cohort reports on the performance of the service, with the most recent report, which provides details of the performance outcomes for three jobseeker cohorts - Q3 and Q4 2015, and Q1 2016 having been published on the Department's website recently.

The report is available at:

http://www.welfare.ie/en/downloads/JobPath_Performance_Report_Jul15-Mar16.pdf

JobPath providers provide the JobPath service under contract to my Department. The providers are responsible for compliance with all the statutory requirements to be satisfied by an employer with regards to its own employees. The JobPath contract specifies the duration of the contract, as a period of six (6) years. Following completion of the contract duration, any decisions in relation to redeployment or redundancy arrangements for employees are entirely a matter for the JobPath provider.

Social Insurance Fund Review

277. **Deputy Niall Collins** asked the Minister for Employment Affairs and Social Protection when the review of the Social Insurance Fund will be published. [41211/17]

Minister for Employment Affairs and Social Protection (Deputy Regina Doherty): The Social Welfare (Consolidation) Act, 2005, as amended, makes provision for the carrying out of actuarial reviews of the Social Insurance Fund at five yearly intervals. The last actuarial review, as at 31 December 2010, was published in 2012.

The fourth actuarial review, as at 31 December 2015, is currently being undertaken by external consultants. The review will project the income and expenditure of the Fund over a 55 year period, taking into account policy, economic and demographic changes since the previous

review was undertaken. In providing an assessment of the financial health of the Fund, the findings of the review will contribute to the development of policy for social insurance benefits generally.

In addition to examining options relating to State pensions, the review will examine the projected PRSI contribution rates required to provide individual benefits to Class S self-employed contributors on a revenue neutral basis.

The department is carrying out the review in consultation with a range of other relevant departments and bodies including the Department of Finance, the Department of Public Expenditure and Reform and the Central Statistics Office.

The report is in the final stages of preparation and I expect to be in a position to publish the results of the review by mid-October.

Nitrates Usage

278. **Deputy Michael Fitzmaurice** asked the Minister for Housing, Planning and Local Government if he will extend the slurry spreading date until the end of October for farmers and the farm yard manure dates until 15 November in view of August and September being particularly wet months and land spreading not being possible due to wet conditions; and if he will make a statement on the matter. [41031/17]

280. **Deputy Charlie McConalogue** asked the Minister for Housing, Planning and Local Government his views on extending the slurry spreading deadline for exceptional cases in which land has been severely damaged by wet weather. [41204/17]

Minister for Housing, Planning and Local Government (Deputy Eoghan Murphy): I propose to take Questions Nos. 278 and 280 together.

The Nitrates Directive and Ireland's National Nitrates Action Programme are given legal effect by the consolidated European Union (Good Agricultural Practice for Protection of Waters) Regulations 2014, as amended. The objective of the Regulations is to protect ground and surface waters, including drinking water sources, primarily through the management of livestock manures and other fertilisers.

Good agricultural practice involves the land spreading of organic fertilisers such as slurry as early as practicable in the growing season in order to maximise the uptake of nutrients by crops and to minimise pollution risks to water courses and groundwaters. In accordance with the requirements of the Nitrates Directive, the Regulations include provisions regarding periods when the land application of certain types of fertilisers is prohibited. In addition, the Regulations prohibit such application at any time of the year when the ground is frozen, waterlogged or heavy rain is forecast.

Specified closed periods for the spreading of fertilisers, including slurry, are a key aspect of the Nitrates Regulations. They are a requirement of the Nitrates Directive and are mandatory in every Member State. The closed periods in Ireland were decided following extensive consultation and were discussed with farming bodies and the European Commission when Ireland's Nitrates Action Programme was being introduced. The provisions of the Regulations are underpinned by scientific research and good agricultural practice and a key message from that research is that a disproportionate level of nutrient loss from agriculture to water occurs during the closed period, when grass growth is limited.

I have no plans at present to extend the spreading periods for any fertilisers in 2017.

Waterways Issues

279. **Deputy Timmy Dooley** asked the Minister for Housing, Planning and Local Government the number of kilometres of river channels here. [41153/17]

Minister for Housing, Planning and Local Government (Deputy Eoghan Murphy): The Environmental Protection Agency, in its recently published report *Water Quality in Ireland 2010 - 2015* (available at: <http://www.epa.ie/pubs/reports/water/waterqua/waterqualityinireland2010-2015.html>), states that Ireland has more than 70,000 kilometres of river channel.

Question No. 280 answered with Question No. 278.

Tenant Purchase Scheme Review

281. **Deputy Charlie McConalogue** asked the Minister for Housing, Planning and Local Government further to Parliamentary Question No. 1635 of 26 July 2017, the position regarding the review of the tenant purchase scheme; and if he will make a statement on the matter. [41037/17]

286. **Deputy Willie Penrose** asked the Minister for Housing, Planning and Local Government when the review of the new tenant purchase scheme will be finalised; the changes which are proposed as a result of this review; and if he will make a statement on the matter. [41164/17]

Minister for Housing, Planning and Local Government (Deputy Eoghan Murphy): I propose to take Questions Nos. 281 and 286 together.

The new Tenant (Incremental) Purchase Scheme for existing local authority houses came into operation on 1 January 2016. The Scheme is open to eligible tenants, including joint tenants, of local authority houses that are available for sale under the Scheme. To be eligible, tenants must meet certain criteria, including having a minimum reckonable income of €15,000 per annum, have been in receipt of social housing support for at least one year and have been allocated a house under a local authority allocation scheme.

In line with the commitment given in the Rebuilding Ireland Action Plan for Housing and Homelessness, a review of the first 12 months of the Tenant Purchase scheme's operation has been undertaken. The review has incorporated analysis of comprehensive data received from local authorities regarding the operation of the scheme during 2016 and a wide-ranging public consultation process which saw submissions received from individuals, elected representatives and organisations.

The review is now complete and a full report setting out findings and recommendations has been prepared. Following consultation with relevant Departments on implementation arrangements, I expect that definitive proposals will be submitted to me very shortly.

Legislative Measures

282. **Deputy Joan Collins** asked the Minister for Housing, Planning and Local Government if Dublin City Council or other local authorities vote to rescind freedom of the city to a person

(details supplied), if there is a legal impediment to enact this decision; if not, if additional legislation is needed; and if he will make a statement on the matter. [41041/17]

Minister for Housing, Planning and Local Government (Deputy Eoghan Murphy): Section 74 of the Local Government Act 2001 provides that a local authority may confer a civic honour on a distinguished person in such a manner as it may determine and may establish and maintain a roll or record in which to enter the names of persons so honoured.

The decision to convey a civic honour is a reserved function, the implementation of which is a matter for individual local authorities. Any legal issues arising in that context, including the obtaining of any legal advice if necessary, are a matter for individual local authorities in the first instance.

Housing Data

283. **Deputy Eoin Ó Broin** asked the Minister for Housing, Planning and Local Government the number of RAS tenancies in place; and the annual cost of these tenancies. [41056/17]

284. **Deputy Eoin Ó Broin** asked the Minister for Housing, Planning and Local Government the number of HAP tenancies in place; and the annual cost of these tenancies. [41057/17]

285. **Deputy Eoin Ó Broin** asked the Minister for Housing, Planning and Local Government the number of SCHEP tenancies in which properties are owned by private landlords; and the annual cost of these tenancies. [41058/17]

Minister for Housing, Planning and Local Government (Deputy Eoghan Murphy): I propose to take Questions Nos. 283 to 285, inclusive, together.

There are currently more than 27,000 households supported by the Housing Assistance Payment (HAP) scheme across the State and it is anticipated that the Exchequer funding for 2017 of €152.7 million will be fully expended on the operation of the scheme at year's end.

At the end of 2016 local authorities reported that there were 20,306 Rental Accommodation Scheme (RAS) tenancies in place, with a 2016 outturn for the scheme of just under €131 million. Exchequer funding of €134m has been allocated to RAS in 2017, which is expected to be expended in full. The most recent data regarding the number of tenancies funded under the RAS and HAP schemes, broken down by local authority 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>.

The Social Housing Current Expenditure Programme (SHCEP) supports the delivery of social housing by providing financial support to local authorities for the leasing of houses and apartments. Units under the scheme come from a number of different sources including private owners, Approved Housing Bodies (AHBs), Part V and the NAMA Special Purpose Vehicle (NARPS).

The table below sets out the source of units under the SHCEP scheme in 2016. By end 2016, a total number of 8,366 units were supported and operational under SHCEP, with 1,358 units becoming operational in 2016. Using the total number of units operational at year end and the full cost of the scheme in 2016, the average annual cost per unit would be €6,454 per unit. The annualised cost of the average monthly cost per unit under SHCEP in 2016 is estimated at

€7,551 per unit. Data recorded in relation to units under the SHCEP scheme is on a cumulative basis allowing for fluctuation of units coming in and out of the scheme.

It is anticipated that the Exchequer funding for 2017 of almost €84 million will be fully expended on the operation of the scheme at year end. It is not possible at this point in the year to determine what proportion of that funding will be expended on properties leased from private owners.

Source category	No. of units end 2016	Annual cost end 2016 at €6,454 per unit	Annual cost Q4 2016 at €7,551 per unit
AHB Build including Turn-Key	353	€2,278,382	€2,665,630
AHB Acquisition	1,175	€7,583,850	€8,872,848
AHB MTR (Acquisition but recorded as lease)	178	€1,148,873	€1,344,142
AHB Lease from private owner	457	€2,949,633	€3,450,972
LA lease from private owner (incl. USA and Part V)	5,432	€35,059,975	€41,018,988
AHB Lease from NAMA SPV	719	€4,640,670	€5,429,428
LA Lease from NAMA SPV	52	€335,626	€392,671
	8,366	€53,997,008	€63,174,678

Question No. 286 answered with Question No. 281.

Planning Issues

287. **Deputy Micheál Martin** asked the Taoiseach and Minister for Defence if he or his departmental officials have carried out an assessment on whether there will be an impact on the operations of the Naval Service and the Air Corps at Ringaskiddy harbour if an incinerator (details supplied) is allowed to go ahead; and if he will make a statement on the matter. [41095/17]

288. **Deputy Micheál Martin** asked the Taoiseach and Minister for Defence if he or his departmental officials made a submission to An Bord Pleanála regarding the planning permission sought for an incinerator (details supplied) in Ringaskiddy, County Cork; and if he will make a statement on the matter. [41096/17]

Minister of State at the Department of Defence (Deputy Paul Kehoe): I propose to take Questions Nos. 287 and 288 together.

The Department of Defence, following consultation with the Air Corps and the Naval Service, in May 2016 made an oral submission to an Bord Pleanála regarding the proposed development of the waste to energy facility in Ringaskiddy. The submission identified two areas of concern, the proximity of the incinerator stack to Haulbowline and the possible difficulties in the evacuation of the island if necessitated by an incident at the incinerator facility.

The Defence Forces advised that the proximity of the stack of the waste-to-energy facility to the helicopter approach paths of Haulbowline Naval Base and Spike Island is a matter of concern due to the fact that this stack will be emitting significant amounts of exhaust gases and is seen by the Department as a potential hazard as it may in certain conditions render approaches by Air Corps helicopters into and out of Haulbowline Island as unsafe.

The second area of concern is due to the fact that Haulbowline Island is accessed by a bridge which is connected to the Ringaskiddy Road. The proposed incinerator is to be built adjacent to this road, before Haulbowline. Therefore, in the event of any accident at the incinerator, road access to and from Haulbowline is threatened. This could in some instances hinder the operation of the Naval Base or in the event of a major incident necessitating local area evacuation, the evacuation of Haulbowline would be denied.

The planning application on the building of an incinerator in Ringaskiddy remains under consideration by An Bord Pleanála. Accordingly, it would be inappropriate to comment further on the matter at this time.

Naval Service Expenditure

289. **Deputy Clare Daly** asked the Taoiseach and Minister for Defence further to Parliamentary Question No. 815 of 20 September 2017, the cost of the trip, including fuel, pay and allowances for the crew of the ship in view of the fact the ship was not available to carry out its duties here, for example, fishery protection while it was on this trip to London. [41155/17]

Minister of State at the Department of Defence (Deputy Paul Kehoe): As I outlined to the Deputy in my response to Parliamentary Question Number 815 of 20 September 2017, the Naval Service vessel LÉ Samuel Beckett attended the biannual Defence and Security Equipment International (DSEI) exhibition in London earlier this month. The attendance of LÉ Samuel Beckett at the event, which ran from Tuesday 12 September 2017 to Friday 15 September 2017, was an opportunity to portray, to a wide audience, the considerable level of commitment and investment made in recent years towards protecting and safeguarding Irish territorial waters, by showcasing the success of the Offshore Patrol Vessel design and build capabilities.

LÉ Samuel Beckett departed the Naval Base in Haulbowline on 8 September, and carried out fishery protection and maritime surveillance duties while in the Irish Exclusive Economic Zone (EEZ) en route to the UK. The vessel was berthed alongside the DSEI exhibition centre from 10 September until 16 September, when she departed London for Haulbowline, carrying out further fishery protection and maritime surveillance duties within the EEZ while en route to Cork. The estimated fuel costs for the duration are €56,600.

LÉ Samuel Beckett had a crew complement of 49 personnel comprising officers and other ranks while berthed alongside the exhibition centre. The estimated pay and allowances associated with these crew numbers in respect of the visit are €57,000 calculated on a pro-rata basis. The Deputy should note that these pay and allowances do not represent an additional cost arising from the attendance of the ship at the DSEI, as this cost would have arisen regardless.