

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 5, inclusive, answered orally.

Occupational Therapy Waiting Lists

6. **Deputy Barry Cowen** asked the Minister for Health the action being taken to reduce the long waiting times for a first assessment for occupational therapy in counties Laois and Offaly; and if he will make a statement on the matter. [20912/19]

Minister for Health (Deputy Simon Harris): I acknowledge that the current time to access Occupational Therapy services can be too long in certain locations and that this may cause anxiety for parents and patients who are currently waiting to access services.

That is why the HSE will be prioritising investment in Occupational Therapy in 2019 to reduce waiting times and improve access to services. Across the country, 40 additional OTs will be recruited by the end of the year, and there will be a focus on addressing those cases where people have been waiting over 52 weeks. In total, HSE's National Service Plan estimates that over 350,000 primary care occupational therapy patients will be seen in 2019.

In addition, local HSE management continue to endeavour to provide the highest quality service and to prioritise referrals based on clinical need. In 2018 and early 2019, management in CHO 8 developed waiting list initiatives that were targeted at those waiting longest for OT services. As a result of this, there was decrease of 400 in the number of the longest waiting clients in Laois and Offaly, a reduction of 35%.

Further efforts to tackle access times and implement service improvement plans will be considered as resources permit. Notwithstanding the HSE's current interim financial and recruitment control measures, I believe that it is essential that we continue to invest in and develop our primary care services and infrastructure in order to reform and modernise our health system to ensure better access to care and deliver sustainability and best value for population health.

Questions Nos. 7 to 10, inclusive, answered orally.

Care of the Elderly Provision

11. **Deputy Mary Butler** asked the Minister for Health his plans to expand the model of care homes unique to the south east that provides residential accommodation for adults that require minimal assistance of a low to medium dependency; and if he will make a statement on the matter. [20800/19]

Minister of State at the Department of Health (Deputy Jim Daly): A key principle underpinning Government policy is to support older people to live in their own home as long as possible.

There will, however, always be people whose needs are best met in a residential care setting or supported housing model. There are 10 Supported Care Homes in Community Healthcare Organisation Area 5 providing accommodation and support services to older people with low to medium dependency levels. The residents cannot be maintained independently at home, but do not yet require nursing home care. The HSE acknowledges the role played by these Homes in reducing possible admission to nursing homes. The HSE will provide about €2.5 million in Section 39 funding this year towards the operational costs of the Homes. I have been assured by the HSE that it is committed to ensuring Supported Care Homes are supported while recognising that there are also strengths to services for older people in other parts of the country which also assist in reducing unnecessary admissions to nursing homes.

As people get older, their housing needs may change. The Government recently launched a Policy Statement “Housing Options for our Ageing Population” which provides a policy framework to support our ageing population through increasing the accommodation options available to them and give them meaningful choice in how and where they choose to live. It also sets out a package of key actions that will assist the development of models of supported housing that promote integration between housing and health and social care services.

An Inter-Departmental and Inter-Agency Implementation Group, with an independent Chair is being established to progress the programme of actions contained in the policy statement. This will assist in developing a menu of solutions which are available nationally to provide enhanced housing and support options for older people.

Questions Nos. 12 and 13 answered orally.

HSE Planning

14. **Deputy Catherine Connolly** asked the Minister for Health the status of the options appraisal for the model 4 hospitals in Galway; when it will be published; and if he will make a statement on the matter. [20832/19]

Minister for Health (Deputy Simon Harris): As the Deputy is aware, in May 2017, I gave approval to Saolta University Health Care Group to conduct an options appraisal for future acute hospital needs in Galway.

As part of this, Saolta is undertaking a planning project to assess the population health needs for the Hospital’s catchment area in order to inform existing and future service needs.

The assessment will provide an options appraisal of the infrastructural requirements for Galway as a Model 4 hospital, which operates across two sites including the model 2 hospital at Merlin park.

The Galway Hospitals serve as the tertiary referral centre for complex care for patients of the Saolta Hospital Group, including cancer and cardiac care for the West and North West Region, as well as being the primary acute hospital for secondary care for patients from Galway and adjacent counties.

Saolta has advised that the options appraisal will be completed by the end of July 2019. The reason for this revised schedule was that the project had to be re-tendered as there was no

successful outcome from the initial tender process which was undertaken early in 2018. In addition, the scope of the report has been revisited to incorporate interim priority infrastructural requirements.

Question No. 15 answered with Question No. 9.

Hospital Overcrowding

16. **Deputy Lisa Chambers** asked the Minister for Health the reason for the significant overcrowding in the emergency department in Mayo University Hospital during April 2019 [20822/19]

Minister for Health (Deputy Simon Harris): The Winter Plan 2018/19, recognising the multiple factors across the health service that impact on Emergency Department performance, included a range of measures to support patients accessing services in the community and in hospitals. Planning for Winter 2019/20 has already commenced, with a review of performance over the Winter Period currently underway to ensure that the lessons learned from this year inform future plans.

With regard to Mayo University Hospital, for the first quarter of 2019, in comparison to 2018, the number of patients attending the Emergency Department increased by 2.3% and the number of patients admitted decreased by 2.9%. The number of patients recorded on trolleys at 8am reduced by 4.2%.

Unfortunately, the improved trolley performance did not continue into April and provisional TrolleyGAR data highlights that the number of patients waiting on trolleys in Mayo University Hospital increased from 145 in 2018 to 359 in 2019.

Data in relation to attendance and admissions for April is not available at this time. However, the HSE has advised that hospitals are reporting very high levels of demand, high patient acuity and high bed occupancy, especially in the over 75-year old cohort of patients. In addition, delayed discharges are above the expected activity threshold set out in the National Service Plan and Hospitals and Community Health Organisations are reporting constrained options for supported discharges, particularly in relation to home support and long-term care.

Building upon the actions in the Winter Plan, and to meet the ongoing operational challenges, robust planning arrangements were put in place for the Easter and May bank holiday weekends by Hospital Groups and Community Health Organisations, and efforts are continuing to build upon the improved performance achieved nationally and in Mayo University Hospital in the first three months of the year.

Disability Services Funding

17. **Deputy Margaret Murphy O'Mahony** asked the Minister for Health if he will report on his discussions with Rehab; the funding it requires to continue providing services on behalf of the HSE; and if he will make a statement on the matter. [20814/19]

Minister of State at the Department of Health (Deputy Finian McGrath): This Government's on-going priority is the safeguarding of vulnerable people in the care of the health service. We are committed to providing services and supports for people with disabilities which will empower them to live independent lives.

Significant resources have been invested by the health sector in disability services over the past number of years. Since this Government took up office, the budget for Disability Services has increased by €314 million. This year alone, the Health Service Executive has allocated €1.9 billion to its Disability Services Programme.

My primary concern is to ensure the continuity of appropriate person-centred disability services is maintained and delivered in an equitable manner consistent with the care and support needs of individuals. I want to acknowledge the important services provided by Rehab and the commitment of the staff of Rehab to people with a disability and their families.

I am informed by the HSE that the total revenue allocation provided by the HSE to Rehab for social services has increased by €8.1 million to €56.1 million in 2019 when compared with the allocation in 2016.

Rehab provides a range of services to young people and adults with physical, sensory and intellectual disabilities, mental health difficulties, autism, or acquired brain injury. Services are co-ordinated through Rehab's three service delivery divisions, RehabCare, the National Learning Network and Rehab Enterprises.

Rehab and the HSE have committed to working intensively together with a view to making substantive progress in reaching a solution to the issues.

Rehab have agreed not to issue a notice of termination, pending the conclusion of this intensive work with the HSE. Both I and Minister Harris have committed to a further meeting with Rehab and the HSE later today, Wednesday, 15th May.

Nursing Staff Provision

18. **Deputy Mary Butler** asked the Minister for Health if he will address the issue of the lack of dedicated Parkinson's disease nurses provided by the HSE for the 12,000 patients with this disease; and if he will make a statement on the matter. [20801/19]

Minister for Health (Deputy Simon Harris): The HSE Model of Care for Neurology provides a framework for neurology services, including for Parkinson's Disease patients, using international best practice and describes care provision using an integrated service approach. The model is fully aligned with the objectives of Sláintecare and proposes a hub and spoke model, with services provided as close to home as possible but with access to specialist services where required.

The roles performed by Parkinson's Disease Nurse Specialists include identifying the patient's needs and coordinating their care; monitoring symptoms; helping with drug management; and providing emotional and lifestyle support.

The HSE has advised that there are currently 2 Advanced Nurse Practitioners in Neurology and 5 Parkinson's Disease Nurse Specialists employed by the public health service.

Investment in treatment for Parkinson's Disease is ongoing. In 2018, funding was allocated to the Mater Hospital to commence the service to care for Deep Brain Stimulation which is a surgical procedure aimed at providing relief of motor function symptoms that are no longer controlled by drug therapy. The funded posts include two Clinical Nurse Specialists.

The HSE has further advised that, under the model of care for neurology, it is intended that multidisciplinary services will be provided to Parkinson's Disease patients using an outreach

model. Specialist nurses will be centrally involved in integrating these services.

Emergency Departments

19. **Deputy Peadar Tóibín** asked the Minister for Health if the future of the 24-hour emergency department in Navan hospital will be guaranteed. [20921/19]

Minister for Health (Deputy Simon Harris): Our Lady's Hospital Navan is part of the Ireland East Hospital Group. In 2013 Our Lady's Hospital Navan was included in the list of designated Model 2 Hospitals under the Smaller Hospitals Framework. Every hospital in the Group, large and small, has a vital role to play within the Group, with smaller hospitals, such as Navan Hospital, managing routine, urgent or planned care locally and more complex care managed in the larger hospitals.

The Hospital Group is engaged in a programme of re-design work to further integrate and enhance the role of Navan Hospital within the Group and to ensure that it will provide more services safely and appropriately with better linkages to primary, continuing and social care.

There are no immediate plans to change Emergency Department services at Navan. Ireland East Hospital Group has been developing an Implementation Plan for future service configuration at Navan Hospital. Proposed changes to any Emergency Department service will only take place in the context of overall service reorganisation in the Hospital Group and will be undertaken in a planned and orderly manner.

It is intended that the Hospital Group will continue to engage closely with all interested parties to ensure that the needs of patients, staff, the local and wider community are addressed.

Hospital Overcrowding

20. **Deputy John Lahart** asked the Minister for Health the reason for the significant overcrowding in the emergency department in Tallaght University Hospital during April 2019. [20819/19]

Minister for Health (Deputy Simon Harris): The Winter Plan 2018/19, recognising the multiple factors across the health service that impact on Emergency Department performance, included a range of measures to support patients accessing services in the community and in hospitals. Planning for Winter 2019/20 has already commenced, with a review of performance over the Winter Period currently underway to ensure that the lessons learned from this year inform future plans.

With regard to Tallaght University Hospital, for the first quarter of 2019, in comparison to 2018, the number of patients attending the Emergency Department increased by 8.9% and the number of patients admitted increased by 13.3%. However, the number of patients recorded on trolleys at 8am reduced by 48.5%. This is a very significant achievement in improving patient trolley waits in the context of an overall growth in demand.

While this level of improved trolley performance did not continue into April, provisional TrolleyGAR data highlights that the number of patients waiting on trolleys in Tallaght University Hospital decreased from 532 in April 2018 to 498 in April 2019, a 6.4% reduction.

Data in relation to attendance and admissions in April is not available at this time. However, the HSE has advised that hospitals are reporting very high levels of demand, high patient acu-

ity and high bed occupancy, especially in the over 75-year-old cohort of patients. In addition, delayed discharges are above the expected activity threshold set out in the National Service Plan and Hospitals and Community Health Organisations are reporting constrained options for supported discharges, particularly in relation to home support and long-term care.

Building upon the actions in the Winter Plan, and to meet the ongoing operational challenges, robust planning arrangements were put in place for the Easter and May bank holiday weekends by Hospital Groups and Community Health Organisations, and efforts are continuing to build upon the improved performance achieved nationally and in Tallaght University Hospital in the first three months of the year.

Physiotherapy Provision

21. **Deputy Catherine Connolly** asked the Minister for Health the physiotherapy services in Connemara; when a physiotherapist will be appointed in the Connemara region; and if he will make a statement on the matter. [20830/19]

Minister for Health (Deputy Simon Harris): I acknowledge that challenges exist in the delivery of physiotherapy services in Connemara. However, I am assured by the HSE that efforts are being undertaken to minimise the impact on patients.

I understand that the physiotherapist post assigned to the South Connemara Primary Care Team has recently become vacant after being filled on a continuous but temporary basis since August 2018. The CHO is currently developing a staffing plan consistent with the funding levels available, and it is expected that the post will be addressed in this context.

The HSE has reconfigured services for the South Connemara area to address the challenges in this area, including centralising services to Galway city for those with an urgent clinical need.

I firmly believe that it is essential that we reposition our health services and focus on developing a strong and effective primary care system if we are to meet the challenges associated with an ageing population, the prevalence of chronic diseases and rising health care costs.

It is for this reason that the Government increased funding for primary care by more than €50m or 6.1% in 2019 compared to 2018. This investment will support the development of an accessible and comprehensive primary care system.

Question No. 22 answered orally.

National Children's Hospital

23. **Deputy Mick Wallace** asked the Minister for Health if he will consider publishing a redacted version of the contract for the national children's hospital in the interest of transparency and accountability; and if he will make a statement on the matter. [20887/19]

Minister for Health (Deputy Simon Harris): It is not my intention to publish the contract relating to the new children's hospital construction. However, I contacted the National Paediatric Hospital Development Board on the matter and have been provided with a redacted contract which I will make available to the Deputy.

https://data.oireachtas.ie/ie/oireachtas/debates/questions/supportingDocumentation/2019-05-15_pq-no-23_en.pdf

Disabilities Assessments

24. **Deputy Stephen Donnelly** asked the Minister for Health the measures that will be taken to reduce waiting times for children awaiting assessment by early intervention teams in County Wicklow; and if he will make a statement on the matter. [20747/19]

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 HSE is aware of the waiting times for the Early Intervention Teams in Wicklow. Currently staff vacancies are filled where agency staff are available or where staff from the appropriate staff panels are available. There are specific deficiencies in terms of Psychology positions and continued attempts are made to fill such positions through agency deployment and outsourcing assessments where practical.

Government approved 100 additional therapy posts nationally as part of Budget 2019. These 100 posts are dedicated posts for the assessment of need process. Community Healthcare East (which incorporates Wicklow) was allocated 3.5 posts in the first phase of allocation. These positions are being filled at present.

The national Progressing Disability Services for Children & Young People programme will change the way services are provided across the country to make it equitable and consistent for all. Community Healthcare East had an anticipated implementation date of Q3/2019, senior management within Community Healthcare East have also engaged with key partners in the voluntary disability sector to improvement co-operation towards a joint approach to assessment. It is anticipated that this will bring a substantial improvement in assessment throughout for the 3rd and 4th quarters of 2019.

Hospital Waiting Lists Data

25. **Deputy Catherine Connolly** asked the Minister for Health the timeframe for the delivery of the new radiation oncology unit in University Hospital Galway; the number of vacancies in oncology at the hospital; the number of persons on the waiting list for oncology services at the hospital; the length of time they have been on the waiting list; and if he will make a statement on the matter. [20833/19]

Minister for Health (Deputy Simon Harris): Construction on the new Radiation Oncology Unit at University Hospital Galway (UHG) is expected to be completed in April 2021. It will open to patients following the completion of clinical commissioning in March 2022.

UHG have made the Department aware of seven oncology-related vacancies in the Hospital, including five at staff nursing level and two within management and administration. I am advised that UHG are taking the necessary steps to recruit to these positions.

The key performance indicator for access to radiotherapy services measures the percentage of patients referred for radiation oncology treatment who were offered an appointment within 15 working days. In March of this year, 97% of these patients were offered an appointment

within this timeframe, above the 90% target set out in the National Cancer Strategy 2017-2026.

UHG have advised that there are 23 patients on their oncology waiting list. An appointment date has been allocated to 22 of these patients and an appointment for the remaining person will be made shortly.

Hospital Waiting Lists Action Plans

26. **Deputy Bernard J. Durkan** asked the Minister for Health the extent to which he is satisfied that issues affecting long waiting lists in public hospitals, overcrowding at accident and emergency units and other contributory factors affecting the fast, efficient and effective delivery of public health services are fully addressed or are in the course of so being; and if he will make a statement on the matter. [20878/19]

Minister for Health (Deputy Simon Harris): I am committed to tackling the key challenges our health service faces in relation to long waiting times and hospital overcrowding. Improving timely access for patients to scheduled and unscheduled care is at the heart of Sláintecare. Building upon the process made in recent years in this area, the Sláintecare Action Plan 2019 published by my Department, includes a specific workstream on Access and Waiting Lists. In addition, many of the other service reforms and enhancements included in the Action Plan and in Sláintecare will support timely access to care for patients in the coming years.

Progress has already been made in implementing the Sláintecare Action Plan Waiting List and Access actions this year.

In March, I published the Scheduled Care Access Plan 2019. The plan includes a target to reduce the overall number of patients on the waiting list for hospital operations and procedures to 60,000 by year end. It is worth recalling that the number of patients waiting was 86,000 in July 2017 and significant progress has been made over the past two years.

The Access Plan sets out the activity levels for the National Treatment Purchase Fund (NTPF) who, following an increase in funding in Budget 2019 to €75 million, will supply additional activity to HSE activity in order to reduce waiting times experienced by patients for a hospital appointment, operation or procedure.

With regard to unscheduled care, the Winter Plan 2018/19 was designed to ensure that the Health system was well prepared, within existing financial and capacity requirements, to meet the increased demand for services over the Winter period. In Q1 2019 the overall number of patients attending Emergency Departments increased by 8%, admissions increased by 5%, however, trolleys reduced by 12%. The 8am trolley count, while still too high at just under 29,000 in Q1 2019, was the lowest level recorded in five years. Work has commenced on preparations for Winter 2019/20.

The Health Service Capacity Review published last year, highlighted the need for a major investment in additional capacity in both hospital and community. Progress has also been on the increasing capacity and the average number of open inpatient beds has increased by 3% between 2017 and Q1 2019 to 10,969 and further investment is scheduled in 2019 and 2020.

Health Screening Programmes

27. **Deputy John Brady** asked the Minister for Health if he will extend the newborn screening test pilot scheme for detecting metachromatic leukodystrophy and severe combined immu-

nodeficiency; and if he will make a statement on the matter. [20904/19]

Minister for Health (Deputy Simon Harris): All newborn babies (between 3 and 5 days old) are offered newborn bloodspot screening (generally known as the ‘heel prick’) through their parents/guardians for eight very rare conditions that are treatable if detected early in life.

These include:

- cystic fibrosis
- congenital hypothyroidism
- phenylketonuria
- classical galactosaemia
- MCADD (medium-chain acyl-CoA dehydrogenase deficiency)
- homocystinuria
- maple syrup urine disease
- glutaric aciduria type 1

The most recent expansion of the programme occurred on 3rd December 2018 when screening for Medium Chain Acyl-CoA Dehydrogenase Deficiency (MCADD) and Glutaric Aciduria Type 1 (GA1) commenced.

Metachromatic leukodystrophy and severe combined immunodeficiency are not currently screened for as part of this screening programme in Ireland.

However and as per recommendation 5, contained within the Scally Review (2018), a National Screening Committee will be established and become operational before the end of 2019. This is to strengthen the governance, transparency and oversight of any proposed new programmes or changes to existing programmes. Similar to the UK National Screening Committee, the Committee’s role will be to undertake an independent assessment of the evidence for screening for a particular condition against internationally accepted criteria and make recommendations accordingly.

Any future potential changes to the National Newborn Bloodspot Screening Programme will be incorporated as part of the Committee’s work programme.

Hospital Overcrowding

28. **Deputy Alan Kelly** asked the Minister for Health his plans to ease the record overcrowding in University Hospital Limerick; and if he will make a statement on the matter. [20491/19]

Minister for Health (Deputy Simon Harris): I wish to acknowledge the distress overcrowded Emergency Departments cause to patients, their families and frontline staff working in very challenging working conditions in hospitals throughout the country.

The hospital system is currently operating at close to full capacity. The Emergency Department in University Hospital Limerick is one of the busiest in the country, with the number of patients attending growing year on year.

Limerick was identified as one of the 9 sites requiring additional investment, focus and

support as part of this year's Winter Plan. The problem of overcrowding in hospitals requires a full system, patient focused response. Recognising this, in the Winter Plan, the HSE sought to maximise the use of existing resources across hospital groups and CHO's and to target additional investment at both hospital and community services and supports.

The range and prioritisation of measures was a matter for University Hospital Limerick and CHO Mid-West. Key measures included:

- additional home support packages and transitional care beds to support people to leave the hospital and return home;
- extended opening hours in the AMAU;
- opening of a surgical short stay unit;
- additional access to diagnostics.

The NTPF established a fund of €1m to support the HSE Winter Plan with a focus on increasing access to diagnostics in both private facilities and in-house. 6,350 vouchers had been issued to Emergency Departments for diagnostics as of 28 April 2019, including 1,050 vouchers issued to UHL.

Since 2017, an additional 25 beds have opened in Limerick, including 8 as part of this year's Winter Plan.

A capital budget of €19.5 million has been approved for the provision of a modular 60-bed inpatient ward block at UHL, with funding of €10 million allocated in 2019. Enabling works commenced in March 2019, and the HSE advise that the main works are expected to start at the end of May 2019.

In addition, the National Development Plan includes a 96-bed replacement ward block in Limerick and capital funding was provided in 2018 to progress the design phase of this project.

Finally, the HSE is currently undertaking a review of performance across all Hospital Groups and Community Health Organisations over the winter period. The HSE advise that this process will include an independent expert review of clinical, analytical and management capability in University Hospital Limerick and CHO Mid West and the other 8 individual focus sites and their relevant CHOs.

Medicinal Products Reimbursement

29. **Deputy Gino Kenny** asked the Minister for Health if his attention has been drawn to the wait that families of children with SMA have been facing while the approval of Spinraza has yet to be resolved; if he will intervene on behalf of children such as a child (details supplied); if he will deliver a positive outcome for all children with SMA and their families by announcing the approval of Spinraza; and if he will make a statement on the matter. [20497/19]

42. **Deputy Caoimhghín Ó Caoláin** asked the Minister for Health the status of the protracted engagement between representatives of the Health Service Executive and a company (details supplied); if the most recent offer from the company presents an acceptable package to allow for approval to issue for reimbursement of Spinraza; his views on whether a further delay in reaching an agreement would be unacceptable to a caring child healthcare conscious society; and if he will make a statement on the matter. [20857/19]

146. **Deputy Gino Kenny** asked the Minister for Health the status of the decision on the approval of Spinraza; and if he will make a statement on the matter. [20844/19]

Minister for Health (Deputy Simon Harris): I propose to take Questions Nos. 29, 42 and 146 together.

As the Deputies are aware, the Oireachtas put in place a strong legal framework, in the Health (Pricing and Supply of Medical Goods) Act 2013, to give full statutory powers to the HSE to assess and make decisions on reimbursement of medicines, taking account of a range of objective factors and expert opinion as appropriate.

I fully recognise that this debilitating and progressive condition places enormous strain on SMA sufferers and their families and carers, and I can understand their wish to have access to potentially beneficial drug treatments.

However, because of the significant monies involved, the HSE must ensure that the best price is achieved for all medicines, as these commitments are often multi-million euro investments on an on-going basis. This can lead to a protracted deliberation process, where suppliers commence the negotiation process with a pricing proposal that does not reflect affordability or the evaluation of clinical effectiveness.

In the case of Spinraza, following detailed consideration of an application for reimbursement and lengthy engagement with the company, the HSE decided that it was unable to reimburse Nusinersen (Spinraza). The HSE concluded that the evidence for clinical effectiveness was still quite limited and that the price proposed by the manufacturer was not a cost-effective use of resources.

On 21 February 2019, the HSE wrote to the manufacturer involved and informed them of the proposal to refuse reimbursement at the current price offering. Under the requirements of the Health (Pricing and Supply of Medical Goods) Act 2013 the company had 28 days to respond or make representations to the HSE's proposed decision.

I am advised by the HSE that the manufacturer submitted additional information and that the matter remains under consideration by the HSE.

Ambulance Service Provision

30. **Deputy Pat Casey** asked the Minister for Health his plans to improve ambulance services in County Wicklow; and if he will make a statement on the matter. [20910/19]

Minister for Health (Deputy Simon Harris): The National Ambulance Service is committed to providing a safe, high quality and timely, patient centred ambulance service to people across the country, including in County Wicklow.

Overall resource availability across the North Leinster Area, which includes County Wicklow, has increased following the move towards dynamic deployment. Resources are now utilised across a region, so that if demand increases in one area, other resources from outside the immediate area can provide cover as required. In line with this practice, and using the Advanced Medical Priority Dispatch System to triage calls, the National Ambulance Service stations in Wicklow Town, Arklow and Baltinglass, together with the Rapid Response Vehicle based in Newcastle, are supported by other ambulance bases from outside the county, including from Loughlinstown, Gorey, Naas and Athy.

The Capacity Review, published in 2016, examined overall ambulance resource levels and distribution against demand and activity. The Review identified particular difficulties serving rural areas such as County Wicklow. The Capacity Review indicated that the only practical way to improve first response times in rural areas is through voluntary Community First Responder schemes. The National Ambulance Service continues to work with local Community First Responder groups across the county to enhance services, with 23 Community First Responder groups currently operating in County Wicklow.

Investment in ambulance services is guided by the Capacity Review. This year the National Ambulance Service budget has increased to an unprecedented €168.6m. This will support the National Ambulance Service to continue to deliver a high-quality service across Ireland, including County Wicklow.

Disability Services Funding

31. **Deputy John McGuinness** asked the Minister for Health the funding being provided in 2019 for decongregation in disability services in Kilkenny city; and if he will make a statement on the matter. [20909/19]

Minister of State at the Department of Health (Deputy Finian McGrath): The Report “*Time to Move on from Congregated Settings – A Strategy for Community Inclusion*” proposes a new model of support in the community moving people from Congregated settings to the community in line with Government policy. The Report identified around 4000 people (based on 2008 census) with disabilities in Ireland living in congregated settings, defined as a residential setting where people live with ten or more people.

The Programme for Partnership Government contains a commitment to continue to move people with disabilities out of congregated settings, to enable them to live independently and to be included in the community. The objective is to reduce this figure by one-third by 2021 and ultimately, to eliminate all congregated settings.

By the end of this year, we will have exceeded this target and under 2,100 people with a disability will remain living in congregated settings. I want to emphasise that the appropriate supports and resources are being put in place to ensure that people are supported as they move out of residential centres. The model of care for individuals will be based on a person centred plan (PCP). The PCP may change over time in line with an individual’s needs and circumstances and the model of service delivery applicable at a particular time.

Any opportunity for residents to live in smaller settings in the community will come after considerable planning and discussion with those residents and their families. It will be on the basis that it will enhance their life, and anyone who moves will continue to access the services they require.

The HSE has prioritised the transition of a further 160 people from congregated settings in 2019 under its Service Plan, and I am informed that 49 people have moved into their homes in the community to the end of March this year.

The HSE is responsible for leading out on the recommendations of “*Time to Move on from Congregated Settings - A Strategy for Community Inclusion*”. I am informed that the total budget to St Patrick’s Centre Kilkenny is €16.94m. St. Patrick’s has submitted funding proposals related to decongregation to the HSE and a validation of these requirements is underway. In the context of same, it is not appropriate to comment further on this process until the matter concludes.

Respite Care Services Provision

32. **Deputy Niamh Smyth** asked the Minister for Health the steps he is taking to deal with the ongoing respite crisis; and if he will make a statement on the matter. [20712/19]

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

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

Annalee View Respite Centre was closed in February, 2019 following an oil leak. An Oil Remediation Specialist company was contracted to carry out an inspection of the site visit. Following completion of the inspection, the HSE was advised to vacate the Centre and the premises was closed with immediate effect.

I have been informed that HSE Disability services are awaiting the full detailed report of the damage caused and the amount of necessary works required to re-open the centre and that the HSE is actively seeking an alternative premise in order to continue the provision of residential respite Services. This endeavour will target available rental or lease suitable properties in the Cavan Monaghan area that can meet the needs of service users who avail of respite and meet HIQA standards.

Addiction Treatment Services

33. **Deputy Maureen O'Sullivan** asked the Minister for Health his plans for a project (details supplied) that is providing a valuable service for those in addiction. [20854/19]

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.

Question No. 34 answered with Question No. 10.

Hospital Overcrowding

35. **Deputy Éamon Ó Cuív** asked the Minister for Health the reason for the significant overcrowding in the emergency department in University Hospital Galway during April 2019 [20823/19]

Minister for Health (Deputy Simon Harris): The Winter Plan 2018/19, recognising the multiple factors across the health service that impact on Emergency Department performance, included a range of measures to support patients accessing services in the community and in hospitals. Planning for Winter 2019/20 has already commenced, with a review of performance over the Winter Period currently underway to ensure that the lessons learned from this year inform future plans.

With regard to University Hospital Galway, for the first quarter of 2019, in comparison to 2018, the number of patients attending the Emergency Department increased by 8.4% and the number of patients admitted decreased by 0.3%. The number of patients recorded on trolleys at 8am reduced by 7.9%.

Unfortunately, the improved trolley performance did not continue into April and provisional TrolleyGAR data highlights that the number of patients waiting on trolleys in University Hospital Galway increased from 643 in April 2018 to 783 in April 2019.

Data in relation to attendance and admissions for April is not available at this time. However, the HSE has advised that hospitals are reporting very high levels of demand, high patient acuity and high bed occupancy, especially in the over 75-year-old cohort of patients. In addition, delayed discharges are above the expected activity threshold set out in the National Service Plan and Hospitals and Community Health Organisations are reporting constrained options for supported discharges, particularly in relation to home support and long-term care.

Building upon the actions in the Winter Plan, and to meet the ongoing operational challenges, robust planning arrangements were put in place for the Easter and May bank holiday weekends by Hospital Groups and Community Health Organisations, and efforts are continuing to build upon the improved performance achieved nationally and in Galway University Hospital in the first three months of the year.

Home Care Packages Provision

36. **Deputy Darragh O'Brien** asked the Minister for Health his plans to increase the number of home support hours available for older persons in north Dublin; and if he will make a statement on the matter. [20906/19]

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.

Cannabis for Medicinal Use

37. **Deputy Gino Kenny** asked the Minister for Health the date for the commencement of the cannabis access programme; and if he will make a statement on the matter. [20843/19]

Minister for Health (Deputy Simon Harris): Good progress is being made in establishing the Medical Cannabis Access Programme:

1. clinical guidelines have been drawn up and published,
2. secondary legislation is being drafted,
3. cannabis products for use under the Programme, once reviewed as suitable for medical use, will be published on an 'approved list'.

The Programme aims to facilitate access to certain 'acceptable' cannabis products which have not been authorised as medicines by a statutory Medicines Competent Authority. Such products are not subject to the same rigorous safety, quality and efficacy standards that are in place for medicines, nor are the producers subject to the same responsibilities as the marketing authorisation holders for authorised medicines.

15 May 2019

Availability of cannabis products that are of an appropriate quality standard and are affordable to patients is critical in establishing the access programme. Officials in my department are working intensively on finding solutions to the supply of appropriate products for Irish patients.

In the meantime it is open to a medical practitioner wishing to prescribe cannabis for medical purposes for an individual patient under their care, to apply to the Minister for Health for a licence, under Section 14 of The Misuse of Drugs Acts 1977 to 2016 and the Regulations made thereunder.

It should be noted that it is the decision of the clinician, in consultation with their patient, to prescribe or not prescribe a particular treatment for a patient under their care.

The Department of Health website contains detailed information on medical cannabis, including clinical guidance on the use of medical cannabis. It is continuously updated.

Health Services Staff Recruitment

38. **Deputy Dara Calleary** asked the Minister for Health if health service recruitment in CHO 2 is being curtailed; and if he will make a statement on the matter. [20816/19]

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

Hospital Overcrowding

39. **Deputy Niall Collins** asked the Minister for Health the reason for the significant overcrowding in the emergency department in University Hospital Limerick during April 2019 [20826/19]

Minister for Health (Deputy Simon Harris): The Winter Plan 2018/19, recognising the multiple factors across the health service that impact on Emergency Department performance, included a range of measures to support patients accessing services in the community and in hospitals. Planning for Winter 2019/20 has already commenced, with a review of performance over the Winter Period currently underway to ensure that the lessons learned from this year inform future plans.

With regard to University Hospital Limerick (UHL), for the first quarter of 2019, in comparison to 2018, the number of patients attending the Emergency Department increased by 2.5% and the number of patients admitted decreased by 7%. The number of patients recorded on trolleys at 8am increased by 17.9% in UHL, despite a national decrease of 12.3% in this period.

Provisional TrolleyGAR data highlights that the number of patients waiting on trolleys in UHL increased from 723 in April 2018 to 862 in April 2019.

The Emergency Department in UHL is one of the busiest in the country, with the number of patients attending growing year on year. UHL was identified as one of the 9 sites requiring additional investment, focus and support as part of this year's Winter Plan. The problem of overcrowding in hospitals requires a full system, patient focused response. Recognising this, in the Winter Plan, the HSE sought to maximise the use of existing resources across hospital groups and CHOs and to target additional investment at both hospital and community services and supports.

Since 2017, an additional 25 beds have opened in UHL, including 8 as part of this year's Winter Plan.

A capital budget of €19.5 million has been approved for the provision of a modular 60-bed inpatient ward block at UHL, with funding of €10 million allocated in 2019. Enabling works commenced in March 2019, and the HSE advise that the main works are expected to start at the end of May 2019.

In addition, the National Development Plan includes a 96-bed replacement ward block in Limerick and capital funding was provided in 2018 to progress the design phase of this project.

Finally, the HSE have advised that the review of the Winter Plan currently underway will include an independent expert review of clinical, analytical and management capability in University Hospital Limerick and CHO Mid-West and the other 8 individual focus sites and their relevant CHOs.

National Children's Hospital

40. **Deputy Richard Boyd Barrett** asked the Minister for Health the details of the plans for a private clinic as part of the national children's hospital; if the funding of this clinic is included in the latest budget for the hospital; and if he will make a statement on the matter. [20881/19]

77. **Deputy Richard Boyd Barrett** asked the Minister for Health the rationale for the co-location of a private clinic at the national children's hospital in view of the fact that space at this site is at a premium; the cost of this part of the project; and if he will make a statement on the matter. [20882/19]

Minister for Health (Deputy Simon Harris): I propose to take Questions Nos. 40 and 77 together.

The vast majority of services in the new children's hospital will be public services. However, as part of the National Contract for Consultants negotiated in 2008, some consultants holding specific contracts are entitled to engage in private outpatient practice outside of their public commitment and this commitment must be conducted on site, that is, in the hospital they are contracted with. As a result, private outpatient clinics may be held on the public hospital campus but these clinics must be held outside contracted hours. The new children's hospital is obliged to provide such facilities for consultants holding such contracts. The proposal is for consultants to pay a fee for use of the rooms and other operational costs.

Within the plan for the hospital, an area has been planned which carries the designation of "private clinic". Within the 'private clinic' area the following has been drawn:

- 1 x reception desk area x 7m²
- 1 x feeding room x 4m²
- 1 x wait area x 16m²
- 1 x play area x 8m
- 8 x consult/examination rooms x 16m²
- 1 x WC x 3m²
- 1 x clean utility x 9m²

- 1 x dirty utility x 7m2

Total area: 180m2

This work is planned to proceed at the building commissioning stage in the year before the building opens.

Medicinal Products Reimbursement

41. **Deputy John Brassil** asked the Minister for Health if the drug ocrelizumab will be available for persons with multiple sclerosis; and if he will make a statement on the matter. [20812/19]

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

The NCPE completed a health technology assessment on 29 August 2018 for Ocrelizumab (Ocrevus) for the treatment of adult patients with relapsing forms of multiple sclerosis (RMS). They recommended that Ocrelizumab (Ocrevus) not be considered for reimbursement unless cost-effectiveness can be improved relative to existing treatments.

On 4 October 2018 the NCPE completed their assessment for Ocrelizumab (Ocrevus) indicated for the treatment of adult patients with early primary progressive multiple sclerosis (PPMS). They did not recommend that Ocrelizumab (Ocrevus) be reimbursed for this indication.

The HSE is the statutory decision-making body for medicine reimbursement. It will make the final decision on whether Ocrelizumab (Ocrevus) will be reimbursed for each of these indications, taking into consideration the statutory criteria contained in the 2013 Health Act.

I am advised by the HSE that there has been considerable engagement between the HSE and the manufacturer over the past number of months and that commercial discussions are ongoing.

Question No. 42 answered with Question No. 29.

HSE Planning

43. **Deputy Louise O'Reilly** asked the Minister for Health the status of the future of trauma care here; the position regarding the decision for level 1 trauma centres for Cork and Dublin; and when a decision on the location for Dublin will be made [20836/19]

Minister for Health (Deputy Simon Harris): The Report of the Trauma Steering Group was approved by Government in February 2018. An interim implementation group has been established by the HSE, as recommended in the report, and is progressing the four immediate actions (recruitment of National Clinical Lead, orthopaedic bypass protocols, selection of Major Trauma Centre for Dublin, and detailed implementation planning).

The report, *A Trauma System for Ireland*, recommends the introduction of an inclusive trauma system for Ireland with one Major Trauma Centre to be based in Dublin servicing the Central Trauma Network, and another to be based in Cork University Hospital servicing the

South Trauma Network. Each of these Major Trauma Centres will be linked to a number of Trauma Units. The Report provided that the HSE should designate Cork University Hospital as the Major Trauma Centre for the South Trauma Network, contingent on it meeting the recommended designation criteria. This will require an enhancement of some specialties before Cork University Hospital can be formally designated as a Major Trauma Centre.

In order to progress the designation of the Major Trauma Centre for the Central Trauma Network and the Dublin Trauma Unit(s), a consultation on the service specifications and the approach and process for designation took place between 21 December and 14 February 2019.

The findings of the public consultation have been analysed and it is expected that the formal designation process will commence in May 2019 with each of the Dublin Hospital Groups (Ireland East Hospital Group, Dublin Midlands Hospital Group and RCSI Hospital Group) invited to make submissions for hospitals within their Group to be designated as the Major Trauma Centre or as a Trauma Unit for the Central Trauma Network.

An Independent Assessment Panel comprised of local and international experts will review and score the written proposals in line with the service specifications and assessment criteria, will conduct site visits to the hospital sites and will meet with Hospital Group management and other key representatives as part of the assessment process. It is expected that a final recommendation to the Department will be made in the Autumn.

Health Services Provision

44. **Deputy Richard Boyd Barrett** asked the Minister for Health if each CHO has enough funding to provide the home and respite care packages necessary for all those in need nationally; and if he will make a statement on the matter. [20884/19]

61. **Deputy Richard Boyd Barrett** asked the Minister for Health if he is satisfied that the process for allocating home care packages and respite care is fit for purpose and provides the care needed to the most vulnerable persons; and if he will make a statement on the matter. [20883/19]

Minister of State at the Department of Health (Deputy Jim Daly): I propose to take Questions Nos. 44 and 61 together.

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

Trade Union Recognition

45. **Deputy Stephen Donnelly** asked the Minister for Health the action he is taking regarding the ongoing industrial dispute in the ambulance service; and if he will make a statement on the matter. [20745/19]

Minister for Health (Deputy Simon Harris): As you are aware, a branch of the Psychiatric Nurses Association called the National Ambulance Service Representative Association (NASRA) has been engaged in industrial action. The Psychiatric Nurses Association state that their industrial action is in connection with two substantive issues. The first is the automated deduction of union subscriptions. The second is the refusal by the HSE to engage in negotiations with the PNA or to recognise the PNA as representing ambulance personnel.

To be clear, NASRA, which is affiliated with the PNA, is a group which is not recognised by the HSE and, therefore, does not have negotiating rights. The PNA does not have negotiating rights for ambulance personnel.

It should be noted that the HSE deducts subscriptions at source for those ambulance staff that are members of a number of unions. These are SIPTU, FORSA and UNITE. The deduction of subscriptions is not a legal right but rather a concession granted to recognised unions.

While it is regrettable that the PNA has taken this industrial action, it is not possible to negotiate with a union which is not recognised as having negotiating rights for ambulance grades. Officials from the Department have met with representatives of the HSE and the management of National Ambulance Service to explore possible options. However, this is a complex, challenging situation.

Industrial relations policy has had a long standing objective of avoiding fragmentation in worker representation in public sector employments, and the trade union movement generally, so as to facilitate the orderly conduct of bargaining and other aspects of industrial relations.

Hospital Waiting Lists Action Plans

46. **Deputy Catherine Connolly** asked the Minister for Health when funding will be provided to allow for the development of an extra procedure room in endoscopy at University Hospital Galway; the number of persons and duration by month on the waiting list for GI endoscopy, oesophago-gastro-duodenoscopy and colonoscopy; and if he will make a statement on the matter. [20831/19]

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

Health Services

47. **Deputy Thomas P. Broughan** asked the Minister for Health his views on the place of Ireland on the European Health Consumer Index 2018; his further views on this ranking of the health system; and if he will make a statement on the matter. [20495/19]

Minister for Health (Deputy Simon Harris): This index has been published since 2005 by the Sweden-based think-tank Health Consumer Powerhouse (HCP) Ltd, a private Swedish company. It is based on a combination of public statistics, patient surveys and independent research conducted by the author.

The author has ranked Ireland 22nd place out of 35 countries, with 669 points out of 1,000. Last year, Ireland ranked 24th out of 35 countries with 630 points out of 1,000.

The report has highlighted poor performance in the area of accessibility which covers, inter alia, ED waiting times and time to major elective surgery. The report does, however, highlight a reduction in resistant strains of hospital-acquired infections in Irish hospitals.

While several of the findings do match up with known national and international data, there has been international debate about how the data for this survey is collected, analysed and compared with other countries. No discussion with recognised bodies such as Eurostat, OECD or WHO seems to have taken place regarding basic definitions and choice of indicators for this report.

Other ranking systems also exist such as the Bloomberg Healthiest Country Index 2019, which ranked Ireland 20th out of 169 countries according to factors that contribute to overall health.

Mental Health Services Funding

48. **Deputy Richard Boyd Barrett** asked the Minister for Health his plans to ensure that funding is made available to a facility (details supplied) in order that it can continue providing care; and if he will make a statement on the matter. [20885/19]

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.

Health Services Funding

49. **Deputy Alan Kelly** asked the Minister for Health if additional demands have been made by his Department in respect of budget overruns to date in 2019 and the anticipated overruns up to 31 December 2019; and if he will make a statement on the matter. [18023/19]

217. **Deputy Bernard J. Durkan** asked the Minister for Health the extent to which adequate funding has been made available throughout the public health sector with a view to meeting the demand as set out throughout the sector; and if he will make a statement on the matter. [21157/19]

Minister for Health (Deputy Simon Harris): I propose to take Questions Nos. 49 and 217 together.

The 2019 National Service Plan set out a budget of over €16 billion for the HSE, the highest budget ever allocated. The Health budget was increased by €848 million on 2018, a substantial additional level of funding. The amount allocated follows an extensive process of engagement between my Department and the HSE, which considers both the funding requirements as submitted by the HSE and the fiscal position. These types of engagements are a normal part of the Budgetary process and happen with agencies across Government. All public bodies put forward spending proposals but all such bodies, including the HSE, are required to operate within the amounts proposed by Government and determined by the Dáil.

The issue of health funding is a major policy challenge internationally. Despite welcome increases over recent years, the need for effective financial management remains crucial as the health service deals with a larger and older population, with more acute health and social care requirements, increased demand for new and existing drugs and the rising costs of health technology. Demographic pressures, including a rise in chronic diseases and ageing populations are major challenges to health funding internationally. The additional funding secured over recent years provides a substantial basis for the Health Service to maximise the level and quality of service delivery while also implementing the Sláintecare programme.

The costs associated with these service pressures and strategic change will increasingly need to be managed not solely through annual increased Exchequer allocations but also through improved efficiencies, productivity and value from within the funding base in 2019 and beyond. The HSE has my full support in achieving these improvements as part of our shared reform agenda.

The services to be provided in 2019 are as set out in the National Service Plan, and levels are typically equal to or higher than planned or delivered in 2018. The additional funding provided in Budget 2019 for new developments will support new or expanded levels of services across priority service areas.

Home Help Service Provision

50. **Deputy Niamh Smyth** asked the Minister for Health the steps he is taking to deal with the ongoing crisis in the provision of home help hours; and if he will make a statement on the matter. [20713/19]

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.

Hospitals Capital Programme

51. **Deputy Marc MacSharry** asked the Minister for Health the timeline for the proposed developments at St. Patrick's hospital, Carrick-on-Shannon, County Leitrim. [20877/19]

Minister for Health (Deputy Simon Harris): As the Health Service Executive is responsible for the delivery of public healthcare infrastructure projects, I have asked the HSE to respond directly to you in relation to this matter.

Hospitals Capital Programme

52. **Deputy Marc MacSharry** asked the Minister for Health the timeline for the proposed developments at the Sheil Community Hospital, Ballyshannon, County Donegal. [20876/19]

Minister for Health (Deputy Simon Harris): As the Health Service Executive is responsible for the delivery of public healthcare services and infrastructure projects, I have asked the HSE to respond directly to you in relation to this matter.

Disability Services Provision

53. **Deputy Martin Heydon** asked the Minister for Health if his attention has been drawn to the delays for children on waiting lists for assessments and services with the south Kildare network disability team; the steps being taken to reduce these waiting lists; and if he will make a statement on the matter. [20903/19]

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.

Midwifery Services Provision

54. **Deputy Clare Daly** asked the Minister for Health his views on the fact that the level of midwifery staffing in many maternity units remains below the Birthrate Plus recommendations and in some cases well below same; and if he will make a statement on the matter. [20840/19]

Minister for Health (Deputy Simon Harris): The HSE Midwifery Workforce Planning Project Report modelled on Birthrate Plus methodologies was published in April 2016. This Report recommended a range of midwifery staffing ratios across the 19 maternity hospitals/units taking into account the variability in working arrangements and clinical practices between the different sites and services. This Report also acknowledged that the implementation of the National Maternity Strategy 2016 – 2026 would have a significant impact to the way midwifery services are delivered and will consequently have a further impact on workforce requirements. The National Women & Infants Health Programme in the HSE, is leading on the implementation of the National Maternity Strategy, which includes identifying and resolving requirements in relation to staffing.

However, as this query relates to a service matter, I have asked the HSE to reply to your query directly with additional information.

Home Care Packages Funding

55. **Deputy Louise O'Reilly** asked the Minister for Health if resources will be made available to ensure home support services can meet demand and reduce waiting lists. [20838/19]

Minister of State at the Department of Health (Deputy Jim Daly): Improving access to home support is a priority for Government. Over the past four years we have seen a considerable increase of nearly €140 million in the budget which has grown from €306 million in 2015 to almost €446 million this year.

This year the HSE intends to provide 17.9 million home support hours to 53,000 people and intensive home care packages to 235 people.

Despite this significant level of service provision, the demand for home support continues to grow. The allocation of funding for home supports across the system, though significant, is finite and services must be delivered within the funding available. Preliminary data indicates that at the end of March there were 52,360 people in receipt of home support. During the first quarter of the year 4.2 million hours were delivered nationally, 4,411 new clients commenced the service and 6,238 people have been assessed and are waiting for either new or additional home support services.

I acknowledge that in some cases access to the service may take longer than we would like. However, the HSE has assured my Department that those people who are on a waiting list are reviewed, as funding becomes available, to ensure that individual cases continue to be dealt with on a priority basis within the available resources and as determined by the local front line staff who know and understand the clients' needs, and who undertake regular reviews of those care needs to ensure that the services being provided remain appropriate.

While the existing home support service is delivering crucial support to many people across the country, it needs to be improved to better meet the changing needs of our citizens. We are

developing plans for a new statutory scheme and system of regulation for home support services. This will improve access to the service on an affordable and sustainable basis while also introducing a system of regulation that will ensure public confidence. The Sláintecare Implementation Strategy commits to the introduction of the new scheme in 2021.

In the meantime, the Department and the HSE are continuing to improve existing services, including in 2018 the introduction of a single funding stream for home support services. This is providing significant benefits including making the services easier to understand; streamlining the application and decision-making processes; and facilitating service users to move to changed levels of service as their assessed needs change, without the need for an additional application process.

Disability Services Funding

56. **Deputy Darragh O'Brien** asked the Minister for Health his plans to ensure that the budget for disability services in CHO 9 is allocated without delay; and if he will make a statement on the matter. [20907/19]

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.

HSE Planning

57. **Deputy Louise O'Reilly** asked the Minister for Health the projects included in the 2019 health service capital plan; and if the plan is not finalised, his views on whether it is acceptable that five months into 2019 there is still no clarity with regard to capital projects being funded in 2019. [20837/19]

Minister for Health (Deputy Simon Harris): My Department is continuing to work with the Department of Public Expenditure and Reform and the Health Service Executive in a process to finalise as soon as possible a multi-annual Capital Plan for the HSE, which will include capital projects to be funded in 2019 and beyond.

Primary Care Centres Provision

58. **Deputy John Brady** asked the Minister for Health the status of the development of a primary care centre in Arklow, County Wicklow; and if he will make a statement on the matter. [20905/19]

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.

Hospital Facilities

59. **Deputy Catherine Connolly** asked the Minister for Health the status of the provision of modular theatres at Merlin Park hospital, Galway; and if he will make a statement on the matter. [20829/19]

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

Hospitals Capital Programme

60. **Deputy Charlie McConalogue** asked the Minister for Health his long-term plans for a number of community hospitals in County Donegal, including the community hospitals in Lifford, Ramelton and St. Joseph's, Stranorlar; and if he will make a statement on the matter. [20918/19]

67. **Deputy Charlie McConalogue** asked the Minister for Health the capital investment that will be provided in order to ensure long-stay beds numbers will continue to be maintained at hospitals (details supplied) in County Donegal; and if he will make a statement on the matter. [20919/19]

Minister for Health (Deputy Simon Harris): I propose to take Questions Nos. 60 and 67 together.

As the Health Service Executive is responsible for the delivery of public healthcare services and infrastructure projects, I have asked the HSE to respond directly to you in relation to this matter.

Question No. 61 answered with Question No. 44.

Hospital Overcrowding

62. **Deputy James Lawless** asked the Minister for Health the reason for the significant overcrowding in the emergency department in Naas General Hospital during 2019. [20827/19]

Minister for Health (Deputy Simon Harris): The Winter Plan 2018/19, recognising the multiple factors across the health service that impact on Emergency Department performance, included a range of measures to support patients accessing services in the community and in hospitals. Planning for Winter 2019/20 has already commenced, with a review of performance over the Winter Period currently underway to ensure that the lessons learned from this year inform future plans.

With regard to Naas General Hospital, for the first quarter of 2019, in comparison to 2018, the number of patients attending the Emergency Department increased by 4.7% and the number of patients admitted increased by 19.2%. However, the number of patients recorded on trolleys at 8am reduced by 26.2%.

Unfortunately, the improved trolley performance did not continue into April and provisional TrolleyGAR data highlights that the number of patients waiting on trolleys in Naas General Hospital increased from 439 in April 2018 to 478 in April 2019.

Data in relation to attendance and admissions for April is not available at this time. However, the HSE has advised that hospitals are reporting very high levels of demand, high patient acuity and high bed occupancy, especially in the over 75-year old cohort of patients. In addition, delayed discharges are above the expected activity threshold set out in the National Service Plan and Hospitals and Community Health Organisations are reporting constrained options for supported discharges, particularly in relation to home support and long-term care.

Building upon the actions in the Winter Plan, and to meet the ongoing operational challenges, robust planning arrangements were put in place for the Easter and May bank holiday weekends by Hospital Groups and Community Health Organisations, and efforts are continuing to build upon the improved performance achieved nationally and in Naas General Hospital in the first three months of the year.

Maternity Services

63. **Deputy Clare Daly** asked the Minister for Health his views on whether the rate of induction of first-time mothers here is too high; and if he will make a statement on the matter. [20839/19]

Minister for Health (Deputy Simon Harris): It is important to note that there is no defined “correct rate” for the induction of labour, rather the decision to induce is always a clinical decision taken in consultation with the woman. Such decisions would be based on the individual circumstances that have arisen and the decision would be arrived at after careful consideration of the relevant factors.

However, as your query relates to service provision, I have asked the HSE to reply to you directly with any additional information that might be available.

National Children’s Hospital Administration

64. **Deputy Mick Wallace** asked the Minister for Health the governance structure changes he expects to make to the national children’s hospital board with regard to the overall oversight of the project; and if he will make a statement on the matter. [20886/19]

Minister for Health (Deputy Simon Harris): An independent review into the cost escalation associated with the new children’s hospital construction project was commissioned to understand the reasons for the cost escalation, with the primary focus of the review being on the governance and management arrangements in place within and between the National Paediatric Hospital Development Board (NPHDB) and Executive, Design Team, relevant consultants, user groups and contractors, and so as to inform any governance or other changes required.

The review report, the “*New Children’s Hospital Independent Review of escalation in costs*”, published on 9 April 2019, synthesises the findings of the review into a concise set of recommendations, including recommendations relating to the need for enhanced project processes and governance arrangements to ensure successful project delivery against defined parameters. Any changes to the governance structures in response to the recommendations will take account of the findings of the Report. The Minister for Public Expenditure and I are to revert to Government with a plan for implementing the recommendations, including management and oversight arrangements for the new children’s hospital project, and I expect that we will do so shortly. When the Plan is approved by Government, it will be published.

Long-Term Illness Scheme Coverage

65. **Deputy Thomas P. Broughan** asked the Minister for Health if he will report on the review of the long-term illness scheme; his views on whether the scheme needs to be more inclusive of other disease areas in addition to the current 16 specified long-term illness medical conditions; and if he will make a statement on the matter. [20496/19]

Minister for Health (Deputy Simon Harris): The LTI Scheme was established under Section 59(3) of the Health Act 1970 (as amended). The conditions covered by the LTI are: acute leukaemia; mental handicap; cerebral palsy; mental illness (in a person under 16); cystic fibrosis; multiple sclerosis; diabetes insipidus; muscular dystrophies; diabetes mellitus; parkinsonism; epilepsy; phenylketonuria; haemophilia; spina bifida; hydrocephalus; and conditions arising from the use of thalidomide.

Under the LTI Scheme, patients receive drugs, medicines, and medical and surgical appliances directly related to the treatment of their illness, free of charge.

There are no plans to extend the list of conditions covered by the Scheme at this time. However, I wish to inform the Deputy that the LTI Scheme will be included as part of a review of the current eligibility framework, including the basis for existing hospital and medication charges, to be carried out under commitments given in the Sláintecare Implementation Strategy.

For people who are not eligible for the LTI Scheme, there are other arrangements which protect them from excessive medicine costs.

Under the Drug Payment Scheme, no individual or family pays more than €124 a month towards the cost of approved prescribed medicines. The scheme significantly reduces the cost burden for families and individuals with ongoing expenditure on medicines.

People who cannot, without undue hardship, arrange for the provision of medical services for themselves and their dependants may be entitled to a medical card. In the assessment process, the HSE can take into account medical costs incurred by an individual or a family.

People who are not eligible for a medical card may still be able to avail of a GP visit card, which covers the cost of GP consultations.

National Maternity Strategy Implementation

66. **Deputy Stephen Donnelly** asked the Minister for Health the reason there has been a lack of progress in rolling out the national maternity strategy; and if he will make a statement on the matter. [20746/19]

Minister for Health (Deputy Simon Harris): Ireland's first National Maternity Strategy was published in 2016 and is currently being implemented on a phased basis by the National Women & Infants Health Programme (NWIHP) in the HSE. Realising the vision articulated in the Strategy requires a fundamental restructuring of maternity service delivery, as well as significant investment over the lifetime of the Strategy. This work is ongoing and considerable progress has been made to date to implement the Strategy's recommendations.

The significant funding provided to the NWIHP has helped in this regard by increasing capacity through the recruitment of additional midwives, consultants, theatre staff, ultrasonographers and Quality and Safety managers across the service. In 2016, the year the Strategy was launched, development funding of €3m was provided for maternity services. This was

followed by increased funding of €6.8m in 2017. In 2018, €4.15m development funding was allocated to the NWHIP to progress the Strategy. Funding of €3.1m is being made available to the NWHIP in 2019 to continue services introduced in 2018, along with an additional €1m funding to further progress the Strategy.

As a result of the investment in maternity services made since the launch of the Strategy, more women and their families are being offered midwifery led care, with many of our maternity hospitals and units now providing home-away-from-home suites and community-based midwifery services. Bereavement teams have been established in all maternity hospitals and units and are providing compassionate care to women and families, in line with the National Standards for Bereavement Care following Pregnancy Loss and Perinatal Death. In addition, the expansion of anomaly scanning services is continuing, and 15 hospitals now offer routine scans to women, up from 7 in 2016. Other significant progress includes the design and roll out of safety frameworks, including the establishment of Serious Incident Management Teams at hospital group level, the design and trial of a Maternity Event Review Tool and the completion of Phase 1 of the Maternal and Newborn Clinical Management System. My Department will continue to work with the NWHIP in 2019 to support the ongoing implementation of the National Maternity Strategy.

Question No. 67 answered with Question No. 60.

Nursing Homes Support Scheme Review

68. **Deputy Jackie Cahill** asked the Minister for Health the status of changes to the fair deal scheme as regards farming families; and if he will make a statement on the matter. [20818/19]

Minister of State at the Department of Health (Deputy Jim Daly): The proposed policy change to the Nursing Homes Support Scheme (NHSS), to cap contributions based on farm and business assets at 3 years where a family successor commits to working the productive asset, has been approved by Government. My Department is working on the development of draft Heads of Bill while considering a number of complex ancillary policy and operational matters which may need to be addressed in the proposed legislation.

It is intended that this proposed policy change, the 3 year cap, will be extended to eligible existing participants in long term residential care so that they are not disadvantaged, but that there would be no retrospective recoupment of contributions for those who have paid contributions over and above the 3 year period.

The General Scheme of a Bill has been drafted and we are currently working closely with legal advisers on advice and legal quality control. The focus on matters relating to Brexit, including planning and preparing in a legal and legislative context, has unfortunately had an impact on progressing the Heads of Bill. However, subject to legal advice, I expect to bring the Heads of Bill to Government this month. The changes to the Scheme will come into effect in 2019 subject to the legislative process.

Abortion Legislation

69. **Deputy Louise O'Reilly** asked the Minister for Health when the legislation for exclusion zones is expected to be ready in order to protect women from harassment, deception and coercion with the aim of obstructing healthcare. [20835/19]

Minister for Health (Deputy Simon Harris): As the Deputy is aware, it is my intention to introduce legislation to ensure safe access to premises in which termination of pregnancy services may be provided.

It was originally intended to provide for safe access in the Health (Regulation of Termination of Pregnancy) Act 2018, but a number of legal issues were identified during the drafting process. In order to allow full consideration of these issues, and so that the publication of the Health (Regulation of Termination of Pregnancy) Bill would not be delayed, last September the Government approved the drafting of a separate legislation on safe access to health services.

Officials in my Department are working with the Office of the Attorney General on this legislation with the intention of having legislative proposals drafted by the summer.

Hospital Overcrowding

70. **Deputy Maurice Quinlivan** asked the Minister for Health the action he has taken to address the overcrowding situation in University Hospital Limerick further to correspondence he received from seven County Limerick and mid-west Deputies; and if he will make a statement on the matter. [20845/19]

Minister for Health (Deputy Simon Harris): I am committed to tackling the key challenges our health service faces in relation to long waiting times and hospital overcrowding. Improving timely access to care for patients is at the heart of Sláintecare. Building upon the progress made in recent years in this area, the Sláintecare Action Plan 2019 published by my Department, includes a specific work stream on Access and Waiting Lists.

Progress has already been made in implementing the Sláintecare Action Plan Waiting List and Access actions this year.

With regard to unscheduled care, the Winter Plan 2018/19 was designed to ensure that the Health system was well prepared, within existing financial and capacity requirements, to meet the increased demand for services over the Winter period.

University Hospital Limerick is one of the busiest in the country and the hospital and CHO Mid West were identified as one of the 9 focus sites requiring additional investment, focus and support this Winter. This support included additional home support packages and transitional care beds, additional bed capacity and access to diagnostics. At local level the Hospital Group have also taken a range of additional actions and I have referred this question to the HSE for direct reply to you on these actions.

The Health Service Capacity Review published last year, highlighted the need for a major investment in additional capacity. Progress has also been made on increasing capacity in UHL and the average number of open inpatient beds has increased by 4% between 2017 and March 2019 to 438. Significant further investment is planned with a capital budget of €19.5 million approved for the provision of a modular 60-bed inpatient ward block at UHL, with €10 million of this funding allocated in 2019. Enabling works commenced in March 2019, and the HSE advise that the main works are expected to start at the end of May 2019.

In addition, the National Development Plan includes a 96-bed replacement ward block in UHL and capital funding was provided in 2018 to progress the design phase of this project.

With regard to the correspondence referenced by the Deputy, the HSE is currently undertaking a review of performance across all Hospital Groups and CHO's over the winter period. The

HSE advise that this process will include an independent expert review of clinical, analytical and management capability in University Hospital Limerick and CHO Mid West and the other focus sites and CHO's. In addition, this correspondence, and related correspondence from the INMO, raises INMO concerns regarding patient safety and other matters at University Hospital Limerick and my Department has requested the HSE to consider the issues raised and revert as a matter of priority.

Medicinal Products Reimbursement

71. **Deputy John Curran** asked the Minister for Health the progress made to provide Spinraza for children with spinal muscular atrophy; and if he will make a statement on the matter. [20645/19]

Minister for Health (Deputy Simon Harris): As the Deputy is aware, the Oireachtas put in place a strong legal framework, in the Health (Pricing and Supply of Medical Goods) Act 2013, to give full statutory powers to the HSE to assess and make decisions on reimbursement of medicines, taking account of a range of objective factors and expert opinion as appropriate.

In the case of Spinraza, following detailed consideration of an application for reimbursement and lengthy engagement with the company, the HSE decided that it was unable to reimburse Nusinersen (Spinraza). The HSE concluded that the evidence for clinical effectiveness was still quite limited and that the price proposed by the manufacturer was not a cost-effective use of resources.

On 21 February 2019, the HSE wrote to the manufacturer involved and informed them of the proposal to refuse reimbursement at the current price offering. Under the requirements of the Health (Pricing and Supply of Medical Goods) Act 2013 the company had 28 days to respond or make representations to the HSE's proposed decision.

I am advised by the HSE that the manufacturer submitted additional information and that the matter remains under consideration by the HSE.

Medicinal Products Regulation

72. **Deputy John Brassil** asked the Minister for Health when a biosimilars policy will be published; and if he will make a statement on the matter. [20811/19]

Minister for Health (Deputy Simon Harris): My Department and the HSE are engaging in a number of initiatives which will endeavour to lead to better access to medicines for patients, value for the taxpayer and the cost-effective provision of medicines in Ireland.

A public consultation on a National Biosimilar Medicines Policy was undertaken by my Department in 2017. The responses to that consultation and other possible policy levers are being considered by my Department with a view to developing a National Biosimilar Medicines Policy statement which will be published later this year.

At an operational level, the HSE's Acute Hospitals Drugs Management Programme has a biosimilar strategy in place since 2017 which is making considerable progress using a collaborative approach with hospital pharmacists and clinical teams to bring about changes in prescribing practice. In that respect, hospitals are working towards a targeted minimum prescribing rate for biosimilars of 50%.

The HSE is also working on identifying barriers to the prescribing of biosimilars with a specific focus on education and support. It is seeking to increase understanding of biosimilars through targeted presentations to clinicians and hospitals.

The culmination of these initiatives is a greater uptake in the usage of biosimilars and this is evident by hospital dispensing data. For example, the prescribing rate for the biosimilar drug Infliximab has increased from 5% in 2017 to 40% in 2018.

My Department proposes to build on these positive developments and to bring forward a policy statement that would support and complement the many initiatives which are already underway.

Patient Data

73. **Deputy James Browne** asked the Minister for Health the number of children presenting at emergency departments nationwide with self-harm injuries, suicide attempts and-or overdoses in each of the years 2014 to 2018; and if he will make a statement on the matter. [20855/19]

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.

Home Care Packages Provision

74. **Deputy Fiona O'Loughlin** asked the Minister for Health if the delays being experienced in the delivery of home care packages in the CHO 7 area in counties Kildare and Wicklow will be addressed; and if he will make a statement on the matter. [20842/19]

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 Services

75. **Deputy John McGuinness** asked the Minister for Health his plans for the future of Kilcreene hospital; and if he will make a statement on the matter. [20908/19]

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

Health Strategies

76. **Deputy Alan Kelly** asked the Minister for Health his plans to reduce the level of respiratory illness affecting Irish persons; the policies he is pursuing to this effect; and if he will make a statement on the matter. [20492/19]

Minister for Health (Deputy Simon Harris): Respiratory disease refers to a wide range of conditions of which there are many underlying contributory factors including genetic factors, early life events, nutritional factors, environmental factors, occupational exposures and smok-

ing . The term respiratory disease includes lung cancer, COPD, asthma, pneumonia, influenza, TB, cystic fibrosis, interstitial lung disease, sarcoidosis, obstructive sleep apnoea amongst others.

Inevitably this wide range of acute and chronic respiratory conditions impacts significantly on Ireland's health care system. It is one of the major health challenges of the 21st century the EU 28. A number of policies and strategies are addressing this.

Healthy Ireland is a government-led initiative aimed at improving the health and wellbeing of everyone living in Ireland. Greater public awareness of signs and symptoms of respiratory disease and the importance of presenting earlier to a primary care physician are crucial for improving quality of life and outcomes and reducing impact on health services. Prevention is a key element of tackling the burden of respiratory diseases and Healthy Ireland encompasses policies that address the many lifestyle changes that can reduce the risk of respiratory disease including smoking cessation, tackling obesity and promoting exercise.

Most people with respiratory disease are cared for in the community by their GP and primary care team. The recent agreement on GP contractual reforms involving my Department, the HSE and the Irish Medical Organisation (IMO) is an important step towards improving care for these patients. Over 400,000 Medical Card and GP Visit Card patients with chronic illnesses, including respiratory conditions such as asthma and COPD will stand to benefit from new and improved chronic disease management programmes

Significant progress has been made in tackling acute and chronic respiratory diseases through the HSE National Clinical Programmes including the development of models of care, adapting national guidelines, improving integrated care and supporting patient self-care. A recent review of the HSE National Clinical Programmes completed by the Office of Chief Clinical Officer in the HSE has recommended the amalgamation of a number of respiratory disease clinical programmes under one Respiratory National Clinical Programme.

Successive National Cancer Control Strategies over the last 20 years have supported health service providers to prevent cancer, treat cancer, and increase survival and quality of life for those who develop cancer, by converting the knowledge gained through research, surveillance and outcome evaluation into strategies and actions. Specifically the National Cancer Control Programme has published a NCEC endorsed clinical guideline on lung cancer. There are also eight rapid access lung cancer clinics located in each of the Cancer Centres in Ireland.

The reform of our health services, as outlined in Sláintecare is the foundation upon which we will meet the challenges of management of the major chronic diseases including the burden of respiratory disease. This will include continuing to raise awareness and supporting the prevention, early detection and the development of integrated and new models of care across the full spectrum of self-management, primary care and acute hospital services. The Sláintecare Action Plan (2019) has specifically referenced COPD as one of its priorities.

There is no doubt that burden of respiratory diseases on individuals and our population as a whole is a challenge that our health service and indeed all health services across the EU will have to face but I am confident that the policies that we are pursuing will lead to significant population health improvements.

Question No. 77 answered with Question No. 40.

Emergency Departments Services

78. **Deputy Fiona O'Loughlin** asked the Minister for Health if his attention has been drawn to the fact that the assessment unit in the Naas General Hospital accident and emergency department is closed; and his plans to reopen the service [20841/19]

Minister for Health (Deputy Simon Harris): As this is a service matter I have asked the HSE to reply to the Deputy as soon as possible.

Hospital Waiting Lists

79. **Deputy Stephen Donnelly** asked the Minister for Health the reason the list for those waiting more than a year and a half for an outpatient appointment increased from circa 13,000 three years ago to over 100,000 in March 2019; and if he will make a statement on the matter. [20744/19]

Minister for Health (Deputy Simon Harris): I am conscious that the Outpatient Waiting List remains a significant challenge as demand for acute hospital services continues to grow. Reducing waiting time for patients for hospital appointments and procedures is a key priority for Government and the Sláintecare Action Plan 2019 which was published by my Department, includes a specific workstream on Access and Waiting Lists.

Sláintecare emphasises the need to invest in increased capacity while also shifting the balance of care from hospitals to community services for better health outcomes and a more sustainable health service. In addition, many of the other service reforms and enhancements included in Sláintecare will support timely access to care for patients in the coming years.

Budget 2019 announced that the Government had further increased investment in tackling waiting lists, with funding to the NTPF increasing from €55 million in 2018 to €75 million in 2019.

I published the joint Department of Health, HSE, and NTPF Scheduled Care Access Plan 2019 in March. The plan sets out measures to improve care for patients waiting for scheduled care in 2019 by reducing wait times for hospital operations and procedures and outpatient appointments. A key element of the Plan is the stabilisation of the Outpatient Waiting List. Under the Plan the HSE, in line with the National Service Plan, will aim to deliver 3.3 million outpatient appointments, of which approximately 1 million will be first appointments. Under the plan the NTPF will use €6 million to deliver 40,000 first Outpatient appointments.

The plan includes a target that the number of patients waiting for a first Outpatient appointment will fall from over 516,000 at the end of 2018 to under 509,000 by the end of 2019. This target takes into account the more than 800,000 new patients who will be added to the Outpatient waiting list in 2019; a figure that is based on trends for the previous two years.

The NTPF advise that over recent months they have placed a particular focus on engaging with hospital groups and individual hospitals to identify outpatient waiting list proposals. While the NTPF have already approved over 38,000 outpatient appointments, they advise that the impact of these initiatives may not be seen until the end of the year. Approximately 75% of appointments approved to date relate to 4 high-volume specialties, specifically Ophthalmology, ENT, Orthopaedics, and Dermatology.

I have asked the HSE, the NTPF and my department, under the Access Plan, to work together with the objective of developing medium-long term improvement initiatives for patient access to hospital procedures. This will include moving care to more appropriate settings and providing care at the lowest level of complexity such as providing ophthalmology in the com-

munity; maximising the use of Advanced Nurse Practitioner led clinics; and physiotherapists to manage orthopaedic clinics.

HSE Staff Recruitment

80. **Deputy Eugene Murphy** asked the Minister for Health if his attention has been drawn to the fact that, further to the announcement of the HSE recruitment embargo, persons who were in the recruitment process and had consequently officially notified their employers are now unemployed as a result and will have to rely on payments from the Department of Employment and Social Protection. [20658/19]

Minister for Health (Deputy Simon Harris): There is no recruitment embargo in place in the HSE. However, in recent months, officials from my Department have been engaging intensively with the HSE in reaching agreement on a Pay and Numbers Strategy for 2019. The key focus in developing the strategy is to ensure that affordable and appropriate recruitment decisions are made by the HSE and that they need to operate within its pay allocations.

By the end of 2018, the levels of agency, overtime and pay costs had reached unaffordable levels. In light of this, the HSE decided to introduce interim control measures for a consolidation period of three months to the end of June, until they received clarity on plans and financial performance for Q1 2019 from Hospital Groups and CHO's.

I have been very clear that those locations which provide credible, balanced plans will be supported. Similarly, locations which do not submit such plans need to be scrutinised. It should also be noted that the HSE is continuing to recruit all funded development posts.

I have asked the HSE to respond directly to the Deputy on the remaining elements of the question.

Civil Defence

81. **Deputy James Browne** asked the Taoiseach and Minister for Defence the position regarding legal advice provided to his Department concerning State assurances for Civil Defence; when his Department received this legal advice; and if he will make a statement on the matter. [21002/19]

Minister of State at the Department of Defence (Deputy Paul Kehoe): The Pre Hospital Emergency Care Council (PHECC) is the regulator for emergency medical services in Ireland and their role is to protect the public. The Pre Hospital Emergency Care Council require organisations who wish to be operational, to apply to them for an annual licence to operate.

Organisations wishing to hold a licence to operate must sign the "statutory declaration" which consists of 25 statements. Persons signing the "statutory declaration" confirm the information provided on the form is true and by virtue of the Statutory Declaration Act, 1938.

When the Civil Defence's current licence was up for renewal in November 2018, my officials reviewed the current statutory declaration. That review identified issues that required my officials to seek legal advice. The concerns related to some assurances and details which the Department were required to give as part of the licensing process. The necessary details required to complete the licence application form were not within the control or remit of the Department of Defence as responsibility for operations rests with local authorities as set out in the 2015 Government White Paper on Defence.

Based on this review, the Pre Hospital Emergency Care Council extended Civil Defence's current licence to 30 July 2019. This was to allow my Department officials engage with local authorities. This engagement is ongoing.

Civil Defence

82. **Deputy James Browne** asked the Taoiseach and Minister for Defence the way in which he plans to ensure that the licence renewal for the Civil Defence will be facilitated; and if he will make a statement on the matter. [21003/19]

Minister of State at the Department of Defence (Deputy Paul Kehoe): Civil Defence is a volunteer based organisation of approximately 3,500 volunteers who give generously of their time and expertise for their community and in support of the Principal Response Agencies.

The 2015 Government White Paper on Defence outlines that the Civil Defence Branch of my Department is responsible for the strategic management and development of Civil Defence at a national level. My Department provides grant aid, policy advice and training to support local Civil Defence units. The White Paper recognises the important role of Local Government in the management of Civil Defence. The Civil Defence Officer who is an employee of the Local Authority is responsible for the day-to-day management of Civil Defence in their Local Authority area.

I fully appreciate the excellent services provided by Civil Defence volunteers in both emergency situations, in support of the Principal Response Agencies, and in the community support role, throughout the country. A key role provided by Civil Defence is in the area of first aid and medical support.

In that context, my officials have been working to resolve the Pre-Hospital Emergency Care Council licensing issue. My officials have been and continue to engage with Local Authority management through the Environment, Climate Change and Emergency Planning subcommittee of the City and County Managers Association and with senior management of the Pre Hospital Emergency Care Council.

I have asked my officials to continue to engage constructively to ensure there is no diminution in the level of care and first aid cover that Civil Defence volunteers provide beyond 30 July 2019.

Defence Forces Allowances

83. **Deputy Jack Chambers** asked the Taoiseach and Minister for Defence if he will reinstate the 10% UN overseas mission allowance previously awarded to Defence Forces personnel; and if he will make a statement on the matter. [21013/19]

Minister of State at the Department of Defence (Deputy Paul Kehoe): In accordance with the Public Service Stability Agreement, 2013-2016, (the Haddington Road Agreement), all sectors across the public service were required to contribute to additional pay and productivity measures. Other sectors delivered these savings through a variety of approaches including additional working time and reduced rates of overtime payments.

The contribution from the Defence Sector included a further reduction of 10% on the rate of certain allowances payable to the Defence Forces, including Overseas Allowances, as part of the cost saving measures to be secured under the agreement. The Permanent Defence Force

Representative Associations signed up to this agreement in July 2013.

Defence Forces pay is increasing in accordance with recent public sector pay agreements. The Public Service Stability Agreement 2018-2020, which was considered and accepted by the Permanent Defence Force Representative Associations, provides for further increases in pay, ranging from 6.2% to 7.4% over the lifetime of the agreement, with the focus of the agreement once again being on the lower paid. The increases due in 2018 and from 1 January 2019 have been paid to Permanent Defence Force personnel. Further increases in pay are scheduled for 2019 and 2020.

By the end of the agreement (end 2020), the pay scales of all public servants encompassed by the Agreement, (including members of the Permanent Defence Force), earning up to €70,000, will be restored to pre-FEMPI levels.

The Public Service Pay Commission is currently examining recruitment and retention issues in the Defence sector. The Commission is due to complete their report in the coming days. The Government will give due consideration to the findings and recommendations that arise from the Commission.

Military Medals

84. **Deputy Clare Daly** asked the Taoiseach and Minister for Defence if his attention has been drawn to the fact that Defence Forces personnel have located the recommendations for military honours made by a person (details supplied) for their subordinates at Jadotville; and if he will commence a review of all recommendations for military awards from 1958 to date in order that the men of Jadotville and all others with outstanding medal recommendations now receive the medals to which they are entitled. [21034/19]

Minister of State at the Department of Defence (Deputy Paul Kehoe): The siege of Jadotville was a prominent event that occurred during Ireland's peacekeeping mission in the Congo in September 1961. "A" Company, 35th Infantry Battalion took responsibility for the UN post at Jadotville on 3rd September 1961. On the 9th September, a large force of Katangese Gendarmerie surrounded them and early on the morning of the 13th September "A" Company came under attack. From the 13th to the 17th September they endured almost continuous attack. They were taken into captivity on the 17th September and remained in captivity until finally released on the 25th October 1961.

In accordance with Defence Forces regulations the award of medals for bravery is time bound. These may not be awarded in any case unless a recommendation is made through the usual channels to the Chief of Staff, not later than two years in the case of the Military Medal for Gallantry, and not later than four years in the case of the Distinguished Service Medal, after the performance of the act in respect of which the recommendation is made. Such awards are made on the recommendation of a Military Board appointed by the Chief of Staff for the purpose of examining and reporting on every recommendation for an award.

The issue of the award of medals to the men of "A" Company, 35th Infantry Battalion was comprehensively addressed in 1965. A properly constituted Medals Board considered the various cases presented and made a decision that no medals would be awarded. The Chief of Staff of the day considered the decision of the Board and was satisfied with the findings. Subsequently at that time, the question was raised again in a letter to a newly appointed Chief of Staff. He forwarded the letter to the original Medals Board and asked that they reconvene and review their decision. The Board indicated that the issues raised had received due consideration

and that they were not prepared to alter their findings.

A review was conducted in 2004 by military officers for the purpose of a broader examination of the Jadotville case. This Board recommended that the events of Jadotville and the contribution of the 35th Battalion be given recognition. In this context, a number of measures have taken place to honour and to commemorate the events at Jadotville and the very significant contribution of “A” Company and of the 35th Battalion, as a whole, to the UN Peace Support Mission in the Congo.

Recognition of their contribution over the years include:

A. A presentation of scrolls to “A” Company in 2006.

B. Portraits of Lt Col McNamee (35th Battalion Commander) and Comdt Quinlan (Company Commander “A” Company) were commissioned in 2006.

C. In July of 2010 the 50th anniversary of the first deployment to the Congo was commemorated in a highly publicised and well attended event in Casement Aerodrome, Baldonnel.

D. A nominal roll of “A” Company, printed in copper, was affixed to the monument in Costume Barracks and was unveiled as part of the 50th Anniversary of the Jadotville affair in September 2011.

E. On the occasion of the 55th anniversary of the Siege of Jadotville, I decided to issue a Unit Citation to honour the collective actions and bravery of the men of “A” Company. This was the first time a Unit Citation was awarded within the Defence Forces and I was delighted to be able to formally recognise the brave actions of these men.

Furthermore, on 13th June 2017, the Government decided, as an exceptional step, to award a medal known as “An Bonn Jadotville” or “The Jadotville Medal” to each member of “A” Company, 35th Infantry Battalion and to the family representatives of deceased members to give full and due recognition in honour of their courageous actions at the Siege of Jadotville. This medal presentation ceremony took place on 2nd December 2017 in Custume Barracks, Athlone. This location is considered the spiritual home of “A” Company and it is from here that “A” company assembled in advance of their fateful deployment to the Congo.

Concerning the documents you refer to, Officials in my Department have examined all documents that have been submitted to date for consideration and have discussed them with Defence Forces management. Having consulted with the Defence Forces, it has been determined that those papers did not produce any new material or evidence that was not already considered. If additional documentation is made available which could throw new light on the circumstances on the issue of medals, this would be greatly welcomed. My Department stands ready to give full and careful consideration to any documents provided to it on the matter of Jadotville.

Defence Forces Remuneration

85. **Deputy Róisín Shortall** asked the Taoiseach and Minister for Defence the action he is taking to address the low levels of pay in the Defence Forces. [21112/19]

Minister of State at the Department of Defence (Deputy Paul Kehoe): Similar to other sectors in the public service, the pay of Permanent Defence Force personnel was reduced as one of the measures to assist in stabilising national finances during the financial crisis.

The recovery in the economy has provided the fiscal resources to allow for an affordable and

sustainable recovery in the public service pay scales.

Pay is being restored to members of the Defence Forces and other public servants in accordance with public sector pay agreements. The focus of these increases is weighted in favour of those on lower pay.

Members of the Permanent Defence Force have received the pay increases due under the Lansdowne Road Agreement. In addition in 2017, following negotiations with PDFORRA, improved pay scales for general service recruits and privates who joined the Permanent Defence Force post 1 January 2013, were implemented.

The Public Service Stability Agreement 2018-2020, provides for increases in pay ranging from 6.2% to 7.4% over the lifetime of the Agreement. The increases due under the agreement from 1 January 2018, 1 October 2018 and 1 January 2019, have been paid to Permanent Defence Force personnel. Further increases in pay are scheduled in 2019 and 2020.

New entrants who joined the Defence Forces since 2011, may also benefit from the measures which will see interventions at points 4 and 8 of the pay scales for all such relevant new entrants to the public service.

The Public Service Pay Commission is currently examining recruitment and retention issues in the Defence sector. The Commission's work is on-going. The Government will give due consideration to the findings and recommendations that arise from the work of the Commission.

Brexit Issues

86. **Deputy Thomas P. Broughan** asked the Tánaiste and Minister for Foreign Affairs and Trade if his attention has been drawn to new proposals from the British Government regarding customs checks on trade between Ireland and Britain; and if he will make a statement on the matter. [21021/19]

Tánaiste and Minister for Foreign Affairs and Trade (Deputy Simon Coveney): I understand that the Deputy is referring to the proposals released by the British Government in March 2019 in respect of arrangements in a no deal Brexit scenario. The Government has analysed the detail of the UK proposals and their potential impact, together with our EU partners.

Any tariff regime would be extremely serious for Irish exporters, particularly for agri-food exports. That is why we have worked so hard to secure the Withdrawal Agreement that would enable both sides to negotiate a future relationship agreement with the aim of avoiding tariffs and quotas. We remain firmly of the view that ratification of the Withdrawal Agreement will enable both sides to negotiate a future relationship agreement avoiding tariffs and quotas.

We welcome the decision of the April European Council to grant an extension, at the UK's request, to the Article 50 process.

However, given the ongoing political uncertainty in London, the risk of no deal has not been entirely averted. Responsibility for avoiding a no deal scenario now lies firmly with the UK and Westminster. We hope that the ongoing cross-party talks between the UK Government and the Official Opposition will lead to a positive outcome.

Our core objective continues to be to avoid a hard border on the island of Ireland, protecting the peace process and the Good Friday Agreement and safeguarding the integrity of the Single Market and Customs Union. Those objectives remain constant, including in a no deal scenario.

In all scenarios, as co-guarantors, the Irish and UK Governments will continue to have obligations under the Good Friday agreement to ensure peace and stability in Northern Ireland.

Brexit Issues

87. **Deputy Lisa Chambers** asked the Tánaiste and Minister for Foreign Affairs and Trade the details of the memorandum of understanding signed with the United Kingdom relating to Brexit to include all citizens rights and reciprocal arrangements contained within; and if he will make a statement on the matter. [21044/19]

88. **Deputy Lisa Chambers** asked the Tánaiste and Minister for Foreign Affairs and Trade if he has explored other options to protect citizens' rights and reciprocal arrangements between Ireland and the United Kingdom other than the memorandum of understanding signed with the United Kingdom. [21046/19]

89. **Deputy Lisa Chambers** asked the Tánaiste and Minister for Foreign Affairs and Trade if he has explored the possibility of an international treaty on mutual rights between Ireland and the United Kingdom; and his views on same. [21047/19]

Tánaiste and Minister for Foreign Affairs and Trade (Deputy Simon Coveney): I propose to take Questions Nos. 87 to 89, inclusive, together.

Together with UK Cabinet Office Minister David Lidington, I signed a Memorandum of Understanding between Ireland and the United Kingdom on the Common Travel Area (CTA) and its associated reciprocal rights and privileges in London on 8 May, immediately prior to the meeting of the British-Irish Intergovernmental Conference.

In signing this Memorandum, we reaffirmed the commitment of both Governments to maintain the CTA in all circumstances, this also being the first time the arrangement has been formalised in this overarching way.

The new Memorandum of Understanding (MOU) is the culmination of over two years' work, involving several Government Ministers and their respective Departments working closely together, as well as with their British counterparts. It reaffirms the existing CTA arrangements between Ireland and the UK and recognises the shared commitment of both to protect the associated reciprocal rights and privileges as a legitimate and fundamental public policy. The MOU further reaffirms the status that Irish and British citizens enjoy in each other's State, including the associated reciprocal rights and privileges. It confirms our shared intention to provide further certainty and clarity to Irish and British citizens, and to those responsible for delivering relevant services, about the associated reciprocal rights and privileges. It commits to ensuring that any necessary legislative steps are taken to give effect to the associated reciprocal rights and privileges. Oversight will be provided by a group of senior officials from each jurisdiction.

As well as the East-West dimension, the CTA arrangements also underpin the Good Friday Agreement in all its parts, as well as the cross-border freedoms central to the lives and livelihoods of the people of Northern Ireland and the border region.

At a time when there has been uncertainty caused by the potential outcomes of Brexit, the MOU provides clarity and assurance for citizens of both countries. They do not need to take any action to protect their status and associated rights under the CTA.

I can assure the Deputy that all options, including an international treaty, were carefully considered at the outset of the negotiations. In view of how the CTA has developed incrementally

over the decades and of how it has proven itself robust and adaptable to evolving circumstances, Ireland and the UK both agreed that an MOU was the most appropriate vehicle to express our shared commitment to the CTA. We arrived at the shared view that the very flexibility and durability of the arrangements would be best served by an MOU. As well as codifying the CTA for the first time and setting out what it covers, the MOU is a very clear and solemn expression of the two Governments' firm commitment to the maintenance of the arrangements and is a key example of continued positive British-Irish engagement and cooperation.

Universal Social Charge Application

90. **Deputy Declan Breathnach** asked the Minister for Finance if his attention has been drawn to an anomaly causing discrimination to public service pensioners by which public service pensioners pay USC on their pension payments whereas social protection pension payments are not subject to USC; if his attention has been drawn to the fact that those in receipt of social protection pensions are able to earn an additional €13,000 in occupational pension payments, bringing their total above many public service pensions and still not be liable to USC; and if he will make a statement on the matter. [20996/19]

Minister for Finance (Deputy Paschal Donohoe): The Universal Social Charge (USC) was introduced in Budget 2011 to replace the Income Levy and Health Levy. It was a necessary measure to widen the tax base, remove poverty traps and maintain revenue to reduce the budget deficit. It is a more sustainable charge than those it replaced and is applied at a low rate on a wide base. However, the base for USC does not include payments made by the Department of Employment Affairs & Social Protection, including the State pension.

As the Deputy may be aware, the USC was reviewed by my Department in 2011 and the issue of USC applying to occupational pensions of retired public service individuals who entered the public service before April 1995 was examined as part of that review. Such individuals are (or were) liable to modified rate PRSI, which does not generate an entitlement to the State Pension. In retirement therefore they receive an occupational pension only, and do not receive a separate State Pension unless as a result of PRSI contributions made in another employment during their working life.

It was decided not to exempt the occupational pensions of these individuals from the USC charge as an exemption would be very costly and difficult to achieve, and it could involve all income earners with the equivalent income benefitting from the exemption. In addition, it would also undermine the principle of the USC being applied to income with few exceptions.

However, as a result of the review of the USC, in Budget 2012 the entry threshold to USC was increased from €4,004 to €10,036 per annum, and the threshold was subsequently increased further in Budgets 2015 and 2016, to the current threshold of €13,000. This exemption threshold equalises the position for single individuals whose sole source of income is the State Contributory Pension with public service pensioners whose pension is at an equivalent level. It is estimated that over 750,000 income earners will not be liable to USC in 2019.

In the last number of Budgets, the Government has been introducing targeted changes to the income tax system within available resources to make steady and sustainable progress in reducing the income tax burden, focusing on low and middle income earners. This has been done by making targeted changes to the USC and also by increasing the entry point to the higher rate of income tax.

It is the Government's position that earners start to pay the marginal rate of income tax at

too low a level and we are committed to reducing excessive tax rates for low and middle income earners while also keeping the tax base broad. It is expected that continued progress in this area will also be made in the context of limited resources available in Budget 2020, balanced against all of the competing demands.

Corporation Tax Regime

91. **Deputy Michael McGrath** asked the Minister for Finance his plans to commission an up-to-date review similar to the Coffey report on the sustainability of the corporate tax receipts in view of the most recent data on corporation tax released by the Revenue Commissioners; and if he will make a statement on the matter. [21001/19]

Minister for Finance (Deputy Paschal Donohoe): I recognise that there has been a substantial increase in corporation tax receipts in recent years and, while in many ways this is a positive reflection of our economic recovery and improved trading conditions, I am also aware that there are risks associated with this increase. In particular it is important to ensure that longer-term spending commitments are not entered into on the basis of a potentially short term upswing in corporate tax revenues.

The recently published Revenue data in respect of Corporation Tax (CT) payments for the year 2018 show that the share of CT receipts from the top 10 companies increased to 45% in 2018. However the report also notes that this increase was partially driven by a one-off change in accounting standards (IFRS 15) leading to additional tax receipts in 2018. If these were excluded, the share of net receipts from the top 10 companies would have been 43%.

Revenue data show that the proportion of receipts contributed by the top ten taxpayers in any given year has been relatively stable over time – for example it has ranged between 36% and 41% over the preceding five years 2013 to 2017. Revenue data also indicates that there is a level of ‘churn’ in the top-10 payers, i.e. the composition of the top 10 taxpayer companies changes from year to year. As Ireland has been consistently successful in attracting leading multi-nationals to base here, and given our level of integration with the global economy, this concentration is not altogether surprising.

Nonetheless, my Department has, together with Revenue, highlighted this as a risk in Budget and Stability Programme Update risk statements and in the Annual Taxation Report 2018. I am also aware of the risks associated with developing a reliance on potentially cyclical upturns in receipts, and the Government has taken a number of actions to address these risks, including:

- Establishing the Rainy Day Fund;
- Using the 2018 revenue over-performance to run an Exchequer surplus and prioritising the reduction of debt;
- Continuing to broaden the tax base; and
- Ensuring that receipts arising from identified one-off factors are not carried forward into the tax base for future years – for this reason €0.7 billion of the 2018 over-performance was not carried forward into the 2019 tax base on foot of the advice of the Revenue Commissioners.

With regard to the Deputy’s proposal for an assessment of the sustainability of corporation tax receipts, forecasts are inherently subjective and often rely on reference to long-term averages as a component factor. In the case of corporation tax, this subjectivity would be further compounded by the ongoing process of international tax reform. Implementation of the agreed

BEPS Actions is under way and further work has commenced at the OECD to agree further changes at a global level that address the tax challenges that arise from the digitalisation of the economy. This work is at a relatively early stage and will continue over the next two years with a view to reaching consensus by the end of 2020.

I would however note that my officials are currently conducting an examination of potential policy options to mitigate against the risk of over-reliance on CT receipts and a fiscal framework to reduce reliance on CT will be published by this Department at the time of the publication of the Summer Economic Statement, 2019.

Finally, it should also be noted that a tax forecasting methodology group has been established and is currently undertaking work to review the existing tax forecasting methodology with a focus on the four largest tax heads (excise duties, income tax, corporation tax and VAT). Where appropriate, this work will make recommendations for changes to the tax forecast methodology.

Having regard to the work already under way within my Department, and the other considerations referred to in this answer, I do not intend to establish a separate review of the nature suggested by the Deputy.

Credit Union Lending

92. **Deputy Thomas P. Broughan** asked the Minister for Finance the position regarding enabling the credit unions to provide affordable mortgages, especially for young first-time buyers; and if he will make a statement on the matter. [21018/19]

Minister for Finance (Deputy Paschal Donohoe): Credit Unions are already allowed to offer mortgages to their members and indeed a number of Credit Unions do. As of March 2019 there were €175 million of mortgages outstanding across the sector.

The amount of mortgage lending Credit Unions can engage in, however, is limited by the Central Bank's lending regulations for Credit Unions which allow only a certain proportion of a Credit Union's loans to be long term loans due to lending maturity limits.

These lending regulations have been under review since October 2018 when the Central Bank commenced a public consultation.

Reviewing these Lending Regulations is a very important matter and one for which I have previously outlined my strong support – including in a letter I wrote to Governor Lane in late 2017.

The proposed revisions to the Lending Regulations from the Central Bank contain many positive elements. The proposals change the basis of calculation for the limits from a percentage of loans to a percentage of assets, which is something that the sector has been calling for. The proposals would also allow larger and capable credit unions to do significantly more mortgage lending than is currently the case.

Based on the data supplied in the Consultation Paper, the proposals would allow in the first instance a sectoral capacity of €861 million for mortgages, which should be seen in the context of the €175 million of mortgages outstanding across the sector as of March 2019.

This capacity would increase if applicable Credit Unions are approved for the higher limits. In the case where all Credit Unions with assets greater than €100 million were approved for the

higher limit, sectoral capacity could increase to a maximum of around €1.8 billion.

As I mentioned the Consultation Paper containing these proposals was published in October 2018, with the consultation period open until the 9th January of this year. This gave credit unions, their representative bodies, and other stakeholders the opportunity to analyse the proposals put forward in the Consultation Paper and engage in the consultation by submitting their views to the Central Bank. One of the matters being consulted on is the definition of a mortgage, which the Central Bank would propose to exclude commercial or Buy-to-Let mortgages, as is the current practice.

The Central Bank is currently in the process of reviewing the submissions received and expects to publish a feedback statement and draft regulations in the second half of 2019.

Officials from my Department have liaised with the Central Bank regarding the proposals in the Consultation Paper and I will input into the statutory consultation process when it arises.

Insurance Costs

93. **Deputy Róisín Shortall** asked the Minister for Finance the action he is taking to address the high level of public liability insurance faced by business and community groups; and the way in which he plans to improve competition in the market. [21113/19]

Minister for Finance (Deputy Paschal Donohoe): Both I and the Minister of State for Financial Services and Insurance, Mr. Michael D'Arcy T.D., are very conscious of the difficulties that the cost and availability of insurance are having on many businesses and community groups in this country. The Deputy should note that there is no policy or legislative 'silver bullet' to decrease the cost of insurance. This was also recognised by the Joint Oireachtas Committee on Finance and Public Reform, who reported on the issue in late 2016. This is a complex issue because for constitutional reasons the Government cannot direct the courts as to the award levels that should be applied and for legal reasons it cannot direct insurance companies as to the pricing level which they should apply in respect of businesses seeking insurance, as these matters are of a commercial nature, and are determined by insurance companies based on the risks they are willing to accept.

Having said this, I wish to re-emphasise how important this issue is for the Government. Consequently, following the publication of its Report on the Cost of Motor Insurance in 2017, the Cost of Insurance Working Group undertook an examination of the employer liability and public liability insurance sectors. This second phase of the Group's work culminated in the publication in January 2018 of the Report on the Cost of Employer and Public Liability Insurance. Much work has been done to date through the implementation of both reports of the Cost of Insurance Working Group and achievements to date include:

- the establishment of the Personal Injuries Commission, and its subsequent recommendations relating to addressing award levels for soft tissue injuries;
- the Law Reform Commission (LRC) has commenced its work to undertake a detailed analysis of the possibility of developing constitutionally sound legislation to delimit or cap the amounts of damages which a court may award in respect of some or all categories of personal injuries, as part of its Fifth Programme of Law Reform;
- increasing transparency around the cost of private motor insurance through the establishment of the National Claims Information Database in the Central Bank;

- reforms to the Personal Injuries Assessment Board through the Personal Injuries Assessment Board (Amendment) Act 2019;

- amendments to Sections 8 and 14 of the Civil Liability and Courts Act 2004 to make it easier for businesses and insurers to challenge cases where fraud or exaggeration is suspected;

- the reform of the Insurance Compensation Fund to provide certainty to policyholders and insurers;

- various reforms of how fraud is reported to and dealt with by An Garda Síochána, including increased co-ordination with the insurance industry, collections of statistics under the new “insurance fraud” category which has been added to the PULSE system; as well as the launch recently of Operation Coatee, a co-ordinated operation to tackle insurance fraud; and,

- the Courts Service has confirmed that it will publish a more detailed breakdown of awards in personal injury cases in its Annual Reports.

I believe that these reforms are having a significant impact with regard to private motor insurance (CSO figures from April 2019 show that the price of motor insurance is now 24.4% lower than the July 2016 peak). The Government is determined to continue working to ensure that these positive pricing trends can be extended to other forms of insurance, including those relevant to businesses.

Undoubtedly the single most essential challenge which must be overcome if there is to be a sustainable reduction in insurance costs is to bring the levels of personal injury damages awarded in this country more in line with those awarded in other jurisdictions. In this regard, the Personal Injuries Commission has highlighted the significant differential between award levels in this country and other jurisdictions, and has made a number of recommendations to address this issue, in particular the establishment of a Judicial Council to compile guidelines for appropriate general damages for various types of personal injury. Both I and Minister of State D’Arcy believe that this awards gap needs to be significantly closed and we are working with the Minister for Justice and Equality, Mr Charlie Flanagan TD, to ensure that this happens at the earliest opportunity.

Finally, I would like to assure the Deputy that the Cost of Insurance Working Group will continue to focus on implementing the recommendations of the Report on the Cost of Employer and Public Liability Insurance in parallel with implementing those from the Report on the Cost of Motor Insurance. I am hopeful that the cumulative effects of the completion of the two Reports’ recommendations will include increased stability in the pricing of insurance for businesses and a more competitive insurance market.

Public Sector Staff Redeployment

94. **Deputy Micheál Martin** asked the Minister for Public Expenditure and Reform the number of clerical and executive officers, respectively, granted transfers under the Civil Service mobility and principal officer mobility schemes since it commenced in September 2018; the number still on the waiting list for same; and if he will make a statement on the matter. [21030/19]

95. **Deputy Micheál Martin** asked the Minister for Public Expenditure and Reform the number of principal officer posts granted transfers under the Civil Service mobility and PO mobility schemes since it commenced in September 2018; the number still on the waiting list for same; and if he will make a statement on the matter. [21031/19]

Minister for Public Expenditure and Reform (Deputy Paschal Donohoe): I propose to take Questions Nos. 94 and 95 together.

As the Deputy is aware, the Civil Service Mobility scheme which comes under the remit of my department, and is administered through HR Shared Services, National Shared Services Office, offers an opportunity for staff members to apply for mobility through an open and transparent system. The scheme will support the needs of the business, increase career development opportunities and facilitate relocation for staff members. The establishment of the scheme fulfils one of the requirements of Action 15 of the Civil Service Renewal Plan; and Action 14 of the People Strategy for the Civil Service, which calls for the further expansion of a coherent mobility policy to facilitate staff development and strategic alignment with other HR policies, builds upon this.

The scheme is being introduced on a phased basis as follows:

Phase 1A of the scheme is for the general Civil Service grades of Clerical Officer (CO) and Executive Officer (EO) to apply for mobility between and within 46 zones - excluding mobility within Zone 46 (Dublin) which will be included in Phase 1B. The application stage of this phase launched in November 2017 with c. 3,500 staff members (1 in 5 of the 17,000 participating staff members - 60% CO : 40% EO) applying for mobility and making an average of 8 organisational choices .

The location choices in the scheme are divided into mobility zones rather than county or province. An applicant may express a preference for mobility for a maximum of 3 zones from the list of 46 zones with a choice of any or all organisations in each zone (a full list of zones and organisations per zone can be viewed at www.hr.per.gov.ie). Staff members can apply for mobility within their current zone (excluding Phase 1B, Zone 46 Dublin) as well as other zones. A number of mobility zones also have an option to include or exclude a choice of satellite towns.

The offer stage of this phase launched in September 2018. To date over 200 moves have been accepted, and are either complete or in progress (129 COs and 76 EOs).

Phase 1B (CO's and EO's - Dublin) is on track to launch in the coming months.

Phase 2 of the scheme will include the general Civil Service grades of Higher Executive Officer, and Assistant Principal. Officials from my Department have commenced discussions with stakeholders on the development of this phase and it is anticipated that Phase 2 will be introduced in 2020.

Principal Officer (PO) Mobility - this scheme was introduced in September 2015 as part of Action 15 of the Civil Service Renewal Plan. It is designed "to expand career and mobility opportunities for staff across geographic, organisational and sectoral boundaries." To date 46 PO positions have been filled through mobility and a number are currently ongoing.

National Broadband Plan Funding

96. **Deputy Barry Cowen** asked the Minister for Public Expenditure and Reform the way in which he will provide for the extra €1.5 billion needed over the course of the national development plan on the national broadband plan. [21099/19]

Minister for Public Expenditure and Reform (Deputy Paschal Donohoe): As I have already indicated, I intend to provide the additional capital required to fund the cost of proceeding with the National Broadband Plan from future revenues. This will be done in the context of

updating the overall multi-annual capital ceilings set out in Project Ireland 2040.

Budget Measures

97. **Deputy Barry Cowen** asked the Minister for Public Expenditure and Reform further to Parliamentary Question No. 54 of 9 May 2019, if he will provide the same tables for each ministerial Vote; and if he will make a statement on the matter. [21135/19]

Minister for Public Expenditure and Reform (Deputy Paschal Donohoe): The attached spreadsheet (Attachment 1) sets out gross voted current, capital and total expenditure ceilings for each Vote group, as published in each Expenditure Report for Budgets 2014 to 2019.

The expenditure ceilings are presented here exactly as they were published in each Expenditure Report from 2014 to 2019. As such, they do not reflect any transfers of functions or technical adjustments which have occurred within the period. As a result, ceilings may not be directly comparable for all Vote groups across the period. Attachment 2 sets out all of the transfers of functions that have taken place between 2014 and 2019.

A number of technical adjustments also impact on analysis of the 2014 to 2019 period. Significant among these are changes made in 2017 to funding for Irish Water. Following the enactment of the Water Services Act 2017, all Motor Tax receipts are paid into the Exchequer, rather than the Local Government Fund, and all State funding for domestic water services is provided through the Department of Housing, Planning and Local Government. This resulted in an increase in gross voted expenditure in the Revised Estimates Volume (REV) 2018 for the Department of Housing, Planning and Local Government of €792 million. This increase had no impact on overall General Government expenditure. Conversely, REV 2015 reflected the disestablishment of the HSE Vote with expenditure of the HSE now met by way of a grant from the Department of Health Vote. As a consequence, certain income previously recognised as appropriations-in-aid on the HSE Vote is now retained by the HSE and is no longer reflected in gross expenditure ceilings or outturns from 2015 on. On the Defence Vote, from 2015 onwards, the purchase of military equipment was reclassified as capital expenditure rather than current expenditure. This accounts for the apparent rise in Defence capital expenditure that occurs between Budget 2015 and Budget 2016.

https://data.oireachtas.ie/ie/oireachtas/debates/questions/supportingDocumentation/2019-05-15_pq-97-15-5-2019_en.xlsx

https://data.oireachtas.ie/ie/oireachtas/debates/questions/supportingDocumentation/2019-05-15_pq-97-15-5-2019-table-2_en.docx

School Accommodation

98. **Deputy Louise O'Reilly** asked the Minister for Education and Skills if prefabs will not be needed for a school (details supplied) and the structural defects amended before the start of the new school year in September 2019. [20970/19]

Minister for Education and Skills (Deputy Joe McHugh): The Deputy will be aware that last October and November my Department carried out initial investigations into 42 schools where structural defects had been identified. 22 required precautionary measures to enable continued safe occupation.

Following on from the initial investigations, which were based on sample opening up works,

my Department initiated a second phase of detailed investigations for the schools on the 18th of January last. This next phase of the programme is focusing initially on the 22 schools that have precautionary measures in place and also at the school to which the Deputy refers, which remains closed in part.

The purpose of these investigations is to determine the type and extent of structural issues in each individual school and, from the technical information gathered by the appointed structural engineers, to design permanent remediation solutions for delivery where these are needed.

In line with the update published by my Department in January, detailed structural investigations have now been completed in 21 of the 22 schools with precautionary measures in place and at the school in question. The investigations into the remaining school with precautionary measures in place will be completed by the middle of May.

The school referred to is different from the schools with precautionary measures in place in that the nature and extent of the issues there are such that the building under investigation was required to close. The school remains operational in another building on site.

Detailed investigations have concluded in the closed building and engineers are working to design solutions. When these are known, a programme of works to remediate the building will be put in place for implementation. This is an Education and Training Board (ETB) school. Pending the delivery of the remediation work, my Department will ensure, in continued consultation with the ETB, that any interim accommodation needs at the school are met. In this regard, 2 additional temporary classrooms, a woodwork room and prep area together with a disabled access toilet have been approved for September 2019.

School Transport Provision

99. **Deputy Eamon Scanlon** asked the Minister for Education and Skills if he will reinstate a school transport service (details supplied) in County Leitrim; and if he will make a statement on the matter. [20947/19]

118. **Deputy Eamon Scanlon** asked the Minister for Education and Skills if an existing school transport service will be extended to serve a route (details supplied) previously served by its own bus in order to provide transport to a number of national schoolchildren, including a child with special needs; and if he will make a statement on the matter. [21076/19]

Minister of State at the Department of Education and Skills (Deputy John Halligan):
I propose to take Questions Nos. 99 and 118.

School transport is a significant operation managed by Bus Éireann on behalf of my Department.

There are currently over 117,500 children, including over 13,000 children with special educational needs, transported in over 5,000 vehicles on a daily basis to primary and post-primary schools throughout the country covering over 100 million kilometres annually.

The purpose of the School Transport Scheme is, having regard to available resources, to support the transport to and from school of children who reside remote from their nearest school.

Children are generally eligible for school transport if they satisfy the distance criteria and are attending their nearest school.

Children who are eligible for school transport and who complete the application process on

time will be accommodated on school transport services where such services are in operation for the 2019/20 school year.

Bus Éireann is currently considering applications for the 2019/20 school year. The number and size of buses operating for the 2019/20 school year will be determined by the number of children who apply and are deemed eligible for school transport.

The terms of the School Transport Schemes are applied equitably on a national basis.

School Playgrounds

100. **Deputy Dara Calleary** asked the Minister for Education and Skills the supports available to a school planning to refurbish outdoor play areas on the school grounds to incorporate play equipment in the interests of promoting physical activity within the school community. [20948/19]

Minister for Education and Skills (Deputy Joe McHugh): I wish to advise the Deputy that the Summer Works Scheme (SWS) is designed to allow schools, on a devolved funding basis, to carry out necessary improvement and refurbishment works that will upgrade existing school facilities including the upgrading of outdoor play areas. The SWS is currently open for applications and will remain open until 30th June 2019.

As Primary School Authorities now have more certainty on when they will receive their minor works they may use their discretion in relation to the use of this grant which, depending on other priorities in the school, may include purchase of playground equipment.

Special Educational Needs Service Provision

101. **Deputy Michael McGrath** asked the Minister for Education and Skills if he will review the allocation of special educational needs teachers to a school (details supplied) in County Cork; and if he will make a statement on the matter. [20950/19]

Minister for Education and Skills (Deputy Joe McHugh): I wish to advise the Deputy that DES Circular 0013/2017 for primary schools and 0014/2017 for post primary schools set out details of a new model for allocating special education teachers to schools.

DES Circulars 0007/2019 for primary schools and 0008/2019 for post primary schools also provide details of how the allocations are being updated for schools from September 2019, based on updated profile data.

All schools have now received revised allocations for September 2019.

As the re profiling occurred, some schools have gained additional allocations, where the profile indicator data indicates these schools have additional needs. Some schools received slightly reduced allocations, where the data indicates less need, and some schools maintained their existing allocations.

The Special Education Teaching allocation provides a single unified allocation for special educational support teaching needs to each school, based on each school's educational profile.

Under the allocation model, schools have been provided with a total allocation for special education needs support based on their school profile.

The provision of a profiled allocation is designed to give a fair allocation for each school which recognises that all schools need an allocation for special needs support, but which provides a graduated allocation which takes into account the level of need in each school.

Schools are frontloaded with resources, based on each school's profile. The allocations to schools include provision to support all pupils in the schools, including where a child receives a diagnosis after the allocation is received by a school, or where there are newly enrolling pupils to the school.

Both my Department and the National Council for Special Education (NCSE) are committed to ensuring that all schools are treated equally and fairly in the manner in which their school profiles have been calculated.

Accordingly, a number of review processes have been put in place to support schools.

The National Council for Special Education (NCSE) recently published details of an appeal process for the 2019 allocation process for schools. Schools who wished to appeal their allocation could do so by submitting an appeal application to the NCSE.

Schools were advised that this appeal will consider circumstances where schools considered that their school profile was calculated incorrectly, using the data set out in DES Circulars 007 and 008 2019. An appeal could be submitted for a review of the information used and of the calculation of the allocation.

A second process will be put in place to address circumstances where the school profile significantly changed following the allocation process e.g. a developing school where the net enrolment numbers significantly increased.

The criteria for qualification for mainstream school developing school posts are set out in the Primary and Post Primary School Staffing Schedule for the 2019/20 school year.

Schools who qualify for additional mainstream developing school posts in accordance with these criteria will also qualify for additional Special Education Teaching Allocations to take account of this developing status.

Finally, it is acknowledged that there are some circumstances, which may arise in schools, which fall outside the appeals process, or allocations for developing school status.

These relate to exceptional or emergency circumstances which could not have been anticipated e.g. where the school profile changes very significantly, or where other exceptional circumstances have arisen in a school and which may require a review of schools capacity to provide additional teaching support for all pupils who need it in the school, or of their utilisation of their allocations.

A process will also be available where schools can seek a review of their allocations in the coming months, including the utilisation of their allocations, in circumstances where a school considers that very exceptional circumstances have arisen subsequent to the development of the profile.

I am satisfied that there are in place a number of processes which can review the special education teacher allocation for schools where necessary.

This Government is investing heavily in supporting our children with special educational needs, with €1.8bn being spent annually, about €1 in every 5 of the education budget.

There are currently over 13,400 special education teachers in schools, an increase of 37%

since 2011.

There are therefore more special education teachers in schools now than we have ever had previously.

The very significant levels of additional provision we have made in recent years to provide additional Special Education Teachers means that all schools are resourced to provide for the special educational needs of children in their schools.

Special Educational Needs Data

102. **Deputy Margaret Murphy O'Mahony** asked the Minister for Education and Skills the cohort the July provision is aimed at; the rules of the provision; the number of teachers that have applied; the number refused; and if he will make a statement on the matter. [20959/19]

Minister for Education and Skills (Deputy Joe McHugh): The purpose of the Home based July Provision Grant Scheme is to provide funding towards an extended school year for children with a severe or profound general learning disability or children with an Autism Spectrum Disorder (ASD).

The scheme was developed to reduce potential regression in learning associated with these specific categories of special education needs over the summer holidays.

Where eligible students cannot be accommodated in a school based programme, Parents can apply to my Department for grant funding towards the provision of 40 hours home based tuition.

As the home based scheme takes place outside the usual school structure it is important that home tutors are qualified to provide an educational programme.

Accordingly, the criteria for the provision of grant funding sets out that Parents must engage the services of a tutor, registered and vetted by the Teaching Council of Ireland to provide tuition to the child in the child's home for 40 hours (10 hrs a week for four weeks).

The full terms and conditions of the Home Based July Provision Grant Scheme are published on my Departments website at

www.education.ie/en/Parents/Services/July-Provision/Home-Based.html.

The closing date for receipt of completed applications for 2019 is Friday, May 17th.

In 2018, just over 6700 applications were received from Parent's for the Home Based July Provision Grant, of which 116 were refused as they did not meet the schemes terms and conditions.

The National Council for Special Education (NCSE) published Policy Advice on Educational Provision for Children with Autism in July 2016 which included a review of the July Scheme.

The review found that in general parents value July provision because it provides day-time respite for families and a structured day for students. The NCSE review found a number of problems with the scheme as currently organised.

These include concerns that the scheme may be inequitable because it is not provided to all students with complex special educational needs. My Department is also aware that parents

of children with complex special educational needs have difficulty in sourcing a tutor for their child.

The Council recommended that the relevant Government Departments consider how an equitable national day activity scheme could be developed for all students with complex special educational needs.

The proposed scheme would provide a structured, safe, social environment for all students with complex special educational needs.

My Department has convened an Implementation Group to ensure that the Report's recommendations are fully and appropriately considered.

There has been consultation with a number of other Departments and State agencies regarding the future direction of the July Education Programme. It is expected that the Group will make recommendations shortly concerning a revised scheme which would be implemented next year at the earliest. Before any changes are made, there will be consultations with stakeholders.

Schools Site Acquisitions

103. **Deputy Thomas Byrne** asked the Minister for Education and Skills the engagement that has taken place and the status of the proposed site for a school (details supplied) in order that it can relocate from its existing temporary site to the new school; when the site for the new school will be identified and allocated; and if he will make a statement on the matter. [20964/19]

Minister for Education and Skills (Deputy Joe McHugh): I can confirm Department officials are working to put a solution for the permanent accommodation for the school in question in place at the earliest possible date. Engagement with relevant stakeholders is ongoing in that regard.

Unfortunately it is not possible to indicate a timeline for the confirmation of a location for the school at this point but I can assure the Deputy that the patron will be informed as soon as it is possible to do so.

Third Level Admissions Data

104. **Deputy Kathleen Funchion** asked the Minister for Education and Skills the number of non-EU students that have enrolled in higher education here over the past five years. [20988/19]

Minister for Education and Skills (Deputy Joe McHugh):

Enrolments by Domicile Group	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018
Ireland (inc Northern Ireland)	188,242	189,643	194,368	195,116	198,977
Other EU	4,421	4,546	5,131	4,845	5,251
Non-EU	13,153	14,558	16,315	16,839	18,468
Unknown	274	575	789	1,443	1,047
Total	206,090	209,322	216,603	218,243	223,743

Note

Data includes full time and part-time enrolments. The ‘unknown’ category relates to incomplete data provided by students to HEIs. 2018/19 data returns are not currently available.

Third Level Fees

105. **Deputy Kathleen Funchion** asked the Minister for Education and Skills the number of students that qualify for the free fees initiative based on the latest student numbers available. [20989/19]

Minister for Education and Skills (Deputy Joe McHugh): Under my Department’s free fees schemes, the Exchequer provides funding towards tuition fee costs in respect of eligible students who are pursuing an approved full-time undergraduate courses of study in an approved institution in the State. The main conditions of the scheme are that students must be first-time undergraduates, hold inter alia EU/EEA/Swiss nationality in their own right, and have been ordinarily resident in an EU/EEA/Swiss state for at least three of the five years preceding their entry to an approved third level course.

The number of students who received funding under the free fees schemes in the academic year 2017/18 was 138,200.

Third Level Fees

106. **Deputy Kathleen Funchion** asked the Minister for Education and Skills the estimated cost of a reduction of €500 to the student contribution charge based on the most recent figures available. [20990/19]

Minister for Education and Skills (Deputy Joe McHugh): The Student Contribution, which currently stands at €3,000, was introduced with effect from the 2011/12 academic year. Based on the number of students that qualified for free fees funding in the academic year 2017/18 (and were therefore liable to pay the Student Contribution), and taking into account expected increases in student numbers, it is estimated that the net cost to my Department of reducing the contribution by €500 for the academic year 2019/20 would be approximately €38 million.

It should be noted that this figure incorporates the resulting reduction to my Department’s Student Grant Scheme budget.

While the student contribution now stands at €3,000, it is important to recognise that there has been no increase in the contribution since 2014/15. The exchequer pays this contribution (or part of it) on behalf of almost 50% of undergraduate students who are in receipt of student grant assistance.

Tax relief provisions are also available so that second and subsequent siblings do not have to bear the full cost. In addition, higher education institutions have provisions in place to allow students to pay the contribution in two moieties.

Third Level Fees

107. **Deputy Kathleen Funchion** asked the Minister for Education and Skills the way in

which Ireland compares to other OECD countries in terms of student fees. [20991/19]

Minister for Education and Skills (Deputy Joe McHugh): Student costs vary considerably across the OECD, from countries such as the United States and England where tuition fees are at the highest levels to a number of EU countries where no tuition fees are payable by students. The OECD Report, “*Education at a Glance 2018*” provides data on the structure, finances and performance of education systems in the 35 OECD countries, and a number of partner countries, and provides data on tuition fees and public supports across the OECD. Higher education is structured and funded in a wide variety of ways and arrangements are highly dependent on the context and circumstances of each individual country.

As the Deputy will be aware, in Ireland students who are eligible for assistance under the free fees schemes, receive funding towards their tuition fees with the student paying a Student Contribution which currently stands at €3,000. The contribution was introduced with effect from the 2011/12 academic year and has remained at €3,000 since 2014/15.

It is important to note that the exchequer pays the contribution (or part of it) on behalf of almost 50% of undergraduate students who are in receipt of student grant assistance. In addition, tax relief provisions are also available so that second and subsequent siblings do not have to bear the full cost.

State Examinations

108. **Deputy Sean Sherlock** asked the Minister for Education and Skills if an exam number will be granted for a person (details supplied) who has been denied a number due to technical breakdown. [20997/19]

Minister for Education and Skills (Deputy Joe McHugh): The State Examinations Commission has statutory responsibility for operational matters relating to the certificate examinations.

In view of this I have forwarded your query to the State Examinations Commission for direct reply to you.

Schools Site Acquisitions

109. **Deputy Ruth Coppinger** asked the Minister for Education and Skills the progress on securing a permanent site for a school (details supplied). [21005/19]

Minister for Education and Skills (Deputy Joe McHugh): A permanent site for the school to which the Deputy refers was acquired by my Department on 18 December 2018.

Schools Site Acquisitions

110. **Deputy Ruth Coppinger** asked the Minister for Education and Skills if he has had discussions with the developer in the area regarding the current lease on the land a school (details supplied) is on, in view of the concern of parents and the local community on the issue; and if he will make a statement on the matter. [21006/19]

Minister for Education and Skills (Deputy Joe McHugh): Despite requests from the

15 May 2019

Department, the Developer referred to did not want to extend the lease so that the school to which the Deputy refers could remain on their land past the current academic year 2018/2019. They had required the Department to confirm that the school would vacate the property at end June 2019. Clearly, the Department could not give such confirmation as alternative interim accommodation for the school was not available in the current area. The Department had much engagement with the developer in relation to extending the leasing arrangement at this property. In this regard the Department had requested the developer's consent to extending the lease to 31st August, 2020 to facilitate the school remaining in interim accommodation at this location until the end of the 2019/2020 school year by which time the permanent accommodation for the school will be ready. Unfortunately it was not possible to get the developer's agreement to this lease extension. Following protracted negotiations with the Developer, agreement was reached for the school to remain in interim accommodation at its current location until the end of January 2020. The developer has indicated that it is not possible to extend the lease beyond this date.

My Department is examining alternative interim accommodation options for re-locating the school pending delivery of its permanent school building.

The site acquisition process for the school is now complete. A planning application for the permanent accommodation for the school was lodged in January 2019. A request for additional information received from the local authority was responded to on 26 April 2019 and a decision is awaited.

Officials in my Department will continue to keep the school authority updated on progress.

Schools Establishment

111. **Deputy Ruth Coppinger** asked the Minister for Education and Skills if he will report on the delivery of school provision in the Meakstown, Charlestown and Lanesborough area in Fingal, County Dublin; and if he will make a statement on the matter. [21007/19]

Minister for Education and Skills (Deputy Joe McHugh): In order to plan for school provision and analyse the relevant demographic data, my Department divides the country into 314 school planning areas and uses a Geographical Information System, using data from a range of sources, to identify where the pressure for school places across the country will arise. With this information, my Department carries out nationwide demographic exercises to determine where additional school accommodation is needed at primary and post-primary level. For school planning purposes Meakstown, Charlestown and Lanesborough are located in the Finglas East_Ballymun_Dublin 11 school planning area.

Major new residential developments in a school planning area have the potential to alter demand in that area. In that regard, as part of the demographic exercises, my Department engages with each of the local authorities to obtain the up-to-date data on significant new residential development in each area. This is necessary to ensure that schools infrastructure planning is keeping pace with demographic changes as there is a constantly evolving picture with planned new residential development, including additional residential developments arising from the Local Infrastructure Housing Activation Fund (LIHAF).

Where data indicates that additional provision is required, the delivery of such additional provision is dependent on the particular circumstances of each case and may, depending on the circumstances, be provided through either one, or a combination of, the following:

- Utilising existing unused capacity within a school or schools,

- Extending the capacity of a school or schools,
- Provision of a new school or schools.

As the Deputy will be aware, in April 2018, the Government announced plans for the establishment of 42 new schools over the next 4 years (2019 to 2022). This announcement follows nationwide, demographic exercises carried out by my Department into the future need for primary and post-primary schools across the country.

In addition to the new schools announced, there may be a need for further school accommodation in other areas in the future which can be addressed through either planned capacity increases in existing schools or additional accommodation or extensions to existing schools. Approximately 40% of extra school places are delivered by extending existing schools.

While the announcement did not include a new school for the Finglas East_Ballymun_Dublin 11 school planning area, the requirement for new schools will be kept under on-going review and in particular will have regard for the increased rollout of housing provision as outlined in Project Ireland 2040.

Commencement of Legislation

112. **Deputy Clare Daly** asked the Minister for Education and Skills when the sections of the Education (Admission to Schools) Act 2018 obliging religious schools to develop meaningful opt-out policies are expected to be implemented; and the steps he is taking to ensure that this is in place in time for the 2019-20 school year. [21011/19]

Minister for Education and Skills (Deputy Joe McHugh): My Department has begun the process of consultation with the Partners in relation to the preparation of regulations that are required alongside commencement of the remaining sections of the act. This consultation is ongoing.

Emergency Works Scheme Applications

113. **Deputy John Brassil** asked the Minister for Education and Skills further to Parliamentary Question No. 234 of 9 April 2019, his plans to address the health and safety issues at a school (details supplied); and if he will make a statement on the matter. [21014/19]

Minister for Education and Skills (Deputy Joe McHugh): The school to which the Deputy refers applied for funding under my Departments Emergency Works Scheme to carry out roof works to the school building. The works were deemed to be outside the scope of the scheme and the application was refused in that context.

The school authority subsequently submitted an appeal to my Departments Planning and Building Unit for consideration. Additional information has been requested from the school in respect of this appeal. When this information is submitted a final decision will issue directly to the school authority.

Schools Establishment

114. **Deputy Robert Troy** asked the Minister for Education and Skills the status of a new

second level school for Kinnegad, County Westmeath; and the timeframe for delivery of same. [21064/19]

115. **Deputy Robert Troy** asked the Minister for Education and Skills the research and analysis carried out regarding proposals to establish a second level school in Kinnegad, County Westmeath, since 2004 (details supplied); and the basis on which decisions not to proceed have been made. [21065/19]

Minister for Education and Skills (Deputy Joe McHugh): I propose to take Questions Nos. 114 and 115 together.

My Department's means of analysing demographic trends and data have changed considerably since the report to which the Deputy refers was completed in 2005.

In order to plan for school provision and analyse the relevant demographic data, my Department divides the country into 314 school planning areas and uses a Geographical Information System, using data from a range of sources, to identify where the pressure for school places across the country will arise. With this information, my Department carries out nationwide demographic exercises to determine where additional school accommodation is needed at primary and post-primary level.

Where demographic data indicates that additional provision is required, the delivery of such additional provision is dependent on the particular circumstances of each case and may, depending on the circumstances, be provided through either one, or a combination of, the following:

- Utilising existing unused capacity within a school or schools,
- Extending the capacity of a school or schools,
- Provision of a new school or schools.

As the Deputy will be aware, in April 2018 the Government announced plans for the establishment of 42 new schools over the next four years (2019 to 2022). This announcement follows nationwide demographic exercises carried out by my Department into the future need for primary and post-primary schools across the country and the 4-year horizon will enable increased lead-in times for planning and delivery of the necessary infrastructure.

In addition to the new schools announced, there will be a need for further school accommodation in other areas in the future.

While the announcement did not include a new post-primary school in Kinnegad (which is located in the Killucan school planning area), I have highlighted that the requirement for new schools will be kept under on-going review and in particular would have regard for the increased rollout of housing provision as outlined in Project Ireland 2040.

Special Educational Needs Service Provision

116. **Deputy Fiona O'Loughlin** asked the Minister for Education and Skills if a special needs school will be considered for an area (details supplied). [21070/19]

117. **Deputy Fiona O'Loughlin** asked the Minister for Education and Skills if more ASD units will be allocated for County Kildare; and if he will make a statement on the matter. [21071/19]

Minister for Education and Skills (Deputy Joe McHugh): I propose to take Questions Nos. 116 and 117 together.

The National Council for Special Education (NCSE), an independent agency of my Department, is responsible for planning, coordinating and advising on education provision for children with special educational needs.

The Council ensures that schools in an area can, between them, cater for all children who have been identified as needing special class and school placements.

The National Council for Special Education (NCSE) has formally advised me that there is insufficient ASD post primary special class capacity in Kildare.

The NCSE is actively engaging with patron bodies in Kildare for the purpose of providing the required placements from September.

The NCSE is also engaging directly with the Parents of the children concerned and will keep in regular contact with them to advise of progress and identify placements as they become available.

Since 2011, the number of special classes in mainstream schools has increased from 548 to 1,459 this year. Of these 1,196 special classes cater for students diagnosed with ASD.

Provision in special schools has increased from 6,848 placements in 2011 to 7,872 this year.

When the NCSE sanction a special class in a school, the school can apply to my Department for capital funding to re-configure existing spaces within the school building to accommodate the class and/or to construct additional accommodation.

Similarly, where special schools wish to expand provision, the school can apply to my Department for capital funding to accommodate additional placements.

As the Deputy's question relates to special school placements in a specific area, I have forwarded it to the National Council for Special Education for direct reply.

Question No. 118 answered with Question No. 99.

Schools Building Projects Status

119. **Deputy Joan Burton** asked the Minister for Education and Skills the timeline for the delivery of a new permanent school building for a school (details supplied); when the new school building will open; and if he will make a statement on the matter. [21101/19]

Minister for Education and Skills (Deputy Joe McHugh): I can confirm Department officials are working to put a solution for the school's permanent accommodation in place at the earliest possible date. Unfortunately it is not possible to indicate a timeline for the confirmation of a location for the school at this point but I can assure the Deputy that the patron will be informed as soon as it is possible to do so.

Schools Establishment

120. **Deputy Paul Kehoe** asked the Minister for Education and Skills the progress of a school building project (details supplied); and if he will make a statement on the matter. [21134/19]

Minister for Education and Skills (Deputy Joe McHugh): The Deputy will be aware that a new permanent building for the school to which he refers, is included on my Department's school building programme to be delivered under the National Development Plan.

My Department is currently finalising the project brief with the aim of progressing the project into the architectural planning process at an early stage. In that regard, my Department will be in direct contact with the school authority shortly.

School Accommodation Provision

121. **Deputy Alan Kelly** asked the Minister for Education and Skills his plans for the accommodation of a school (details supplied); and if he will make a statement on the matter. [21167/19]

Minister for Education and Skills (Deputy Joe McHugh): The school to which the Deputy refers opened in September 2018 in interim accommodation in vacant classrooms in the permanent school building of a primary school under the same Patronage, on an education campus in the area referred to.

This decision was made on the basis that securing a permanent site for the secondary school was imminent. Due to an unsuccessful planning application by a Developer the acquisition of the proposed site did not proceed and an alternative site location has to be pursued.

There are two permanent primary school buildings on the education campus referred to and both will have vacant classrooms in the coming academic year.

In order to accommodate the needs of the secondary school for September 2019 it will be necessary to utilise some available classrooms in both the primary schools.

This arrangement is only required for the next academic year 2019/2020 as my Department seeks an alternative site location for the secondary school for September 2020.

Discussions are ongoing between my Department and the patron bodies of both the primary and secondary schools in relation to the necessary arrangements.

Schools Review

122. **Deputy Alan Kelly** asked the Minister for Education and Skills if the formal review has been completed of the whole-school evaluation management, leadership, learning report carried out on a school (details supplied); if he will publish the decision of the chief inspector; when the findings of the report will be published on the website of his Department; and if he will make a statement on the matter. [21171/19]

Minister for Education and Skills (Deputy Joe McHugh): A Formal Review of the inspection referred to by the Deputy (a Whole-School Evaluation-Management, Leadership and Learning conducted in Sancta Maria College, Ballyroan, Rathfarnham, Dublin 16) was requested under the Procedure for Review of Inspections on Schools and Teachers under Section 13(9) of the Education Act 1998, September 2015. The Formal Review has not yet concluded and in line with Section 3.6 of the Guidelines on the Publication of School Inspection Reports, September 2015 the report arising from the inspection may not be published at present.

Garda Vetting Applications

123. **Deputy Sean Fleming** asked the Minister for Justice and Equality the position regarding a matter relating to a person (details supplied); and if he will make a statement on the matter. [20956/19]

Minister for Justice and Equality (Deputy Charles Flanagan): As the Deputy will understand, given the nature of the functions of the Irish Prison Service, it is necessary for checks, secondary and in addition to vetting, to be carried out on persons considered for employment.

These checks can take time to complete for a variety of reasons, depending on the individual case. However, I can assure the Deputy that every effort is made to expedite this process to the greatest extent possible and to ensure that there is no undue delay arising.

I am advised that the vetting process in respect of the individual referred to by the Deputy was completed on 28 March 2019 and returned to the Irish Prison Service. The person concerned is accordingly advised to liaise directly with the Irish Prison Service to ascertain the current position.

Citizenship Applications

124. **Deputy Jack Chambers** asked the Minister for Justice and Equality the number of applications for citizenship being processed; the number of active applications being processed for more than one, two, three and five years, respectively; the average waiting time per application; and if he will make a statement on the matter. [20979/19]

Minister for Justice and Equality (Deputy Charles Flanagan): I am advised by the Irish Naturalisation and Immigration Service (INIS) of my Department that the number of applications for naturalisation currently on hand, by year of application for each of the years 2016 - 2019 inclusive and 2015 and earlier is as follows:

Year of Application	2015 and earlier	2016	2017	2018	2019 todate	Total
Applications currently on hand	575	763	2,240	8,203	2,556	14,337

The number of the cases on hands will always include a cohort of cases where a decision has been made and the applicant has been notified of same, but where the applicant has yet to swear their oath of fidelity to the nation and loyalty to the State and be granted their certificate of naturalisation at a citizenship ceremony arranged for the purpose.

The nature of the naturalisation process is such that, for a broad range of reasons, some cases can take longer than others to process. In some instances, completing the necessary checks may take a considerable period of time. As outlined, where a decision is made, the certificate cannot be issued until the applicant attends a citizenship ceremony arranged for the purpose of swearing the oath of allegiance before a judge.

Processing timescales can often be impacted due to further documentation being required from the applicant, or payment of the required certificate fee being awaited, or the applicant not engaging with the office. In some instances the applicant themselves may request that a hold be put on their application, for example, where they may have returned to their country of origin for a prolonged period, to facilitate them in making arrangements to return to reside in the State, or where they have difficulty in obtaining satisfactory evidence of their identity or

nationality. In other instances issues can arise at the final stage of the naturalisation process, for example, where additional information comes to light which requires to be considered before a final decision is taken.

Accordingly, the nature of the naturalisation process is such that, for a broad range of reasons, some cases can take longer than others to process and thus an average wait time for applications is not a meaningful measure. However, I can say that in general, it takes around 6 months for a standard application to be processed from the date it is received to the date a decision is made.

The granting of Irish citizenship through naturalisation is a privilege and an honour which confers certain rights and entitlements, not only within the State but also at European Union as well as international level. It is therefore important that appropriate procedures are in place to ensure that the integrity of the regime for granting Irish citizenship through the naturalisation process is held in high regard both at home and internationally.

INIS devotes a considerable amount of its overall resources to the processing of these cases. It also operates a dedicated phone helpline and email helpdesk available for all applicants to enable queries to be dealt with, including the progress of their application. Details are available on the INIS website at www.inis.gov.ie.

International Protection

125. **Deputy Kathleen Funchion** asked the Minister for Justice and Equality if, and for what length of time, a passport is retained after a person is given a refugee or subsidiary protection declaration in respect of applicants for international protection who have submitted their national passports to the International Protection Office; and if they are entitled to the return of their national passports should their declarations subsequently cease to be in force. [20994/19]

Minister for Justice and Equality (Deputy Charles Flanagan): I can inform the Deputy that all applicants for international protection must surrender their passports to the IPO at the time of application. Applicants who are refused international protection have their passports returned to them at the time of refusal and persons who are granted subsidiary protection have their passports returned at the time they are granted subsidiary protection.

Passports are not returned to those who have been given a refugee status declaration. It should be noted that persons granted refugee status under section 55 of the International Protection Act 2015 are entitled to a 1951 UN Convention travel document, sometimes referred to as a refugee travel document, which is used in lieu of a passport to travel from and into the State.

Use by a refugee of a passport issued by her or his country of origin can be construed as continuing to avail of the protection of that country, thereby undermining the grounds on which asylum was granted, and potentially provide a basis for revocation of refugee status. It would be neither correct nor logical to create the conditions for revocation of a status and so the passport is retained. As indicated, refugees are entitled to a travel document for travel to or from the State.

In exceptional circumstances, a person to whom a refugee declaration, can have their passport returned on a temporary basis if there is a demonstrable and well-founded reason for such return, for example, if it is required by a State or other organisation for the purpose of identity verification as a condition of service. Persons must undertake to use them only for the purpose declared and to return them when the business for which they were required has been transacted. They are not permitted to travel on them as they are entitled to a refugee travel document

for that purpose.

If a person's protection declaration ceases to be in force there is no barrier to such a person from holding a passport.

Compensation Awards

126. **Deputy Clare Daly** asked the Minister for Justice and Equality if payouts for prison officers through the criminal injuries compensation scheme are funded through Vote 21 – Prisons or Vote 24 – Justice and Equality. [21043/19]

Minister for Justice and Equality (Deputy Charles Flanagan): Compensation awarded by the Criminal Injuries Compensation Tribunal under the Scheme of Compensation for Personal Injuries Criminally Inflicted on Prison Officers is paid to the Prison Officers concerned by the Irish Prison Service from the Prisons Vote (Vote 21).

Prisoner Health

127. **Deputy Richard Boyd Barrett** asked the Minister for Justice and Equality the mental health and substance abuse supports in the Dóchas women's prison; and if he will make a statement on the matter. [21054/19]

Minister for Justice and Equality (Deputy Charles Flanagan): I am advised by my officials in the Irish Prison Service that the supports provided to women in custody in the Dóchas Centre who are experiencing issues with substance abuse are in accordance with the Irish Prison Service Clinical Addiction Policy. The policy prescribes strategies which are based on best practice, and contemporary evidenced based approaches to supporting persons in custody.

Women in custody in the Dóchas Centre have access to a range of addiction supports, including detoxification, stabilisation, and the initiation or maintenance of Opiate Substitution Therapy (OST). In turn, the addiction supports provided are enhanced by access to ongoing specialist addiction counsellors as part of a co-ordinated multi-disciplinary team approach. Addiction services are co-ordinated and aligned with the individuals' previous care in the community and post release planning in conjunction with community services is put in place prior to a persons release from custody.

The Irish Prison Service acknowledges that the provision of appropriate mental health services to those in custody is one of the major challenges to effective healthcare in prisons. In turn, there is some evidence of an increase in the numbers of persons committed to prison who are presenting with severe and enduring mental illness. However the level of mental health issues amongst female prisoners in Ireland is comparable to available international evidence.

I am advised that all prisoners are medically assessed on committal to prison; this includes a mental health assessment which can be employed to develop an individual care plan.

The Irish Prison Service has confirmed that in-reach mental health services are made available to persons in custody through its collaboration with the Health Service Executive, and the National Forensic Mental Health Service [NFMHS]. The mental health supports provided to female prisoners in the Dóchas Centre are managed by way of a multi-disciplinary approach in collaboration with the NFMHS. Prison staff, including General Practitioners, Nurses, Psychologists, and Counsellors are supported in the delivery of those supports to prisoners by a Consultant Psychiatrist, Senior Registrar, Community Psychiatric Nurse and a Mental Health Social

Worker. Direct supports include psychosocial interventions, Dialectic Behavioural Therapy, Motivational Interviewing, medication therapies and supportive counselling.

The Irish Prison Service has access to a limited number of beds in the Central Mental Hospital (CMH) for prisoners suffering from a severe mental illness who require residential mental health treatment. A waiting list for the admission of prisoners to the CMH is operated by the NFMHS and is reviewed on a weekly basis. I understand that all prisoners on the waiting list have been clinically assessed by Consultant Forensic Psychiatrists from the NFMHS as requiring admission to the CMH which is a tertiary care facility.

The Healthcare Team in the Dóchas Centre collaborates with the Irish Prison Psychology Service to provide appropriate care for those in custody in the Dóchas Centre.

The Irish Prison Psychology Service in the Dóchas Centre provides therapeutic interventions, both in a group and on an individual basis, to support women in custody in relation to their mental health. This Service is provided as part of a multidisciplinary team which includes Addiction Counsellors, Psychiatry, the Probation Service and Primary Care clinicians.

Women in custody who engage with the Psychology Service present with a high level of complexity and service need. However, the needs of the person are identified through individual assessment, and appropriate interventions can then be provided.

The Psychology Service in Dóchas Centre has regular contact with community mental health agencies where appropriate, as well as the families and carers of those in custody. Where clinically appropriate, Irish Prison Service Psychologists may provide time-limited community intervention(s) to support the transition of clients from custody to community.

Residency Permits

128. **Deputy Maureen O’Sullivan** asked the Minister for Justice and Equality if parents granted long-stay visas are entitled to receive a stamp 4 visa on arrival as is specified in a Department and policy document, rather than a stamp 3, which has been the case for certain couples; and if he will make a statement on the matter. [21057/19]

Minister for Justice and Equality (Deputy Charles Flanagan): I can advise the Deputy that under the Non-EEA National Family Reunification Policy Document published by the Irish Naturalisation and Immigration Service (INIS) of my Department, the immigration permission granted to successful applicants under the policy is dependent both on the status of their sponsor and their relationship to the sponsor.

For example, only the non-EEA immediate family members of Irish citizens on arrival in the State are granted a stamp 4 immigration permission upon registering. This permission gives the individual the right to work without an employment permit and to establish or manage/operate a business in the State. Immediate family members are the spouse, civil or de facto partners of the sponsor and their children under the age of 18.

All other family members of successful applicants (including parents) are provided with a Stamp 3 or 1G on registration and are subject to the employment permits requirements of the Department of Business, Enterprise and Innovation.

Motor Insurance Fraud

129. **Deputy Maureen O’Sullivan** asked the Minister for Justice and Equality when the Garda insurance fraud unit will be operational; the remit of the unit; the resources allocated to same; his views on whether this unit is long overdue in view of the number of high-profile cases recently relating to insurance fraud; and if he will make a statement on the matter. [21058/19]

Minister for Justice and Equality (Deputy Charles Flanagan): The Deputy will appreciate that it is the Garda Commissioner who is solely responsible for organisational matters, such as the establishment of individual Garda units, the remits of any such units, and the resourcing of units.

However, as outlined in my response to parliamentary question number 458 of 8 May 2019, the Garda Commissioner is of the view that a divisional focus on insurance fraud is preferable to the establishment of a centralised investigation unit. This approach is aligned with the divisional-focused Garda model. It is the intention of the Commissioner that the Garda National Economic Crime Bureau (GNECB) will guide divisions and provide training in the investigation of insurance fraud.

The Cost of Insurance Working Group (CIWG) specifically called for An Garda Síochána (AGS) to explore the potential for further cooperation between it and the insurance sector in relation to insurance fraud investigation. An industry-funded Garda insurance fraud unit was one option considered in this regard.

While the Commissioner has indicated that he does not support industry funding of Garda units, he is open to considering other industry-funded proposals to combat insurance fraud, for example, IT projects and/or the appointment of analysts. My Department is currently engaging with AGS to this end, exploring these options and any other potential avenues for cooperation with the insurance sector.

On a wider level, much constructive engagement has taken place, including the commitment by AGS and Insurance Ireland’s Anti-Fraud Forum to meet on a regular basis in order to discuss and act upon current and ongoing general issues which arise in the area of insurance fraud.

In relation to the scale of insurance claim fraud reported to AGS, the most recent figures available to the Department show that, in the period 1 October 2018 to 28 February 2019, 22 incidents of ‘insurance claim fraud’ were recorded on PULSE. Please note that this data is correct as at 4 March 2019, however it is operational and therefore subject to change.

I would like to draw the Deputy’s attention to AGS’s Operation Coatee, which targets insurance-related criminality. Last month, the GNECB, supported by Lucan Garda Station, CAB and the Armed Support Units, carried out searches in the west Dublin area with a view to submitting files to the Director of Public Prosecutions. Operation Coatee was successful in making a number of important seizures including documentation and financial records.

Visa Applications

130. **Deputy Maureen O’Sullivan** asked the Minister for Justice and Equality the average length of time for visa applications and change-in-status applications; and if he is satisfied there is adequate staff in place to deal with same. [21059/19]

Minister for Justice and Equality (Deputy Charles Flanagan): I am advised by the Irish Naturalisation and Immigration Service (INIS) of my Department that there are many immigration pathways and application processes available to individuals lawfully present in the State who wish to reside on a longer term basis. These include student and employment type permis-

sions and various schemes facilitating family settlement including non-EEA national family members of Irish nationals and EU nationals.

Similarly, requests for changes in conditions of residence relate to a broad range of permission categories and modes of application. In light of this, the information requested by the Deputy in relation to average processing times is not readily available and would involve a disproportionate use of resources to compile.

I am however advised that, in general, the average processing time varies depending on the application type. For example, it is open to certain applicants to attend at their local Immigration Office for the appropriate permission to reside or to request a change in the type of immigration permission held. I understand that the majority of such cases are processed on the day of application or within in a very short timeframe depending on the availability of appointments.

The Deputy will appreciate that INIS also deals with complex cases involving detailed assessment of the individual circumstances and compliance with relevant scheme criteria and various legal requirements. While every effort is made to process such written or on-line applications efficiently, processing times may vary having regard to the overall volume of applications and their complexity. I am advised that some cases may take in excess of 12 months to complete.

I can assure the Deputy that the key priorities for INIS include making the application process as streamlined as possible and delivering sound decisions to applicants under each scheme. The resources available for these activities, which includes the provision of overtime where appropriate, and the accompanying operational and organisational structures, are kept under ongoing review to ensure that applications are processed as efficiently as possible.

Naturalisation Applications

131. **Deputy Ruth Coppinger** asked the Minister for Justice and Equality his plans to introduce a waiver or reduction in fees for naturalisation in cases of long-term residents here (details supplied); and if he will make a statement on the matter. [21060/19]

Minister for Justice and Equality (Deputy Charles Flanagan): The fees to be paid by an applicant for a certificate of naturalisation are governed by the provisions of the Irish Nationality and Citizenship Regulations 2011 (S.I. No. 569 of 2011).

The application fee, stipulated at €175, is payable on application for a certificate of naturalisation and a certification fee is payable on the issue of a certificate of naturalisation. The standard certification fee is set at €950, while a reduced fee of €200 applies in the case of an application made on behalf of a minor or in certain cases where the application is made by a widow, widower or surviving civil partner of an Irish citizen. In the case of recognised refugees and stateless persons the certification fee is nil.

As such, the Regulations make specific provision for particular categories of applicants who may be on a reduced level of income and there is no information available to either myself or Departmental officials that in general, the level of fees is discouraging people from applying for naturalisation. In that regard, it should be noted that once a grant of naturalisation is made in respect of non-EEA nationals, they are no longer required to register their immigration permission or pay the registration fee of €300 each time.

There is no provision in the Regulations for the discretionary waiver or reduction of fees, or

for differing fees to apply to different nationalities, or based on length of residency.

The standard fees payable by an applicant are designed to reflect the effort and cost involved in processing applications for a certificate of naturalisation. The Deputy will be aware that formal citizenship ceremonies have been introduced at no extra cost to applicants. These have been universally well received by participants as the ceremonies provide a sense of dignity and occasion that serves to underscore the importance to both the State and the applicant of the granting of Irish citizenship.

Naturalisation Applications

132. **Deputy Ruth Coppinger** asked the Minister for Justice and Equality his plans to introduce a waiver or reduction in fees for naturalisation in cases of pensioners (details supplied); and if he will make a statement on the matter. [21061/19]

Minister for Justice and Equality (Deputy Charles Flanagan): I have set-out the position regarding citizenship fees in my response to the Deputy on PQ 21060/19. As outlined, there is no provision in the Regulations for the discretionary waiver or reduction of fees, or for differing fees to apply to different age groups, nationalities, or based on length of residency. There are no plans to revise the fees at this time.

Closed-Circuit Television Systems Provision

133. **Deputy Thomas Byrne** asked the Minister for Justice and Equality the status of an application for CCTV in an area (details supplied). [21068/19]

Minister for Justice and Equality (Deputy Charles Flanagan): CCTV systems installed for the purposes of crime prevention and as aids to policing in areas to which the general public routinely have access fall into two distinct but complementary categories, namely Garda CCTV systems and community-based CCTV systems.

Community CCTV is governed by section 38(3)(c) of the Garda Síochána Act 2005 and the Garda Síochána (CCTV) Order 2006 (SI No 289 of 2006). This legal framework requires that any proposed community CCTV scheme must:

- be approved by the local Joint Policing Committee,
- have the authorisation of the Garda Commissioner, and
- have the prior support of the relevant local authority, which must also act as data controller.

This is the legal basis for all community CCTV schemes, regardless of how they are funded. It may also be noted that my Department does not have a role in relation to consideration of applications for Joint Policing Committee approval, local authority approval or Garda Commissioner authorisation for individual CCTV scheme applications.

My Department does however administer a grant aid scheme for community CCTV schemes. This grant aid scheme to assist groups in the establishment of community-based CCTV systems in their local areas was established in furtherance of a commitment in the Programme for a Partnership Government to supporting investment in CCTV systems. Eligible groups, including community groups and local authorities, can apply for grant-aid of up to 60% of the total capital

cost of a proposed CCTV system, up to a maximum total of €40,000.

20 applications have been approved to date under the scheme, involving grant aid totalling more than €500,000.

I can confirm that my Department has to date not received any application for funding for community CCTV in the area referred to by the Deputy, namely Moneymore, Drogheda, County Louth.

I am keen to ensure that all interested groups, in both rural and urban areas, have the opportunity to take advantage of the availability of the grant aid scheme. If the Deputy is aware of groups wishing to avail of the scheme, further details are available to download from my Department's website - www.justice.ie and support and guidance is available to help interested groups through a dedicated email address communitycctv@justice.ie.

Residency Permits

134. **Deputy Willie Penrose** asked the Minister for Justice and Equality the position regarding an application for leave to remain by a person (details supplied); and if he will make a statement on the matter. [21139/19]

Minister for Justice and Equality (Deputy Charles Flanagan): I am advised by the Irish Naturalisation and Immigration Service (INIS) of my Department that the position in the State of the person concerned remains to be determined. It also remains to be decided as to whether their position in the State falls to be determined in accordance with the process provided for under section 3 of the Immigration Act 1999 (as amended) or outside of that process. Once a decision has been made in relation to what immigration process should be applied to the immigration case of the person concerned, the outcome of that deliberation will be conveyed in writing to the person 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.

Residency Permits

135. **Deputy Willie Penrose** asked the Minister for Justice and Equality if an application by a person (details supplied) to remain here as a spouse of an Irish national will be expedited; and if he will make a statement on the matter. [21141/19]

Minister for Justice and Equality (Deputy Charles Flanagan): I am advised by the Irish Naturalisation and Immigration Service (INIS) of my Department that the person concerned made an application for permission to remain in the State as the spouse of an Irish national in October 2018. The Deputy will appreciate that such applications are dealt with in chronological order.

I am further advised that INIS wrote to the person concerned on 26th April seeking further information and a reply is awaited. I understand that the application will be considered further in light of a response from the person 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.

Garda Stations

136. **Deputy Aindrias Moynihan** asked the Minister for Justice and Equality the progress in tendering for new Garda stations in County Cork in 2019; the locations of the stations; and if he will make a statement on the matter. [21165/19]

Minister for Justice and Equality (Deputy Charles Flanagan): As the Deputy will be aware, there has been an unprecedented level of investment in An Garda Síochána in recent years, in support of the Government's commitment to ensuring a strong and visible police presence throughout the country in order to maintain and strengthen community engagement, to provide reassurance to citizens and to deter crime.

An allocation of €1.76 billion has been made to An Garda Síochána for 2019. Very significant capital investment is also being made, including investment of €342 million in Garda ICT infrastructure between 2016 and 2021; and investment of €46 million in the Garda Fleet over the same period.

In relation to the Garda estate, the Deputy will be aware that the Garda Building and Refurbishment Programme 2016-2021 is an ambitious 5-year programme based on agreed Garda priorities, which continues to benefit over 30 locations around the country, underpinned by significant Exchequer funding across the Garda and OPW Votes. In addition to that programme, other major works to the Garda estate which are ongoing include the pilot Garda station reopening project, the development of a new facility at Military Road and the major refurbishment of Fitzgibbon Street station.

I would emphasise that the clear goal of this investment is to address deficiencies in the Garda estate and provide fit-for-purpose facilities for Garda members and staff, as well as the public interacting with them. And there has been some good progress in relation to the Garda estate in recent times, including in particular the completion and entry into operational use in 2018 of 3 new Divisional and Regional Headquarters in Wexford, Galway and Kevin Street (Dublin), which collectively required funding of over €100 million.

The Deputy will appreciate that the programme of replacement and refurbishment of Garda accommodation is progressed by the Garda authorities working in close cooperation with the Office of Public Works (OPW), which has responsibility for the provision and maintenance of Garda accommodation.

I am informed by the Garda authorities that a number of Garda stations in Cork are included in these planned or ongoing works.

First, the development of a new station in Glanmire, which will be located in Glanmire Industrial Estate, is included in the Building and Refurbishment Programme. The construction of this station is ongoing and the Garda authorities and the OPW advise that completion is expected in Q3, 2019.

I am further informed by the Garda authorities that in order to facilitate the Divisional

Policing Model in Cork City, the Cork City Divisional Roads Policing Unit is relocating from Anglesea Street to Ballincollig Garda Station, and that works to accommodate the Divisional Roads Policing Unit in Ballincollig Garda Station are scheduled for this year.

A new station in Macroom is also included in the programme, with delivery of that station along with new stations in Clonmel and Sligo, as well as a new custody suite at the station on Anglesea Street Cork, to be achieved as part of a Public Private Partnership (PPP) arrangement. It is not possible at this point to provide a timeframe for completion of the projects. However I can assure the Deputy that delivery of the new Garda stations at Clonmel, Macroom and Sligo through this PPP arrangement is being pursued as a priority.

A station in Cork is also included in the pilot station reopening project. As the Deputy will be aware, the Programme for a Partnership Government commits to a pilot scheme to reopen 6 Garda stations, both urban and rural, to determine possible positive impacts that such openings will have on criminal activity, with special emphasis on burglaries, theft and public order.

The Garda Commissioner's final report, which is available on my Department's website, recommends that Ballinspittle Garda Station be reopened, along with stations in Bawnboy, Co. Cavan, Leighlinbridge, Co. Carlow, Donard, Co. Wicklow, and Rush and Stepside, Co. Dublin.

The OPW and Garda authorities are cooperating closely on delivery of these stations. In relation to Ballinspittle, I am informed the OPW has undertaken technical surveys to determine the works required to enable the Garda Station at Ballinspittle to reopen and is currently preparing tender documents to procure the required works. It is envisaged that works will be completed and this year.

Finally and more generally, I am informed that An Garda Síochána seeks to address minor maintenance issues and refurbishment works across all Divisions as they arise, liaising closely with the OPW and having regard to overall Garda accommodation priorities.

Garda Stations

137. **Deputy Aindrias Moynihan** asked the Minister for Justice and Equality the discussions he has had with the Department of Public Expenditure and Reform with a view to progressing the new Macroom Garda station; and if he will make a statement on the matter. [21166/19]

Minister for Justice and Equality (Deputy Charles Flanagan): As the Deputy will be aware, very significant capital investment is being made in An Garda Síochána, including investment of €342 million in Garda ICT infrastructure between 2016 and 2021; and investment of €46 million in the Garda Fleet over the same period. Considerable investment is also being made in the Garda estate, to address its deficiencies and provide fit-for-purpose facilities for Garda members and staff, as well as the public interacting with them. This is a significant undertaking, as there are currently 565 stations nationwide.

The Deputy will be aware that the programme of replacement and refurbishment of Garda accommodation is progressed by the Garda authorities working in close cooperation with the Office of Public Works (OPW), which has the responsibility for the provision and maintenance of Garda accommodation. The Department of Public Expenditure and Reform is the parent Department of the OPW.

The Garda Building and Refurbishment Programme 2016-2021 includes the development of new Garda stations in Macroom, Clonmel and Sligo. These stations will be delivered by way of a Public Private Partnership (PPP) arrangement.

The development of PPP projects is progressed under the auspices of the National Development Finance Agency (NDFA). The Department of Justice and Equality and the Garda authorities are working with the OPW to progress this matter, with the input and assistance of the NDFA. Discussions with the OPW have included direct engagement between the Secretary General of my Department and the Chair of the OPW, as well as ongoing working level contacts. I can confirm that the OPW has agreed to provide its expert services in the design of the three stations included in this PPP.

The establishment of PPP projects can be complex and it is vital to get the projects right at the planning and design stage. I can assure the Deputy that delivery of the new Garda stations in Clonmel, Macroom and Sligo through this PPP arrangement is being pursued as a priority.

Pending delivery of the new stations, I am informed that Garda management and the OPW have been working to improve conditions and facilities at the existing stations.

Work Permits Appeals

138. **Deputy Tony McLoughlin** asked the Minister for Business, Enterprise and Innovation if a work permit application appeal by a person (details supplied) will be expedited; and if she will make a statement on the matter. [21049/19]

Minister for Business, Enterprise and Innovation (Deputy Heather Humphreys): The Employment Permits Section of my Department informs me that, following the submission and consideration of additional information at review stage, a decision has been made to award a General Employment Permit to the person concerned and the permit issued on 14th May 2019.

Mental Health Services

139. **Deputy Richard Boyd Barrett** asked the Minister for Health the details of reduced capacity in the Central Mental Hospital; the way in which waiting lists are being handled, particularly during the transition from Dundrum to the new facility in Portrane; and if he will make a statement on the matter. [21055/19]

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.

Mental Health Services Report

140. **Deputy Eugene Murphy** asked the Minister for Health the number of the 27 key recommendations made by the external review into Roscommon mental health services, which signalled a service in crisis mode, that have been implemented since the publication of the report in September 2017 to date; and if he will make a statement on the matter. [20494/19]

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.

Occupational Therapy Waiting Lists

141. **Deputy Fiona O'Loughlin** asked the Minister for Health the action being taken to reduce the long waiting times for a first assessment for occupational therapy in County Kildare and west County Wicklow; and if he will make a statement on the matter. [20914/19]

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.

National Children's Hospital

142. **Deputy Mick Wallace** asked the Minister for Health the reason no public benchmarking analysis was completed prior to the issuing of a tender in respect of the national children's hospital; and if he will make a statement on the matter. [18045/19]

Minister for Health (Deputy Simon Harris): The National Paediatric Hospital Development Board (NPHDB) has statutory responsibility for planning, designing, building and equipping the new children's hospital. I have referred your question to the NPHDB for direct reply.

National Children's Hospital Expenditure

143. **Deputy Mick Wallace** asked the Minister for Health his views on the fact that the public spending code guidelines may have been ignored with regard to the construction of the national children's hospital; if he is satisfied that, in terms of the hospital, the public spending code guidelines on money being spent as efficiently as possible and waste being avoided have been followed; and if he will make a statement on the matter. [18044/19]

Minister for Health (Deputy Simon Harris): An independent review into the cost escalation associated with the new children's hospital construction project was commissioned to understand the reasons for the cost escalation. PwC conducted this review.

The review Report, "New Children's Hospital Independent Review of escalation in costs", was published on 9 April 2019. The Report found that the Definitive Business Case which was completed by the National Paediatric Hospital Development Board did not adhere to the requirements defined in the Public Spending Code. The Report did not find that the guidelines were ignored but instead identified specific issues including the Business Case treatment of tendered costs, residual risk relating to quantities and optimism bias.

The PwC Report breaks down the cost escalation as between underestimation (by far the largest contributory factor), execution issues including delays in concluding the GMP process, consequential costs (e.g. VAT) and uncontrollable costs.

The Report also recommends more generally that the rules governing public sector spending on major capital projects should be strengthened. The Minister for Public Expenditure and Reform has already advised the Oireachtas of the work underway in his Department to revise the Public Spending Code. Finalisation of this Code will be informed by the PwC Report including the incorporation of further guidance as to how costs should be estimated, risk assessed and quantified and account taken of potential optimism bias.

The Minister for Public Expenditure and Reform and I are to revert to Government with a plan for implementing the PwC recommendations, and I expect that we will do so shortly. When the implementation plan is approved by Government, it will be published.

Citizens Assembly

144. **Deputy Richard Boyd Barrett** asked the Minister for Health his plans for implementing the outstanding recommendations from the Citizens' Assembly. [14251/19]

Minister of State at the Department of Health (Deputy Jim Daly): The Citizens' Assembly met in June and July 2017 to consider the topic of "How We Best Respond to the Challenges and Opportunities of an Ageing Population." The Report including the results of votes cast by the Assembly made 21 recommendations.

In response to the challenges of how we as a country respond to the Challenges and Opportunities of an Ageing Population the Department of Health are currently focusing on a number of different areas of work relating to this issue.

The National Positive Ageing Strategy (NPAS), published on 24 April 2013, provides a framework for cooperation to address age-related policy and service delivery across Government and society in the years ahead. The Strategy is intended to promote older people's health and well being so that older people can continue to contribute to social, economic, cultural and family life in their own communities for as long as possible, thereby representing a vision for an age-friendly society. The Strategy highlights that ageing is not just a health issue, but rather requires a whole of Government approach to address a range of social, economic and environmental factors that affect the health and wellbeing of our ageing citizens.

The inaugural Positive Ageing stakeholder forum took place in 2017. Stakeholders were asked to identify key priorities to propose to Government to consider for its focus in the coming year. Through this forum, clear channels of communication between the stakeholder representative group and relevant Government Departments to discuss these priorities have been facilitated by the Department of Health. The second annual stakeholder forum took place in the Department of Health in October 2018. Again, stakeholder identified clear priorities and collaborative work in this area is ongoing.

As part of the NPAS implementation process, a Healthy and Positive Ageing Initiative (HaPAI) was established in collaboration with the HSE's Health and Wellbeing Programme and the Atlantic Philanthropies. HaPAI provides an ongoing system for measuring and reporting on positive ageing and implement the research objectives of the National Positive Ageing Strategy (NPAS). It was jointly funded by the Department of Health, the HSE's Health and Wellbeing Programme, and the Atlantic Philanthropies.

The initiative aims to monitor changes in older people's health and wellbeing linked to the goals and objectives of the NPAS. This is done primarily through the development of national positive ageing indicators which will be published at suitable intervals. The indicators report will allow all Departments to identify areas of improvement in relation to older persons' health and well-being, as well as areas requiring improvement and potential for evidence-based policy intervention.

Home support is an important part of the supports for enabling older people to remain in their own homes and communities for as long as possible and for facilitating their discharge from acute hospitals. Improving access to home support is a priority for Government. Over the past four years the Government has overseen a considerable increase of nearly €140 million in the budget which has grown from €306 million in 2015 to almost €446 million this year. This year the HSE intend to provide over 18 million home support hours to be delivered this year to over 53,000 people.

The Department of Health is also currently engaged in the development of a new statutory

scheme and system of regulation for home-support services. In preparation for the development of the statutory scheme, the Department commissioned the Health Research Board to carry out a review of the home-care systems in four European countries. In addition, the Department conducted a public consultation on home-care services, on which a report was published in 2018. These reports are available on the Department's website and will help to ensure that the new scheme is informed both by international experience and by the views of stakeholders, including service-users.

Work is on-going to determine the optimal approach to the development of the statutory scheme within the broader context of the Sláintecare reforms. The Department's Sláintecare Implementation Strategy commits to the introduction of the statutory scheme in 2021. In 2019 work will focus on the design of the scheme, the options for regulation and a review of existing services. Further consultation will also be undertaken in 2019 (with key stakeholders and service-users) and will continue throughout the process of developing the new scheme.

The development of a new statutory scheme and system of regulation for home-support services is a complex process. Accordingly, it will be early 2020 before it is possible to set out in principle the parameters of the scheme and to seek Government approval to proceed to draft the heads of a bill.

The Assisted Decision-Making (Capacity) Act 2015 is the policy responsibility of the Department of Justice & Equality. The 2015 Act provides for the establishment of the Decision Support Service within the Mental Health Commission to support decision-making by and for adults with capacity difficulties and to regulate individuals who are providing support to people with capacity difficulties. A Steering Group chaired by the Department of Justice and Equality meets monthly to progress the establishment of the DSS. The Decision Support Service is working towards being operational and ready for the commencement of the main provisions of the Act in 2020.

The Department of Health has policy responsibility for Part 8 of the 2015 Act, which provides a legislative framework for advance healthcare directives (AHDs). An AHD is a statement made by a person with capacity setting out his or her will and preferences regarding treatment decisions that may arise in the future when he or she no longer has capacity.

Section 91 of the Act relates to the development of a code of practice to accompany the AHD provisions. On 17 October 2016 the Minister for Health established a multidisciplinary working group to prepare a detailed series of recommendations for the Director of the Decision Support Service (DSS), in relation to the code of practice under section 91(2) of the Act. In anticipation of the completion of that process, the Minister for Health commenced the remainder of section 91 in December 2018 [S.I. No. 527 of 2018]. This will enable the Director of the DSS to progress the preparation of the code of practice on the AHD provisions, based on the working group's recommendations, and in accordance with the specific process outlined in the Act. The multidisciplinary working group submitted its recommendations on the code of practice to the Director of the DSS on in December 2018.

Once completed the final code of practice can be published by the Director with the Minister's consent. The development of the code of practice to accompany the AHD provisions is a key piece of work in facilitating the subsequent commencement of Part 8 in its entirety.

Elder abuse (in a health sector context) is among the topics which will be covered in a new national policy on adult safeguarding in the health sector, currently being developed by the Department of Health following a Government decision in December 2017. It is intended that the policy will apply across the full spectrum of the Irish health and social care sector i.e. all public, voluntary and private health and social care services. A draft policy (which the Department

aims to finalise around the end of 2019) will be the subject of a public consultation exercise. As the policy development process progresses, legislative requirements will also be identified. It is intended that following completion of the Adult Safeguarding policy for the health sector, any underpinning legislation required to give full effect to the policy will be pursued as appropriate.

Other recommendations included in the Report of the Assembly including those relating to taxation, retirement age and pensions do not fall within the remit of the Department of Health.

Health Services Staff Recruitment

145. **Deputy Richard Boyd Barrett** asked the Minister for Health his plans to allocate additional resources to the health service in view of the recruitment difficulties across the sector; and if he will make a statement on the matter. [18072/19]

Minister for Health (Deputy Simon Harris): The 2019 National Service Plan set out a budget of over €16 billion for the HSE, the highest budget ever allocated. The Health budget was increased by €848 million on 2018, a substantial additional level of funding. The amount allocated follows an extensive process of engagement between my Department and the HSE, which considers both the funding requirements as submitted by the HSE and the fiscal position. These types of engagements are a normal part of the Budgetary process and happen with agencies across Government. All public bodies put forward spending proposals but all such bodies, including the HSE, are required to operate within the amounts proposed by Government and determined by the Dáil.

In that context, the HSE needs to ensure that affordable and appropriate recruitment decisions are made. Where individual Hospital Groups or CHOs have not demonstrated their ability to do this, the HSE has introduced certain interim measures and controls across these locations.

The intention is for these measures to be in place for a short period of time. The over-riding requirement for the HSE is to prioritise the delivery of safe services within the available resources. However, I have been very clear that those locations which provide credible, balanced plans will be supported. Similarly, locations which do not submit such plans need to be scrutinised.

The services to be provided in 2019 are as set out in the National Service Plan, and levels are typically equal to or higher than planned or delivered in 2018. The additional funding provided in Budget 2019 for new developments will support new or expanded levels of services across priority service areas.

Question No. 146 answered with Question No. 29.

Home Care Packages Funding

147. **Deputy Marc MacSharry** asked the Minister for Health if he will increase funding to the HSE social care division CHO 1 to allow for a home support service to be put in place for elderly persons who have already been approved for the service and have been advised that they are on a waiting list until resources become available; his views on whether such a situation is unacceptable; and if he will make a statement on the matter. [20954/19]

Minister of State at the Department of Health (Deputy Jim Daly): Improving access to home support is a priority for Government. Over the past four years we have seen a considerable increase of nearly €140 million in the budget which has grown from €306 million in 2015

to almost €446 million this year.

This year the HSE intends to provide 17.9 million home support hours to 53,000 people and intensive home care packages to 235 people.

Despite this significant level of service provision, the demand for home support continues to grow. The allocation of funding for home supports across the system, though significant, is finite and services must be delivered within the funding available. Preliminary data indicates that at the end of March there were 52,360 people in receipt of home support. During the first quarter of the year 4.2 million hours were delivered nationally, 4,411 new clients commenced the service and 6,238 people have been assessed and are waiting for either new or additional home support services.

I acknowledge that in some cases access to the service may take longer than we would like. However, the HSE has assured my Department that those people who are on a waiting list are reviewed, as funding becomes available, to ensure that individual cases continue to be dealt with on a priority basis within the available resources and as determined by the local front line staff who know and understand the clients' needs, and who undertake regular reviews of those care needs to ensure that the services being provided remain appropriate.

While the existing home support service is delivering crucial support to many people across the country, it needs to be improved to better meet the changing needs of our citizens. We are developing plans for a new statutory scheme and system of regulation for home support services. This will improve access to the service on an affordable and sustainable basis while also introducing a system of regulation that will ensure public confidence. The Sláintecare Implementation Strategy commits to the introduction of the new scheme in 2021.

In the meantime, the Department and the HSE are continuing to improve existing services, including in 2018 the introduction of a single funding stream for home support services. This is providing significant benefits including making the services easier to understand; streamlining the application and decision-making processes; and facilitating service users to move to changed levels of service as their assessed needs change, without the need for an additional application process.

Services for People with Disabilities

148. **Deputy Catherine Murphy** asked the Minister for Health if his attention has been drawn to a petition regarding RehabCare; the level of involvement he will take on this matter; if he has engaged with the HSE on this issue (details supplied); and if he will make a statement on the matter. [20955/19]

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.

I want to acknowledge the important services provided by Rehab and the commitment of staff to people with disabilities and their families.

Minister Harris and I held a joint meeting on Tuesday 07 May last, with Rehab and the HSE. Rehab and the HSE committed to working together intensively over the past week with a view to making substantive progress in reaching a solution to the issues. A further meeting is scheduled to take place today, 15 May.

Our collective aim is to ensure service continuity for service users and their families.

Medical Practitioners

149. **Deputy Declan Breathnach** asked the Minister for Health the obligations on the Medical Council of Ireland to report to An Garda Síochána a medical professional who has been struck off the register for offences that are deemed illegal; if there is no obligation on the Medical Council to report such incidents further, his plans to introduce measures to remedy this anomaly; and if he will make a statement on the matter. [20957/19]

Minister for Health (Deputy Simon Harris): Where a medical practitioner has been convicted of a criminal offence, it is usual that the practitioner is referred to the Medical Council or the Council takes the initiative when the Council becomes aware that a medical practitioner has been convicted of a criminal offence through another avenue such as a complaint, court report, media, etc.

When the Medical Council becomes aware of serious concerns, which require immediate action in order to protect the public, the Council will contact An Garda Síochána. The Council does not need particular statutory provisions to report something to the Gardaí.

If a registered medical practitioner has been found guilty of professional misconduct concerning a complaint, depending on the circumstances and nature of the complaint, the Medical Council may inform the Garda Vetting Bureau.

Home Help Service Provision

150. **Deputy Niamh Smyth** asked the Minister for Health if home help will be sanctioned and put in place for a person (details supplied); and if he will make a statement on the matter. [20958/19]

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.

General Practitioner Services

151. **Deputy Declan Breathnach** asked the Minister for Health his views on the process that is followed or guidelines that are given by the Medical Council of Ireland to general practices when vetting or hiring general practitioners who may have been struck off in another jurisdiction; and if he will make a statement on the matter. [20962/19]

Minister for Health (Deputy Simon Harris): To practice medicine in Ireland a doctor must be registered with the Medical Council. The Medical Council reviews the doctor's qualifications to ascertain which division on the register the doctor may be registered on as set out in the Medical Practitioners Act 2007. It is the responsibility of the employer to ensure a doctor they are hiring is registered on the correct division of the Medical Council Register for the role they are applying for. The Medical Council has no role in employing doctors.

When applying for registration a doctor must make a number of declarations, including whether or not they have been subject to disciplinary procedures such as Fitness to Practise

or have a criminal conviction in another jurisdiction. The Medical Council is also part of the IMI (Internal Market Information) system which means that when a practitioner is sanctioned (including erasure/cancellation) in other EU jurisdictions the Medical Council will receive an alert. If a practitioner is the subject of a notice from an IMI alert is also on the Medical Council's register the Council may decide to take its own disciplinary action. If the Council has strong concerns about a practitioner the Council may use Section 60 of the Medical Practitioners Act 2007 to apply to the High Court to seek an emergency suspension of a practitioner's registration in order to protect the public, pending the outcome of the disciplinary process as per the Act.

The National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016 provides a statutory basis for the vetting of persons carrying out "relevant work with children or vulnerable persons".

Garda vetting is an integral part of the HSE recruitment and selection process for positions which constitute "relevant work" and the onus is on the management of a service to determine if a vetting disclosure is required.

General practitioners are not employees of the HSE they are private contractors providing services under contract on behalf of the HSE. However, the HSE, in compliance with legislation, requires GP contractors to be Garda vetted before a contract is awarded.

As private employers, it is a matter for each GP practice to assess whether its employees would have access or contact with children or vulnerable persons as contemplated by the legislation. If so, they should be Garda vetted. Failing to carry out Garda vetting when it is required is an offence.

Disability Services Funding

152. **Deputy Jan O'Sullivan** asked the Minister for Health the progress made in addressing the shortfall in funding that threatens the future services to clients of RehabCare; if the necessary funding will be provided to address the shortfall and provide security to the persons and families dependent on these services; and if he will make a statement on the matter. [20963/19]

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.

I want to acknowledge the important services provided by Rehab and the commitment of staff to people with disabilities and their families.

Minister Harris and I held a joint meeting on Tuesday 07 May last, with Rehab and the HSE. Rehab and the HSE committed to working together intensively with a view to making substantive progress in reaching a solution to the issues. A further meeting is scheduled to take place today, 15 May.

Our collective aim is to ensure service continuity for service users and their families.

Hospital Consultant Recruitment

153. **Deputy Louise O'Reilly** asked the Minister for Health if he will address matters relating to the sufficient number of specialist registered consultants (details supplied). [20965/19]

156. **Deputy Louise O'Reilly** asked the Minister for Health if staffing in the children's hospitals in Crumlin, Temple Street and Tallaght will not be compromised to facilitate the running of the satellite Blanchardstown urgent care centre in circumstances in which recruitment is insufficient or incomplete. [20968/19]

Minister for Health (Deputy Simon Harris): I propose to take Questions Nos. 153 and 156 together.

As the recruitment of staff is a service matter, I have asked the HSE to respond to you directly, as soon as possible.

Hospital Consultant Recruitment

154. **Deputy Louise O'Reilly** asked the Minister for Health the number of eligible specialist applications received for each advertised but unfilled consultant post; and the number of eligible candidates interviewed for each unfilled post [20966/19]

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

Hospital Consultant Recruitment

155. **Deputy Louise O'Reilly** asked the Minister for Health the reason there is an insufficient number of eligible applications for approved permanent consultant posts in Children's Health Ireland, CHI; and the reason he has not restored pay parity for new entrant consultants as recommended in the Public Service Pay Commission report published in August 2018 in view of the fact that this is one of the main factors that is driving the required specialists abroad. [20967/19]

Minister for Health (Deputy Simon Harris): The Public Service Pay Commission proposed that the Parties to the Public Service Stability Agreement jointly consider what further measures could be taken, over time, beyond the incremental credit adjustments, to address the pay differential between pre-existing consultants and new entrant consultants which has increased following the settlement of the 2008 Consultant Contract claim.

Last month, the Department of Public Expenditure and Reform stated that outstanding matters relating to new entrant pay will be given full consideration either by any pay review mechanism agreed by the relevant parties; or in the context of the next round of pay talks. My Department has been in contact with the Department of Public Expenditure and Reform in relation to this.

I have asked the HSE to reply directly to the Deputy in relation to posts in CHI.

Question No. 156 answered with Question No. 153.

Addiction Treatment Services

157. **Deputy Louise O'Reilly** asked the Minister for Health the number of addiction beds in the health service; and his plans to increase the number. [20969/19]

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.

Health Services Reports

158. **Deputy Louise O'Reilly** asked the Minister for Health if further consideration will be given to the need for an inquiry into foetal valproate syndrome as soon as the valproate response team of the HSE has completed its work; when this work is expected to be completed; and when he expects to further consider the matter. [20971/19]

159. **Deputy Louise O'Reilly** asked the Minister for Health if he will meet a group (details supplied) and provide a clear answer to its request for an inquiry into accountability issues and compensation for those individuals and families already affected by foetal valproate syndrome. [20972/19]

160. **Deputy Louise O'Reilly** asked the Minister for Health when his attention was drawn to the risks associated with the use of valproate in pregnancy; the action taken to minimise these risks in particular prior to 2014 when the European Medicines Agency implemented its first series of risk reduction measures; and his views on the recent study published in a journal (details supplied). [20973/19]

162. **Deputy Louise O'Reilly** asked the Minister for Health the information available in respect of the prevalence of foetal valproate syndrome within the population. [20975/19]

Minister for Health (Deputy Simon Harris): I propose to take Questions Nos. 158 to 160, inclusive, and 162 together.

The HSE's Valproate Response Project is expected to be completed before the end of June, and a final report will be submitted to my Department upon completion of the project. Once that report is received in the Department, I will give further consideration to the requests made by the forum that the Deputy refers to.

I have been aware of the issues surrounding sodium valproate use in pregnancy since early 2017, when the European Medicines Agency (EMA) initiated its most recent review of the use of valproate-containing medicines in the treatment of women who are pregnant or of childbearing age. The risk reduction measures recommended by the EMA on foot of its previous review in 2014 were fully implemented in Ireland; prior to this, there were no specific restrictions over and above those listed in the Summary of Product Characteristics (SmPC) leaflet for healthcare professionals and the patient information leaflet. As with any medicine, these documents were regularly updated as new data emerged about the medicine and its potential side effects. The study referred to by the Deputy suggests that the association between valproate use in pregnancy and congenital malformations in children was firmly established by 2005. The SmPC and patient leaflets used in 2005 reflect this association, and the patient leaflet includes specific information for women who become pregnant, or could become pregnant, while taking this medicine, based on the increased risk of having a child with an abnormality.

An assessment conducted by the HSE estimates that between 153 and 341 children will have experienced a major congenital malformation and up to 1,250 children will have experienced some form of neurodevelopmental delay following exposure to sodium valproate in utero between 1975 and 2015. It should be noted that this assessment was subject to a number of assumptions and limitations, and relied heavily on international data when developing estimates of the numbers of children who may be affected.

Disability Services Provision

161. **Deputy Louise O'Reilly** asked the Minister for Health if the healthcare assessment and needs of children suspected of having foetal valproate syndrome will be prioritised as a matter of urgency; and if there will be no delays in diagnosis and service provision [20974/19]

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.

Question No. 162 answered with Question No. 158.

Medicinal Products Licensing

163. **Deputy Louise O'Reilly** asked the Minister for Health the clinical trials conducted on sodium valproate here prior to its licensing in 1975; and if no clinical trials were conducted here, the international clinical trial data used as the basis for its approval. [20976/19]

Minister for Health (Deputy Simon Harris): The Health Products Regulatory Authority (HPRA) has advised my Department that it will take some time to compile the information requested by the Deputy. Therefore, I have asked the HPRA to reply directly to the Deputy on this occasion.

Hospital Appointments Administration

164. **Deputy Louise O'Reilly** asked the Minister for Health his views on whether it is acceptable that patients at some hospitals are being given only two days' notice to attend surgical appointments and if they miss the appointment they are then struck off the waiting list. [20977/19]

Minister for Health (Deputy Simon Harris): In 2016, my Department commissioned the National Treatment Purchase Fund (NTPF) to lead the development of a technical guidance protocol for the management of Inpatient, Day Case, Planned Procedure (IDPP) waiting lists. The purpose of this protocol is to ensure the highest standards in terms of waiting list data quality, and to promote optimal practice for the management and scheduling of patients on IDPP hospital waiting lists in Ireland.

The National IDPP Waiting List Management Protocol 2017 (published on the NTPF website), was developed to provide guidance to ensure that there is a consistent and standardised approach to the management and scheduling of patients on Inpatient, Day Case and Planned Procedure waiting lists within each hospital and across hospital groups. The purpose of this protocol is to ensure the safe, timely and effective access and treatment of patients in a fair and

equitable manner.

The IDPP Protocol refers to reasonable notice of a scheduled To Come In (TCI) date of two weeks. In the event that a TCI date becomes available at short notice, the available slot should be offered to the next suitable patient in strict chronological order. Patients who decline this offer will not have their waiting list clock reset (or be removed from the waiting list), unless they are in receipt of a reasonable offer (two weeks' notice).

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

Medical Aids and Appliances Provision

165. **Deputy Louise O'Reilly** asked the Minister for Health if his attention has been drawn to the fact that lymphedema patients are being charged for lymphedema garments that are essential garments for their treatment (details supplied); and if he will make a statement on the matter. [20978/19]

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

Disease Management

166. **Deputy Willie Penrose** asked the Minister for Health the health services available to persons who have been definitively diagnosed with Lyme disease; if weekly ECG tests and blood tests every two weeks are available to such persons who need continuous assessment and treatment; and if he will make a statement on the matter. [20984/19]

Minister for Health (Deputy Simon Harris): As this PQ refers to clinical issues regarding the treatment of Lyme disease, I have referred it to the Health Service Executive for attention and direct reply to the Deputy.

Medical Aids and Appliances Provision

167. **Deputy Eamon Scanlon** asked the Minister for Health when the Medtronic 670 g pump will be approved, which has potential long-term benefits to type 1 diabetics and significant long-term health cost savings; and if he will make a statement on the matter. [20986/19]

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.

Child and Adolescent Mental Health Services Funding

168. **Deputy Declan Breathnach** asked the Minister for Health if he will make additional funding available to child mental health services in County Louth; if his attention has been drawn to the long waiting lists for child mental health services causing severe distress to families; and if he will make a statement on the matter. [20993/19]

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.

Drug Treatment Programmes Data

169. **Deputy Fergus O'Dowd** asked the Minister for Health further to Parliamentary Question No. 433 of 18 December 2018, the latest figures for County Louth and the national figures for 2017, 2018 and to date in 2019 (details supplied); and if he will make a statement on the matter. [20995/19]

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.

Addiction Treatment Services

170. **Deputy Declan Breathnach** asked the Minister for Health if his attention has been drawn to the difficulties faced by a private health provider (details supplied) for addiction services in receiving recognition for the services it provides and in receiving fair and reasonable payment for the services it provides; if his attention has been drawn to the fact that these problems were highlighted by the Health Insurance Authority in a 2007 report; and if he will make a statement on the matter. [21000/19]

Minister for Health (Deputy Simon Harris): Health insurance companies operate in a competitive market and are free to impose certain terms and conditions in their policies, provided they comply with the Minimum Benefit Regulations. As Minister for Health, I do not have a role in instructing any insurer to provide benefits beyond those required by the regulations, nor do I have a role in the commercial decisions of any health insurer. The position of the independent regulator, the Health Insurance Authority, is that this matter is most appropriately dealt with in discussion and negotiations directly between the clinic concerned and health insurance companies.

Hospital Services

171. **Deputy Michael Healy-Rae** asked the Minister for Health if the needs of a person (details supplied) will be accommodated; and if he will make a statement on the matter. [21015/19]

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

Nursing Homes Support Scheme Oversight

172. **Deputy Thomas P. Broughan** asked the Minister for Health the regulations in respect of additional charges to clients of nursing homes run by the HSE and the private sector under the fair deal scheme; and if he will make a statement on the matter. [21016/19]

Minister of State at the Department of Health (Deputy Jim Daly): The Nursing Homes

Support Scheme (NHSS), commonly referred to as A Fair Deal, is a system of financial support for people who require long-term residential care. Participants contribute to the cost of their care according to their means while the State pays the balance of the cost.

The NHSS covers the cost of the standard components of long-term residential care which are:

- Nursing and personal care appropriate to the level of care needs of the person;
 - Bed and board;
 - Basic aids and appliances necessary to assist a person with the activities of daily living;
- and
- Laundry service.

A person's eligibility for other schemes, such as the medical card scheme or the drugs payment scheme, is unaffected by participation in the NHSS or residence in a nursing home. In determining the services covered by the NHSS it was considered very important that the care recipient and the taxpayer would be protected and would not end up paying for the same services twice. For this reason, medications and aids that are already prescribed for individuals under an existing scheme are not included in the services covered by the NHSS, as this would involve effectively paying twice for the same service.

Although the NHSS covers core living expenses, residents can still incur some costs in a nursing home, such as social programmes, newspapers or hairdressing. In recognition of this, anyone in receipt of financial support under the NHSS retains at least 20% of their income. The minimum amount that is retained is the equivalent of 20% of the State Pension (Non-Contributory). An operator should not seek payment from residents for items which are covered by the NHSS, the medical card or any other existing scheme.

Part 7 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 stipulates that the registered provider of the nursing home must agree a contract in writing with each resident on their admission to the nursing home. This contract must include details of the services to be provided to that resident and the fees to be charged. Residents should never be charged fees which are not set out in the contract. The Department of Health and the HSE are not a party to such contracts which are concluded between each resident and their nursing home.

Registered providers of nursing home care are obliged to provide an accessible and effective complaints procedure. Concerns about additional charges should in the first instance be taken up with the nursing home provider. The Office of the Ombudsman can examine complaints about the actions of a range of public bodies and, from 24 August 2015, complaints relating to the administrative actions of private nursing homes. The Office of the Ombudsman normally only deals with a complaint once the individual has already gone through the complaints procedure of the private nursing home concerned.

The Competition and Consumer Protection Commission (CCPC) is an independent statutory body with a dual mandate to enforce competition and consumer protection law in Ireland. CCPC's mission is to promote competition and enhance consumer welfare. The CCPC has just published consumer protection guidelines for contracts of care in long-term residential care services for older people. The guidelines set out the obligations and responsibilities that providers must adhere to under consumer protection law and are aimed at providing greater transparency, clarity and certainty for consumers.

This is an important development which will be of invaluable help to those entering nursing homes, nursing home providers and relatives, particularly at a time that can be stressful and difficult for families. The guidelines developed by the CCPC are an important step in improving transparency, clarity and certainty for consumers, particularly in situations where the consumer may be at increased risk of vulnerability. The Guidelines also set out requirements in relation to transparency regarding additional charges and the variation of charges.

It is noted that all providers will receive a formal communication from the CCPC shortly in relation to the new guidelines. The CCPC has stated that nursing homes will be afforded a period to review their contracts and ensure that they meet the requirements of the new guidelines.

Hospital Waiting Lists Action Plans

173. **Deputy Thomas P. Broughan** asked the Minister for Health the steps he is taking to reduce eye care outpatient waiting lists and lengthy waits for cataract surgery nationally significantly in 2019; and if he will make a statement on the matter. [21017/19]

Minister for Health (Deputy Simon Harris): Budget 2019 announced that the Government had further increased investment in tackling waiting lists, with funding to the NTPF increasing from €55 million in 2018 to €75 million in 2019. The joint Department of Health, HSE, and NTPF Scheduled Care Access Plan 2019 was published in March.

Under the Plan the HSE, in line with the National Service Plan, will deliver 1.155 million elective inpatient and day case discharges at a value of €1.4 billion in 2019. The Scheduled Care Access Plan includes:

- detailed plans from the NTPF to fund 25,000 IPDC treatments, 5,000 Gastro Intestinal Scopes and 40,000 outpatient first appointments.

- Projections by year end to reduce the overall number of patients on the waiting list (excluding GI scopes) from just over 70,200 in Dec 2018 to under 60,000;

- Within this overall reduction the number of patients waiting longer than 3 months will reduce from 40,200 at the end of 2018 to 31,000 by year end.

It is also projected that for ten identified high volume procedures, including cataracts, all clinically suitable patients waiting more than 6 months will be offered treatment in 2019. These 10 procedures account for over a third of the active inpatient day case waiting list and represent 60% of NTPF planned activity in 2019.

In addition, a key element of the 2019 Plan is the stabilisation of the Outpatient Waiting List which remains a significant challenge. The Scheduled Care Access Plan 2019 includes a target that the number of patients waiting for a first Outpatient appointment will fall from over 516,000 at the end of 2018 to under 509,000.

Under the Plan the HSE, in line with the National Service Plan, will aim to deliver 3.3 million outpatient appointments, of which approximately 1 million will be first appointments and the NTPF will deliver 40,000 first Outpatient appointments.

The NTPF advise that over recent months they have placed a particular focus on engaging with hospital groups and individual hospitals to identify outpatient waiting list proposals. While the NTPF have already approved over 38,000 outpatient appointments, they advise that the impact of these initiatives may not be seen until the end of the year. Approximately 75% of

appointments approved relate to 4 high-volume specialties, including Ophthalmology.

The Scheduled Care Access Plan is a key pillar of the project plan to deliver on the Ministerial and Department's 2019 Priority to improve Acute Hospital Waiting Times. The governance and oversight structures to oversee NTPF and HSE performance in the delivery against the targets set out in the Plan has been expanded to include a Working Group whose remit is to develop initiatives aimed at improving access for patients to scheduled care in a number of high volume specialties including Ophthalmology.

At the end of July 2017, there were 10,024 people waiting for a cataract procedure. Cataracts were one of the specialties targeted by the NTPF under the Inpatient Day Case Access Plan 2018 and by the end December 2018, the numbers waiting had fallen to 6,440, a reduction of 36%. There were 6151 patients waiting for a Cataract procedure at the end of April 2019, with 582 of those waiting over 9 months. This represents a reduction of 3,789 or 87% when compared to July 2017, when there were 4,371 patients waiting over 9 months for a cataract operation.

HSE Staff Recruitment

174. **Deputy Marcella Corcoran Kennedy** asked the Minister for Health the position regarding the recent announcement by the HSE of a recruitment embargo in respect of candidates who had completed the recruitment process, had made life-changing decisions based on job offers by the HSE and now find themselves in some cases without a job; and if he will make a statement on the matter. [21029/19]

Minister for Health (Deputy Simon Harris): There is no recruitment embargo in place in the HSE. However, in recent months, officials from my Department have been engaging intensively with the HSE in reaching agreement on a Pay and Numbers Strategy for 2019. The key focus in developing the strategy is to ensure that affordable and appropriate recruitment decisions are made by the HSE and that they need to operate within its pay allocations.

By the end of 2018, the levels of agency, overtime and pay costs had reached unaffordable levels. In light of this, the HSE decided to introduce interim control measures for a consolidation period of three months to the end of June, until they received clarity on plans and financial performance for Q1 2019 from Hospital Groups and CHOs.

I have been very clear that those locations which provide credible, balanced plans will be supported. Similarly, locations which do not submit such plans need to be scrutinised. It should also be noted that the HSE is continuing to recruit all funded development posts.

I have asked the HSE to respond directly to the Deputy on the remaining elements of the question.

Hospitals Funding

175. **Deputy Kevin O'Keeffe** asked the Minister for Health if funding is to be withdrawn from a specific unit in a hospital (details supplied) in County Cork and redistributed to a hospital in another county; if all funding and resources at the hospital will be maintained at current levels and-or increased; and if the upgrade of a unit at another hospital will have no impact on funding or service levels at the hospital. [21033/19]

Minister for Health (Deputy Simon Harris): As this is a service matter, I have asked the

Health Service Executive to respond to you directly as soon as possible.

Hospital Services

176. **Deputy Catherine Connolly** asked the Minister for Health the number of vacancies in the laundry service at University Hospital Galway; the length of time such positions have been vacant; the grade of vacancies; when they will be filled; and if he will make a statement on the matter. [21035/19]

177. **Deputy Catherine Connolly** asked the Minister for Health the details of the contract between a company (details supplied) and University Hospital Galway for the washing of soiled articles including mops; and if he will make a statement on the matter. [21036/19]

178. **Deputy Catherine Connolly** asked the Minister for Health the protocols and procedures in place at the laundry service in University Hospital Galway, particularly regarding infection control; and if he will make a statement on the matter. [21037/19]

Minister for Health (Deputy Simon Harris): I propose to take Questions Nos. 176 to 178, inclusive, together.

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

Thalidomide Victims Compensation

179. **Deputy Eamon Scanlon** asked the Minister for Health if an association (details supplied) will be supported in its efforts for justice and compensation; and if he will make a statement on the matter. [21039/19]

Minister of State at the Department of Health (Deputy Finian McGrath): Following an Irish Government Decision in January 1975, the Government granted an ex-gratia sum equivalent to 4 times the German lump-sum and an ex-gratia monthly allowance for life equal to the German monthly allowance, to each of the Irish children found to have thalidomide related injuries. There are currently 29 Irish people in receipt of ex-gratia monthly payments from my Department and all are now in their late 50s.

The German monthly payments are made by the Contergan Foundation, which is established under German legislation. From 01 August 2013, the Foundation substantially increased its monthly payments to thalidomide survivors, including Irish survivors. Both the German payments and the Irish ex-gratia payments made to the survivors are exempt from tax, including DIRT and are not reckonable as means for the purpose of Social Welfare payments. The rate of payment is related to the survivors' level of thalidomide related injury.

In addition to the initial lump sum and the monthly payments for life, the supports provided to each Irish survivor include a medical card on an administrative basis regardless of means, provision of appliances, artificial limbs, equipment, housing adaptations, and access to a full range of primary care, hospital and personal social services. There is a designated senior manager in the Health Service Executive to act as a liaison with regard to the ongoing health and personal social service needs of Irish survivors.

The Contergan Foundation has confirmed that since 2013, it is accepting applications from individuals for compensation for thalidomide related injury. It is open to any Irish person to

apply to the Foundation for assessment of their disability as being attributable to thalidomide. Any Irish person who establishes that their injury is attributable to thalidomide, will be offered appropriate supports by the Irish Government commensurate with those currently provided to Irish thalidomide survivors, outlined above.

Work is underway in the Department to bring forward Heads of a Bill to provide on a statutory basis for health and personal social services for the Irish survivors of thalidomide.

Hospital Appointments Status

180. **Deputy John McGuinness** asked the Minister for Health if an operation to remove cataracts will be arranged at University Hospital Waterford for a person (details supplied); the timeline for the treatment; and if he will make a statement on the matter. [21040/19]

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

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

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

Patient Transfers

181. **Deputy John McGuinness** asked the Minister for Health the approval process to have a child referred from St. Luke's hospital, Kilkenny, for specialist care at a hospital (details supplied); if the case will be expedited; and if he will make a statement on the matter. [21041/19]

Minister for Health (Deputy Simon Harris): The HSE currently operates two schemes that facilitate patients accessing treatment abroad.

The Treatment Abroad Scheme (TAS) allows public patients to be referred to another EU/EEA Member State for treatment, in their public healthcare system, that is not available in Ireland, subject to qualifying criteria. A patient's Irish based consultant is responsible for referring the patient abroad under the terms of the TAS, after having exhausted all treatment options including tertiary care within Ireland. The HSE provides information for patients on the TAS on its website.

An alternative where the treatment is available in Ireland is the Cross Border Directive (CBD), which the HSE operates in Ireland. Under the terms of the CBD patients in Ireland can be reimbursed for medical treatment, that is available in the public health service in Ireland, but received in another EU/EEA Member State. The patient may access the overseas service in either the public or private health sector of the other Member State they choose to receive the service in. The patient pays for the treatment and claims reimbursement from the HSE at the

cost of that treatment in Ireland or the cost of it abroad, whichever is the lesser.

Referral for care under the CBD may be made by a GP, a hospital consultant and certain other clinicians. The HSE through the National Contact Point (NCP) provides information for patients on the operation of the CBD.

The patient should contact the HSE TAS/CBD office for advice on making an application for treatment abroad under the most appropriate scheme. They can be contacted in writing at HSE TAS/CBD Office, St Canices, Laken, Dublin Road, Kilkenny, R95 P231 or by phone on 056 778 4551. Information is also available on the HSE's TAS and CBD websites.

Vaccination Programme Data

182. **Deputy Richard Boyd Barrett** asked the Minister for Health the cost of all vaccines; the vacancies included under the childhood vaccination programmes; the vaccines included under medical programmes; the cost of vaccines that require payment; and if he will make a statement on the matter. [21056/19]

Minister for Health (Deputy Simon Harris): As this PQ refers to service issues, I have referred it to the Health Service Executive for attention and direct reply to the Deputy.

Neuro-Rehabilitation Services Provision

183. **Deputy Niamh Smyth** asked the Minister for Health the reason a person (details supplied) has been waiting for admission to the National Rehabilitation Centre, Dún Laoghaire, since January 2019; and if he will make a statement on the matter. [21073/19]

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.

Irish Cancer Society Funding

184. **Deputy Niall Collins** asked the Minister for Health his views on correspondence by a person (details supplied); and if he will make a statement on the matter. [21075/19]

Minister for Health (Deputy Simon Harris): Decisions made by the Irish Cancer Society in relation to donations offered to them are a matter for that organisation.

National Counselling Service

185. **Deputy Gerry Adams** asked the Minister for Health the funding allocated to the Na-

tional Counselling Service in County Louth in each year over the past five years. [21077/19]

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.

National Counselling Service

186. **Deputy Gerry Adams** asked the Minister for Health the number of persons from County Louth currently on the waiting list for the National Counselling Service; the number of these persons who have been waiting three to six, six to 12, 12 to 15 and more than 15 months, respectively, in tabular form. [21078/19]

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.

National Counselling Service

187. **Deputy Gerry Adams** asked the Minister for Health the number of whole-time equivalent staff working in the National Counselling Service; and the staff vacancies that exist. [21079/19]

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.

Suicide Incidence

188. **Deputy Gerry Adams** asked the Minister for Health the number of persons in County Louth who died by suicide in each year over the past five years. [21080/19]

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.

Suicide Incidence

189. **Deputy Gerry Adams** asked the Minister for Health the age of persons from County Louth who died by suicide over the past five years. [21081/19]

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.

Suicide Prevention

190. **Deputy Gerry Adams** asked the Minister for Health the amount of funding allocated

in County Louth each year for the past five years to the implementation of Connecting for Life, Ireland's National Strategy to Reduce Suicide 2015-2020. [21082/19]

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.

Suicide Prevention

191. **Deputy Gerry Adams** asked the Minister for Health the whole-time equivalent staff in County Louth employed under the Connecting for Life strategy; and the staff vacancies that exist. [21083/19]

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.

Psychological Services Waiting Lists

192. **Deputy Gerry Adams** asked the Minister for Health the number of children in County Louth waiting to access primary care psychology services, CAMHS and disability services; and the number of these children who have been waiting three to six, six to 12, 12 to 15 and more than 15 months, respectively, in tabular form. [21084/19]

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.

Psychological Services Waiting Lists

193. **Deputy Gerry Adams** asked the Minister for Health the number of children in County Louth who have had an initial assessment and are waiting to access further primary care psychology services, CAMHS and disability; and the number of these children that have been waiting three to six, six to 12, 12 to 15 and more than 15 months, respectively, in tabular form. [21085/19]

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.

Psychological Services Waiting Lists

194. **Deputy Gerry Adams** asked the Minister for Health the number of adults in County Louth waiting to access psychology services; and the number of these adults that have been waiting three to six, six to 12, 12 to 15 and more than 15 months, respectively, in tabular form. [21086/19]

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.

possible.

Psychological Services Waiting Lists

195. **Deputy Gerry Adams** asked the Minister for Health the number of adults in County Louth who have had an initial assessment and are waiting to access primary care psychology services, CAMHS and disability; and the number of these adults that have been waiting three to six, six to 12, 12 to 15 and more than 15 months, respectively, in tabular form. [21087/19]

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.

Child and Adolescent Mental Health Services Staff

196. **Deputy Gerry Adams** asked the Minister for Health the staffing levels for the CAMHS team for County Louth; the way in which this compares with the recommended staffing levels in A Vision for Change; and the specific staff currently not recruited. [21088/19]

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.

Child and Adolescent Mental Health Services Data

197. **Deputy Gerry Adams** asked the Minister for Health the number of persons awaiting to access CAMHS services; and the number of these persons who have been waiting three to six, six to 12, 12 to 15 and more than 15 months, respectively, in tabular form. [21089/19]

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.

Child and Adolescent Mental Health Services Funding

198. **Deputy Gerry Adams** asked the Minister for Health the level of funding allocated to the CAMHS service in County Louth in each year over the past five years. [21090/19]

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.

Health Services Access

199. **Deputy Gerry Adams** asked the Minister for Health the appropriate referral pathways for admission to a department of psychiatry facility (details supplied). [21091/19]

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 Admissions

200. **Deputy Gerry Adams** asked the Minister for Health the number of admissions to hospital of persons from County Louth for anxiety or depression in each year over the past five years; and the average admission rate nationally. [21092/19]

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.

Mortality Rates

201. **Deputy Gerry Adams** asked the Minister for Health the mortality rates for alcohol-related causes and for drug-related causes by county in tabular form. [21093/19]

Minister of State at the Department of Health (Deputy Catherine Byrne): The Irish National Drug-Related Deaths Index (NDRDI) is an epidemiological database which records cases of death by drug and alcohol poisoning, and deaths among drug users and those who are alcohol dependent. The NDRDI is maintained by the Health Research Board (HRB). The HRB has provided the following information from NDRDI in response to the question raised by Deputy Adams based on the latest available information.

Please Note:

1. Poisonings are considered as deaths directly due to the toxic effect of the presence in the body of a drug or drugs and/or other substance(s). Other terms used to describe such deaths include overdose, directly drug-related death and acute drug death. Deaths arising from adverse reactions to prescribed medication are not included in the NDRDI.

2. Non-poisonings are considered as deaths in individuals with a history of drug dependency or non-dependent abuse of drugs (ascertained from toxicology results and from CTL, medical or coronial records), irrespective of whether the use of the drug was directly implicated in the death. For presentation purposes it is necessary to group these deaths into broad categories.

Table 1: Number of poisoning deaths due to alcohol and/or other drugs, by county of residence, NDRDI 2007 to 2016 (n=3759)

County	Total
Dublin	1512
Cork	372
Limerick	152
Galway	135
Tipperary	122
Kildare	116
Waterford	116
Louth	112
Meath	99

County	Total
Wicklow	97
Kerry	92
Mayo	83
Donegal	82
Wexford	77
Westmeath	69
Clare	63
Laois	60
Kilkenny	59
Cavan	55
Carlow	53
Offaly	43
Sligo	37
Longford	33
Monaghan	33
Roscommon	22
Leitrim	18
Outside Ireland	32
Not known	8
Homeless	7
Total	3759

Table 2: Number of non-poisoning deaths among people who use drugs (excluding alcohol), by county of residence, NDRDI 2007 to 2016 (n=3015)

County	Total
Dublin	1608
Cork	293
Kildare	95
Limerick	95
Galway	77
Tipperary	72
Louth	72
Wicklow	64
Meath	62
Wexford	60
Kerry	48
Waterford	47
Donegal	44
Westmeath	43
Clare	41
Cavan	35
Laois	33
Sligo	27
Offaly	26

County	Total
Kilkenny	26
Mayo	25
Longford	22
Carlow	21
Monaghan	17
Roscommon	12
Leitrim	10
Outside Ireland	27
No fixed abode	9
Not known	<5
Total	3015

Table 3: Number of non-poisoning deaths among people known to be alcohol dependent, by year, by county of residence, NDRDI 2007 to 2016 (n=8256)

County	Total
Dublin	3254
Cork	998
Galway	339
Kerry	306
Kildare	295
Limerick	276
Donegal	258
Mayo	228
Louth	223
Tipperary	202
Wicklow	200
Meath	188
Wexford	185
Waterford	166
Westmeath	121
Clare	113
Roscommon	109
Sligo	107
Monaghan	101
Kilkenny	95
Offaly	94
Cavan	91
Longford	72
Laois	70
Leitrim	52
Carlow	47
Outside Ireland	48
Not known	11
No fixed abode	7

County	Total
Total	8256

Mental Health Services Funding

202. **Deputy Gerry Adams** asked the Minister for Health the mental health funding allocation for each county for 2019; and the per capita spend in each county for 2019, in tabular form. [21094/19]

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.

Mental Health Services Staff

203. **Deputy Gerry Adams** asked the Minister for Health the number of advanced nurse practitioners working within Louth mental health services. [21095/19]

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.

National Treatment Purchase Fund

204. **Deputy John Brassil** asked the Minister for Health the reason there is no NTPF initiative in counties Cork and Kerry for ophthalmology outpatient appointments in view of the long wait times; and if he will make a statement on the matter. [21100/19]

Minister for Health (Deputy Simon Harris): The information sought by the Deputy has been requested by officials in my Department, and will be provided to the Deputy directly as soon as it becomes available.

Medical Aids and Appliances Provision

205. **Deputy Darragh O'Brien** asked the Minister for Health his plans to ensure that funding is granted by the HSE for breast prostheses, bras and swimwear for CHO area 8; the reason approvals are not being granted to women; and if he will make a statement on the matter. [21131/19]

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

Medical Card Applications

206. **Deputy Bernard J. Durkan** asked the Minister for Health the status of a medical card application in the case of a person (details supplied); if the application will now be approved on medical grounds; and if he will make a statement on the matter. [21146/19]

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

HSE Governance

207. **Deputy Bernard J. Durkan** asked the Minister for Health the extent to which a chain of command exists throughout the HSE with particular reference to the degree to which specific responsibilities rest with particular sectors or individuals, such as the maintenance of the highest possible standards at mortuaries nationally; and if he will make a statement on the matter. [21147/19]

Minister for Health (Deputy Simon Harris): The Performance and Accountability Framework (PAF) sets out how the HSE, in particular the Hospital Group CEO's, Community Healthcare Organisations (CHO) Chief Officers, the Director of the National Ambulance Service (NAS), the head of the Primary Care Reimbursement Service (PCRS) and heads of other national services are held to account for their performance in relation to the four equally important domains of the Balanced Scorecard 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 HSE are currently operating the 2018 PAF, however with the impending legislation to formally establish new Governance structures in the HSE including a new Board, further new governance arrangements will be required. It is expected that current performance and accountability systems will be reviewed and strengthened following the enactment of the HSE Governance Bill. The current Accountability Structures that operate in the HSE are as follows:

1. Service Managers and the CEOs of Section 38 and 39 agencies to the Hospital Group CEOs and CHO Chief Officers.
2. Hospital Group CEOs, CHO Chief Officers, the Head of PCRS and Heads of other national services to the National Directors Acute Services Operations and Performance, Community Services Operations and Performance and National Services
3. National Directors Acute Services Operations and Performance, Community Services Operations and Performance and National Services to the Deputy Director General Operations
4. The Deputy Director General Operations to the Director General
5. The Director General to the Directorate
6. The Directorate to the Minister

Home Care Packages Data

208. **Deputy Bernard J. Durkan** asked the Minister for Health the extent to which home care packages are being made available nationally; the extent to which provision in this regard to date has alleviated pressure on hospital beds and accident and emergency departments; and if he will make a statement on the matter. [21148/19]

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.

Health Services Staff

209. **Deputy Bernard J. Durkan** asked the Minister for Health the extent to which staff shortages have shown up in the past six months that may have impeded the delivery and quality of the health services; and if he will make a statement on the matter. [21149/19]

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

Health Services Staff Data

210. **Deputy Bernard J. Durkan** asked the Minister for Health the number of extra nursing staff at all grades that have been employed by the HSE in the past two years; and if he will make a statement on the matter. [21150/19]

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

Hospital Consultant Recruitment

211. **Deputy Bernard J. Durkan** asked the Minister for Health the number of consultants employed throughout the public health sector in the past two years; the extent to which vacancies remain to be filled; and if he will make a statement on the matter. [21151/19]

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

Health Strategies

212. **Deputy Bernard J. Durkan** asked the Minister for Health the degree to which he expects to be in a position to implement the recommendations of the Sláintecare report in 2019 and following years; and if he will make a statement on the matter. [21152/19]

Minister for Health (Deputy Simon Harris): As the Deputy is aware, a detailed Sláintecare Action plan for 2019 was completed and published on March 13th 2019. The Action Plan sets out detailed deliverables and timeframes for 239 deliverables that are to be progressed in 2019 as part of the implementation of the Sláintecare vision and firmly establishes a programmatic approach to the delivery of the Sláintecare Strategy.

In the first quarter of this year the Sláintecare Programme Implementation Office (SPIO) team has been mobilised to support and drive the implementation of these projects working in partnership with the Department units, the HSE and other partners. During the first quarter of 2019, the Sláintecare Executive Director and SPIO team have continued to engage with citizens, stakeholders and frontline staff across the health and social care service to ensure that these voices are involved in the design and delivery of the Sláintecare vision. A number of workshops, site visits and engagement events have taken place around the country with frontline clinicians. Two briefing sessions have been held with members of both the Joint Committee on Health and the former Committee on the Future of Healthcare. The Citizen Engagement and Empowerment Programme continues to be rolled out, with two regional events taking place in Quarter 1.

I refer the Deputy to the actions completed in Quarter 1 of this year, detailed in the Quarter 1 progress report published on the Department of Health website on 3rd May 2019. Detailed below is the activity of the Sláintecare Programme Implementation office to date. I'm happy to report that all deliverables for Q1 2019 are 100% on track.

Sláintecare Programme Implementation Office Activity for Q1 2019

- The Action Plan for 2019 was compiled and published on March 13th following review by the SIAC.

- The dedicated Sláintecare Programme Implementation Office (SPIO) staff of 15 have been mobilised and are now actively working with stakeholders and colleagues to progress the 2019 deliverables.

- The Sláintecare Integration Fund was published on 22nd March 2019, with applications being requested by 18th April 2019. A significant number of application have been submitted.

- The second Sláintecare Implementation Advisory Council (SIAC) meeting was held on 27th Feb. Dr Tom Keane is the Chair of the Advisory Council.

- Four stakeholder workshops were held jointly with the Chief Clinical Officer of the HSE, covering topics on chronic diseases and older persons.

- A Citizen and Staff Engagement and Empowerment Programme has been initiated to ensure the voice of service users is heard in the design of the reform programme.

- Content to support a pro-active communications programme for 2019 is in development.

- First quarter progress report 2019 completed and all 28 (100%) deliverables are on track.

Key Sláintecare Advancements since September 2018

- The DOH, the HSE and the Irish Medical Organisation (IMO) reached consensus on a major package of GP contractual reforms which will benefit patients and make general practice a more attractive career option for doctors (April 2019).

- The 2019 Healthy Ireland campaign has been announced (April 2019).

- The Smile agus Sláinte National Oral Health Policy has been launched with a commitment to elements of universal healthcare to be implemented between 2020 to 2026 (April 2019).

- The HSE Board has been appointed (January 2019) on an administrative basis and HSE Director General has been appointed (April 2019).

- A reduction in prescription charges and a decrease in the threshold for the Drugs Payment Scheme was announced (March 2019).

- The Scheduled Care Access Plan 2019 has been published (March 2019).

- The Oversight Group to implement new model of public health medicine has been established (March 2019).

- The Independent review group on the role of voluntary organisations (Catherine Day Report) has been published (February 2019).

- The joint policy statement "Housing Options for our ageing population" has been launched (February 2019).

- The Independent Patient Advocacy Service contract has been awarded (December 2018).
- The Healthy Ireland Outcomes Framework has been launched (December 2018).
- The National Patient Experience Survey 2018 was published. 86% were happy with the service they received (November 2018).

Hospital Beds Data

213. **Deputy Bernard J. Durkan** asked the Minister for Health the extent to which the number of hospital beds throughout the public health sector needs to be augmented in keeping with demographics; the timescale for such implementation; and if he will make a statement on the matter. [21153/19]

Minister for Health (Deputy Simon Harris): In January 2018, I published the Health Service Capacity Review which made clear that we need additional capacity across nearly all areas of the health service over the next decade. The review acknowledged the demographic challenge facing the Irish health service in the near future due to our growing population, with our over 65 population set to increase by nearly 60% and the over 85 population set to double. These latter two groups are high users of health services and it is important that we invest in order to provide safe and timely care to the whole population.

It is also clear we should not plan investments in the health service as it is currently configured. Investment and reform should go hand in hand with each driving the other. The Capacity Review acknowledged the need for reform of the health service and provided projections based on reform scenarios that align with the Sláintecare vision and reform programme.

Arising from the findings of the Capacity Review, the Government committed to investing in an extra 2,600 beds in our hospitals and 4,500 more community beds in the National Development Plan over the period to 2027.

These increases have already started. Since 2017, an additional 241 beds have been opened. The Capacity Programme for 2019 provides for the following increases to capacity, as set out in the National Service Plan 2019:

- 78 additional beds, including a 40-bed modular build in South Tipperary General Hospital, and a 30-bed ward in Our Lady of Lourdes Hospital Drogheda;
- 75 acute beds and 70 community beds as part of the Winter Plan, of which 60 acute beds and 19 community beds have already opened;
- preparation of 202 beds by quarter 4 2019 with a view to bringing this extra capacity into operation in the first quarter of 2020;
- preparation of the proposed opening of a 60-bed modular build in University Hospital Limerick.

Medical Card Data

214. **Deputy Bernard J. Durkan** asked the Minister for Health the number of medical cards issued in 2018 and to date in 2019; the extent to which this has contributed to the overall total; and if he will make a statement on the matter. [21154/19]

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.

Question No. 215 answered with Question No. 8.

Home Care Packages Data

216. **Deputy Bernard J. Durkan** asked the Minister for Health the number of personnel engaged in the delivery of home care packages; the number of outstanding applications; and if he will make a statement on the matter. [21156/19]

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.

Question No. 217 answered with Question No. 49.

Primary Care Centres Provision

218. **Deputy Bernard J. Durkan** asked the Minister for Health the extent to which primary care centres or the upgrading of existing health centres has progressed throughout north County Kildare; the extent to which all required facilities have been put in place to facilitate the provision of required level of services to the community and the alleviation of pressure on accident and emergency departments and hospital beds; and if he will make a statement on the matter. [21158/19]

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.

Orthodontic Services Data

219. **Deputy Bernard J. Durkan** asked the Minister for Health the extent to which orthodontic treatment continues to be made available as appropriate for children and or teenagers who require such treatment; the number of cases treated in each of the past ten years to date; and if he will make a statement on the matter. [21159/19]

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

Health Services Staff Recruitment

220. **Deputy Bernard J. Durkan** asked the Minister for Health the number of new staff recruited to the public health sector in general over the past five years; and if he will make a statement on the matter. [21160/19]

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

HSE Waiting Lists

221. **Deputy Bernard J. Durkan** asked the Minister for Health the extent to which he continues to monitor waiting lists for orthopaedic and cardiac procedures nationally; the extent to which progress is being made in this area; and if he will make a statement on the matter. [21161/19]

Minister for Health (Deputy Simon Harris): Reducing waiting time for patients for hospital operations and procedures is a key priority for Government. Budget 2019 announced that the Government has further increased investment in tackling waiting lists, with funding to the National Treatment Purchase Fund (NTPF) increasing from €55 million in 2018 to €75 million in 2019.

The joint Department of Health/HSE/NTPF Scheduled Care Access Plan 2019 was published in March and sets out measures to improve care for patients waiting for scheduled care in 2019 by reducing waiting times for inpatient/day case treatment and outpatient appointments. The plan will place a strong focus on a number of high-volume procedures, including angiograms and hip and knee replacements. When combined with HSE activity, it is projected that the NTPF will be in a position to offer treatment to all clinically suitable patients waiting more than 6 months for one of these high-volume procedures.

The latest National Treatment Purchase Fund (NTPF) Figures (April 2019), show that there were 10,099 patients on the orthopaedic inpatient and daycase waiting list. This represents a decrease of 12% on the same period last year when there were 11,483 patients waiting. Of the total number of patients waiting, 76% (7,702) are waiting 9 months or less, equating to an 8.5% (-722) decrease when compared to the same period last year. Those waiting over 9 months for an orthopaedic procedure has fallen from 3,059 to 2,397, a reduction of over 21%.

As of the end of April 2019, there were 3,788 patients on the Cardiology IPDC waiting list. This represents a decrease of nearly 6% on the same period last year when there were 4,023 patients waiting. Of the total number of patients waiting, 85% (3,221) are waiting 9 months or less, equating to a 4% (-123) decrease when compared to the same period last year. Those waiting over 9 months for a Cardiology procedure has fallen from 679 to 567, a reduction of over 16%.

More broadly, my Department has placed a particular priority on performance improvement in scheduled and unscheduled care in order to improve access for patients. At the end of 2017, a new Unit was established in my Department with a remit to work with colleagues, HSE and NTPF to provide strategic direction and drive a whole-of-Department approach to performance oversight and innovation in this area. The monitoring of waiting lists is a key activity of this Unit.

A further breakdown of the Orthopaedic and Cardiology IPDC waiting lists are provided for Deputy in the tables below.

Orthopaedics IPDC Waiting List April 2019 and 2018

-	0-3 mths	3-6 mths	6-9 mths	9-12 mths	12-15 mths
April 2019	3973	2345	1384	912	480
April 2018	3826	2590	2008	1202	720

Table cntd...

-	15-18 mths	18-24 mths	24-36 mths	36+ mths	Total
April 2019	330	366	268	41	10099
April 2018	408	428	262	39	11483

Cardiology IPDC Waiting List April 2019 and 2018

-	0-3 mths	3-6 mths	6-9 mths	9-12 mths	12-15 mths	15-18 mths	18-24 mths	24 + mths	Total
April 2019	1871	887	463	212	101	70	114	70	3788
April 2018	1613	1034	697	289	154	76	119	41	4023

Hospital Procedures

222. **Deputy Bernard J. Durkan** asked the Minister for Health the number of patients awaiting spinal fusion procedures; if the waiting lists have improved in recent times with a view to being in a position to offer the treatment within six months; and if he will make a statement on the matter. [21162/19]

Minister for Health (Deputy Simon Harris): I am conscious that waiting times are often unacceptably long and of the burden that this places on patients and their families. In this regard, I committed to improving waiting times for hospital appointments and procedures.

Budget 2019 announced that the Government has further increased investment in tackling waiting lists, with funding to the National Treatment Purchase Fund (NTPF) increasing from €55 million in 2018 to €75 million in 2019. The joint Department of Health/HSE/NTPF Scheduled Care Access Plan 2019 was published in March and sets out measures to improve care for patients waiting for scheduled care in 2019 by reducing wait times for inpatient/day case treatment and outpatient appointments.

According to data provided by the NTPF, as of April 2019, there are 211 patients on the spinal fusion waiting list. This represents a decrease of 32% (-101) when compared with December 2017 and a decrease of 51% (-220) when compared to July 2017. Furthermore, in April 2019, the number of patients waiting over 9 months for a spinal fusion procedure decreased by 53% compared to December 2017 and decreased by 71% when compared to July 2017.

The data requested by the Deputy is outlined in more detail in the document attached. It should be noted that the waiting list as compiled by the NTPF is based on the collation of information for the following procedures:

- Decompression of cervical spinal cord with anterior fusion, 1 level
- Decompression of cervical spinal cord with anterior fusion, 2 or more levels
- Posterior spinal fusion, 1 or 2 levels

- Posterior spinal fusion, 3 or more levels
- Posterolateral spinal fusion, 1 or 2 levels
- Posterolateral spinal fusion, 3 or more levels
- Posterior spinal fusion with laminectomy, 1 level
- Posterolateral spinal fusion with laminectomy, 1 level
- Posterior spinal fusion with laminectomy, 2 or more levels
- Posterolateral spinal fusion with laminectomy, 2 or more levels
- Anterior spinal fusion, 1 level
- Anterior spinal fusion, 2 or more levels

Spinal Fusion IPDC Comparison

Row Labels	0-3 Months	3-6 Months	6-9 Months	9-12 Months
Jul-2017	74	64	34	32
Children's Health Ireland	21	26	13	14
Dublin Midlands Hospital Group	16	22	10	11
Ireland East Hospital Group	32	14	11	5
RCSI Hospitals Group				
Saolta University Health Care Group	5	2		2
Dec-2017	55	49	49	29
Children's Health Ireland	23	16	3	5
Dublin Midlands Hospital Group	6	8	21	15
Ireland East Hospital Group	16	19	22	7
Saolta University Health Care Group	4	4	3	2
South/South West Hospital Group	6	2		
Apr-2019	75	44	17	10
Children's Health Ireland	14	22	8	3
Dublin Midlands Hospital Group	31	9	3	2
Ireland East Hospital Group	22	7	3	2
Saolta University Health Care Group	2	5	3	3

Questions - Written Answers

Row Labels	0-3 Months	3-6 Months	6-9 Months	9-12 Months
South/South West Hospital Group	6	1		

Table cntd...

Row Labels	12-15 Months	15-18 Months	18+ Months	Grand Total
Jul-2017	42	48	137	431
Children's Health Ireland	6	11	12	103
Dublin Midlands Hospital Group	30	33	101	223
Ireland East Hospital Group	6	4	19	91
RCSI Hospitals Group			1	1
Saolta University Health Care Group			4	13
Dec-2017	31	16	83	312
Children's Health Ireland	6	2	5	60
Dublin Midlands Hospital Group	16	8	69	143
Ireland East Hospital Group	8	5	6	83
Saolta University Health Care Group	1	1	3	18
South/South West Hospital Group				8
Apr-2019	7	14	44	211
Children's Health Ireland	1	2	6	56
Dublin Midlands Hospital Group	4	5	18	72
Ireland East Hospital Group	1	4	16	55
Saolta University Health Care Group	1	3	4	21
South/South West Hospital Group				7

Hospital Procedures

223. **Deputy Bernard J. Durkan** asked the Minister for Health when a spinal fusion procedure will be offered in the case of a person (details supplied); and if he will make a statement on the matter. [21163/19]

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

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

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

Hospital Appointments Delays

224. **Deputy Bernard J. Durkan** asked the Minister for Health if reconsideration will be given to allocating a person (details supplied) an urgent hospital appointment; if it is standard procedure that patients on priority waiting lists must wait over a year before receiving appropriate treatment; and if he will make a statement on the matter. [21164/19]

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

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

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

Primary Care Centres

225. **Deputy Eugene Murphy** asked the Minister for Health if services have been removed from a centre (details supplied) in recent months; and if he will make a statement on the matter. [21168/19]

226. **Deputy Eugene Murphy** asked the Minister for Health if services have been removed from a centre (details supplied) over the past two years; and if he will make a statement on the matter. [21169/19]

Minister for Health (Deputy Simon Harris): I propose to take Questions Nos. 225 and 226 together.

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.

TAMS Appeals

227. **Deputy Willie Penrose** asked the Minister for Agriculture, Food and the Marine the position regarding a TAMS grant applied for by a person (details supplied); the position in which the appeal lodged is within the appeals system; if same can be expedited; and if he will make a statement on the matter. [20983/19]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): The Agriculture Appeals Office operates independently of my Department. I have been advised that the records of the Agriculture Appeals Office indicate that the named person lodged an appeal on 29 March 2019 in relation to a TAMS II grant. The Agriculture Appeals Regulations 2002 provide that an appeal may be made within 3 months of the date of my Department's decision letter that was issued to the named person. The date of the decision letter was 11 December 2018 and therefore the deadline for receipt of an appeal against that decision was 11 March 2019.

On 1 April 2019, the Agriculture Appeals Office issued a letter to the named person advising them that their appeal was received after the statutory deadline. The letter advised the named person that it was open to them to write to the Director of the Agriculture Appeals Office detailing any exceptional circumstances that prevented the appeal from being lodged within the 3 month timeframe. The deadline for receipt of a response to the Appeals Office letter was 15 April 2019.

The records indicate that to date there has been no correspondence received from the named person in response to that letter.

Animal Identification Schemes

228. **Deputy Michael Collins** asked the Minister for Agriculture, Food and the Marine if the four residencies rule is a private arrangement between organisations (details supplied); if so, if the decision to display residencies on mart boards is not a directive from his Department and there is no directive currently in place directing marts to continue displaying this information; the reason his Department is providing information in this regard; and if he will make a statement on the matter. [21009/19]

232. **Deputy Michael Collins** asked the Minister for Agriculture, Food and the Marine the reason his Department facilitates the four-movement rule being displayed on mart display boards by providing movement history; the legislative basis on which his Department shares the data; and if he will make a statement on the matter. [21130/19]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): I propose to take Questions Nos. 228 and 232 together.

A Quality Payment System (QPS) related to the beef grid was agreed between Meat Industry Ireland (MII) and the Irish Farmers Association (IFA) in 2009. The payment is based on the classification of the carcass in which a price differential is set between certain classification grades.

My understanding is that any additional bonus payments and the conditions attached to qualification for such payments are determined by processors and their retail customers. There

are a number of conditions which pertain to such payments and may include age limits and restrictions on the number of movements allowed. These are commercial arrangements and my Department has no role in their establishment, nor in collection or analysis of the payments which are made.

My Department has not issued a directive to livestock marts regarding the display of residency information on the mart boards. The movement information is included on the bovine passport which must accompany the animal at all stages of movement including to a livestock mart. My Department provides similar movement information to that on the passport to the livestock mart and this information is provided by means of a secure webservice facility.

The information which is recorded on the Department's Animal Identification and Movement database (AIM) is in compliance with Council Regulation 1760/2000 which provides for the competent authority to ensure access to the data for all parties concerned, S.I. No. 77 of 2009 European Communities (Identification of Bovines) and S.I. No. 521 of 2014 Animal Health and Welfare (Bovine Movement Regulations).

Sea Lice Controls

229. **Deputy Clare Daly** asked the Minister for Agriculture, Food and the Marine if he will publish the reply he received from the Department of Communications, Climate Action and Environment to the detailed response of the Marine Institute, which he stated in Parliamentary Question No. 1141 of 8 May 2019 had been forwarded to the Department by his Department; and if he will make a statement on the matter. [21026/19]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): As the Deputy is aware, the Department of Communications, Climate Action and Environment forwarded a document to my Department containing a series of specific queries in respect of the control of sea lice at specific aquaculture sites.

At the request of my Department, the Marine Institute prepared a detailed and site specific response to the queries raised. My Department forwarded this response to the Department of Communications, Climate Action and Environment.

My Department's records do not indicate a specific response from the Department of Communications, Climate Action and Environment to the Marine Institute text.

Beef Industry

230. **Deputy Brendan Smith** asked the Minister for Agriculture, Food and the Marine his plans to implement measures to assist the suckler beef sector in view of ongoing difficulties facing farmers; and if he will make a statement on the matter. [21074/19]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): The agri-food sector is of critical importance to the Irish economy, and its regional spread means it underpins the socio-economic development of rural areas in particular. Brexit has the potential to have a very significant impact on the sector, given its unique exposure to the UK market, which accounted for 38% (€5.2 billion) of agri-food exports last year.

There are on-going discussions with the Commission regarding the difficulties which would face Ireland in the event of a no-deal Brexit, and the assistance that might be required for its agriculture food and fishery sectors. Avoiding a no-deal Brexit continues to be the Government's

overriding policy priority.

I have held a number of discussions with Commissioner Hogan regarding the potential impact of a disorderly Brexit on the sector. I have stressed the need for the Commission to be ready to deploy a range of measures to mitigate the potential impacts on agri-food and fisheries, including through traditional market supports and exceptional aid under the CAP's Single Common Market Organisation regulation (Regulation (EU) No 1308/2013), as well increased flexibility under State Aid regulations.

Obviously, as Minister, I have no role when it comes to prices paid to producers but it is important to acknowledge that the past few months have been very difficult for beef farmers in particular, following a difficult year in 2018 due to weather conditions. There has been a period of depressed prices since last autumn with the ongoing uncertainty surrounding the outcome of Brexit, among other factors, contributing to this market disturbance. I also note that prices have started to increase week-on-week recently mainly due to tightening supply of cattle and the outlook is that this will continue. Market intelligence also points towards other factors such as the presence of African Swine Fever in China affecting their pork output, thereby strengthening the demand for beef in a market to which Ireland already has access.

In light of the on-going market disturbance, I have, in discussions with Commissioner Hogan and my EU counterparts, said that I believe that the deployment of exceptional measures under the CMO Regulation, to provide targeted aid to farm families who have suffered a sustained reduction in returns from the market, is now required. I made an intervention to this effect at the April meeting of the Council of Agriculture Ministers, and my officials have followed this up with a detailed submission, which is under consideration by Commission officials.

I am deeply committed to fully supporting and developing Ireland's beef sector. I am strongly of the view that the existing range of supports available to beef farmers under the Rural Development Programme (RDP), together with ensuring access to as many markets as possible, both for live animals and beef exports, are appropriate for the continued development of the sector.

The Beef Data and Genomics Programme (BDGP) is currently the main support specifically targeted for the suckler sector, which provides Irish beef farmers with some €300 million in funding over the current RDP period. Building on this is the Beef Environmental Efficiency Pilot (BEEP), a €20 million pilot project for 2019.

My Department has rolled out a range of schemes as part of the €4 billion Rural Development Programme (RDP), 2014 - 2020. In addition to the BDGP, other supports which are available for suckler farmers under Pillar II of the CAP include GLAS, ANCs and Knowledge Transfer Groups. Suckler farmers also benefit from the Basic Payment Scheme (BPS) and Greening payments under CAP Pillar I. According to National Farm Survey already suckler farmers receive support equivalent to approximately €500 per suckler cow on average.

My Department is examining all appropriate measures to support the different agrifood sectors, including the suckler sector in preparation for the next iteration of the CAP, and through the next Agri Food strategy to 2030. My view is that such measures should support and encourage suckler farmers to make the best decisions possible to improve the profitability and the economic and environmental efficiency of their farming system.

Beef Industry

231. **Deputy Michael Collins** asked the Minister for Agriculture, Food and the Marine the

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requirements for the beef roundtable in view of the current crisis; the reason an organisation (details supplied) has not been included on the forum; when it will be included in the forum; and if he will make a statement on the matter. [21129/19]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): The Beef Roundtable was most recently convened in October 2018 and the date for the next session will be announced in due course. I am satisfied that farmers are well represented by a variety of farming organisations at the Roundtable. Written submissions to my Department from any stakeholder representative body requesting participation in the Roundtable will be considered in that context.

Question No. 232 answered with Question No. 228.

Beef Industry

233. **Deputy Michael Collins** asked the Minister for Agriculture, Food and the Marine if he will address matters relating to heifers that are purchased for fattening in feedlots that arrive in calf (details supplied); and if he will make a statement on the matter. [21132/19]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): If the Deputy is referring to a controlled finishing unit (CFU, formerly known as “feedlot”), then all animals from such a unit may only move from the unit direct to slaughter. Where permission is sought to move in female animals, such CFU herds must, notwithstanding that there is no intentional breeding planned, satisfy the Regional Veterinary Office, bearing in mind the calf welfare Regulations, that there are appropriate facilities to rear any unplanned calves born and, if necessary, carry all such calves through to slaughter.

Otherwise for farms outside this category, this is a commercial decision for the parties involved, bearing in mind the calf welfare Regulations.

Beef Industry

234. **Deputy Michael Collins** asked the Minister for Agriculture, Food and the Marine if he will address matters relating to the beef roundtable (details supplied); and if he will make a statement on the matter. [21133/19]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): A Quality Payment System (QPS) related to the beef grid was agreed between Meat Industry Ireland (MII) and the Irish Farmers Association (IFA) in 2009. The payment is based on the classification of the carcass in which a price differential is set between certain classification grades.

My understanding is that any additional bonus payments and the conditions attached to qualification for such payments are determined by processors and their retail customers. There are a number of conditions which pertain to such payments and may include age limits and restrictions on the number of movements allowed. These are commercial arrangements and my Department has no role in their establishment, nor in collection or analysis of the payments which are made.

However, as I have previously stated, if relevant parties do wish to undertake a review of the grid, I have offered the services of Teagasc to provide any technical assistance in this regard.

The Beef Roundtable was most recently convened in October 2018 and the date for the next

session will be announced in due course. I am satisfied that farmers are well represented by a variety of farming organisations at the Roundtable. Written submissions to my Department from any stakeholder representative body requesting participation in the Roundtable will be considered in that context.

Environmental Protection Agency

235. **Deputy Jack Chambers** asked the Minister for Communications, Climate Action and Environment when the Environmental Protection Agency's eco-driving training will be delivered; the status of the process; and if he will make a statement on the matter. [21010/19]

Minister for Communications, Climate Action and Environment (Deputy Richard Bruton): I am informed that the Department of Transport, Tourism and Sport is co-funding a research project with the EPA entitled "Eco-driving: Trends & Potential Impacts for Irish Heavy Duty Vehicles" on which Trinity College is the lead investigator. The objectives of the project are to evaluate the impacts of eco-driving programmes in the Irish HDV fleet focusing on identifying the best practises, analysing the immediate and long-term impacts of adaptation of eco-driving and developing simulation models to estimate the future policy implications. It is expected that the project will generate guidelines for adaptation and evaluation of eco-driving programs to reduce vehicular emissions from the Irish HDV fleet. The projects final report is due to be complete by mid-2020.

In November, I announced the seven projects that had successfully completed the Assessment Stage of the first Call for Applications under the Climate Action Fund. The seven projects, which includes the 3 Counties Energy Agency CLG project "Driving HGV Efficiently into Brexit", are currently in the Validation Stage which, once completed, will provide more detail in relation to the project outputs and timelines.

Energy Schemes

236. **Deputy Jack Chambers** asked the Minister for Communications, Climate Action and Environment further to Parliamentary Question No. 861 of 15 January 2019, the number of compressed natural gas public fuelling stations now open and operational; the locations in which they are based; the number planned and scheduled to open in 2019; the locations in which the scheduled stations will be based; and if he will make a statement on the matter. [21012/19]

Minister for Communications, Climate Action and Environment (Deputy Richard Bruton): The delivery of 14 Compressed Natural Gas (CNG) filling stations, as part of the Causeway Project co-funded by the EU Connecting Europe Facility, is an operational matter for Gas Networks Ireland.

I have been provided with an update on the current status of these stations by Gas Networks Ireland which is set out in the table below.

-	Location	Status
Station 1	Dublin Port	In operation dispensing gas daily.
Station 2	Exit 8, Cashel	Planning permission in place - waiting electrical connection - planned completion Q3 2019
Station 3	Kinsale Road, Cork	Programme progressing - Planned completion Q4 2019
Station 4 & 5	City North, Meath. BallySimon Road, Limerick	Contracted - design in process
Station 6, 7,8,9	Portlaoise, Tipperary, Kildare and Cork	At final contract stage
Station 10-14	To be confirmed.	Negotiations in relation to locations are on going

It should be noted that as these programmes have wide stakeholder groups and dependencies, some of which are beyond the control of Gas Networks Ireland, and therefore dates are subject to change.

Litter Pollution

237. **Deputy Thomas P. Broughan** asked the Minister for Communications, Climate Action and Environment if consideration is being given to liaising with the local authorities under waste management and littering legislation to curb the persistent use of postering on lamp posts outside the electoral period in view of the ubiquitous presence of social media and local newspapers to publicise public meetings and events between elections; and if he will make a statement on the matter. [21019/19]

Minister for Communications, Climate Action and Environment (Deputy Richard Bruton): The Litter Pollution Acts 1997 to 2009 provide the statutory framework to combat the litter challenge. With regard to posters, the primary purpose of the Acts is to reduce litter by prescribing periods for which public meeting and election posters may be displayed. Under the Acts, the primary management and enforcement response to littering, including oversight of the removal of posters and cable ties within the statutory timeframe, falls under the remit of Local Authorities.

A public consultation process on the control of postering for elections and referenda was engaged in by this Department in September 2008, to balance the need to provide information to the public with the management of the erection of posters. As a result of this public consultation Section 19(7) of the Litter Pollution Act 1997 was amended by the Electoral (Amendment) (No.2) Act 2009, to introduce a 30-day time limit prior to an election, referendum or public meeting taking place, during which posters can be displayed. Prior to this amendment, the relevant legislation had required that election posters be taken down within 7 days of an election, but provided no time limit for the period prior to an election within which posters could be displayed. Posters erected to advertise public meetings are permissible until the advertisement has been in position for 7 days or longer after the day specified in the advertisement for the meeting. Failure to comply with this legislation is an offence.

I am satisfied that the above measures, as outlined above, mitigate against the potential creation of litter and I currently have no proposals to alter this position.

Greenhouse Gas Emissions

238. **Deputy Thomas P. Broughan** asked the Minister for Communications, Climate Action and Environment his views on whether market pricing across the aviation industry reflects the cost of carbon emissions in the sector; and if he will make a statement on the matter. [21020/19]

Minister for Communications, Climate Action and Environment (Deputy Richard Bruton): Since 2012, greenhouse gas emissions associated with flights operating in the European Economic Area (EEA), including domestic flights as well as those to and from third countries, are covered by the EU Emissions Trading System (ETS). Airlines are required to monitor, report and verify their emissions, and to surrender allowances against those emissions. Airlines receive tradeable allowances covering a certain level of emissions from their flights per year and must purchase allowances to cover any shortfall between their allocated sum of free emissions allowances and their actual emissions, as reported annually. The ETS is administered in Ireland by the Environmental Protection Agency.

Reforms to the ETS, adopted at EU level in 2018, are designed to strengthen the ETS for the 2021-2030 period. These reforms are intended to provide a much stronger price signal to encourage deeper emissions reductions in sectors covered by the ETS, including aviation.

To support the planned development of a global Carbon Offsetting and Reduction Scheme for International Aviation (CORSIA) by the International Civil Aviation Organisation (ICAO), the EU agreed in 2014 to limit the scope of aviation in the EU ETS to flights within the EEA. CORSIA will come into effect in 2021 and aims to stabilise global aviation emissions at 2020 levels by requiring airlines to offset any emissions growth after 2020 by purchasing eligible emission units generated by projects that reduce emissions in other sectors. CORSIA is the first global market-based measure for any industrial sector and is one component of ICAO's suite of measures in support of improving the environmental performance of international aviation. Responsibility for the implementation of CORSIA in Ireland is a matter for the Minister for Transport, Tourism and Sport.

National Broadband Plan Administration

239. **Deputy Barry Cowen** asked the Minister for Communications, Climate Action and Environment if there will be a special purpose vehicle set up between an organisation (details supplied) and the ultimate investors; if so, the tax status of same; if it will be liable for corporation tax; if it will be a section 110 company; if a representative from his Department will be on the board of same; if his Department will have full sight of the financial accounts of same; and if he will make a statement on the matter. [21096/19]

240. **Deputy Barry Cowen** asked the Minister for Communications, Climate Action and Environment the tax structure and status of an organisation (details supplied); if it will be liable for corporation tax; if it will be a section 110 company; if a representatives from his Department will be on the board of the organisation; if his Department will have full sight of the financial accounts of the organisation; and if he will make a statement on the matter. [21097/19]

Minister for Communications, Climate Action and Environment (Deputy Richard Bruton): I propose to take Questions Nos. 239 and 240 together.

NBI Infrastructure Limited t/a National Broadband Ireland (NBI) is subject to Irish Corporation Tax and will not be a section 110 company.

The NBP Contract provides that the Minister may appoint a Director to the board of the company. A minimum of one other Director will be appointed by the Shareholders of NBI following an open and competitive selection process conducted by an external executive search firm. The number depends on the overall number of Directors. The remaining Directors will be appointed by the Shareholders of NBI.

The Department will have full sight of the financial accounts of NBI. The NBP Contract provides for detailed regular reporting from NBI to the Department across all aspects of performance including the provision of financial statements.

The equity of NBI will be invested in NBI via a holding company as would be typical for projects such as this. The holding company will be wholly owned by Granahan McCourt Dublin (Ireland) Limited, subject to the Minister's special share in NBI.

The Holding Company will be subject to Irish Corporation Tax and will not be a section 110 company. The holding company and Granahan McCourt Dublin (Ireland) Limited will have agreements in place with the ultimate investors, Granahan McCourt Dublin (Ireland) Limited, Tetrad Corporation and McCourt Global LLC., in respect of both corporate governance and equity funding for the Project.

Holdco is an investment vehicle and the Minister will not appoint a Director to this Board.

National Broadband Plan Administration

241. **Deputy Barry Cowen** asked the Minister for Communications, Climate Action and Environment the number of subcontracts an organisation (details supplied) will have to finalise before broadband will commence to be rolled out; and if he will make a statement on the matter. [21098/19]

Minister for Communications, Climate Action and Environment (Deputy Richard Bruton): The National Broadband Plan contract for the State intervention will be signed with National Broadband Ireland (NBI), a designated activity company resident in Ireland. NBI will be supported by a number of internationally experienced subcontractors, including KN Group, the Kelly Group, enet and Actavo among others. NBI is finalising negotiations on contracts with approximately 40 subcontractors to assist in the delivery of the NBP. In order to support deployment shortly after contract award it is anticipated that a subset of approximately 15-20 of these subcontracts will be required.

Greenhouse Gas Emissions

242. **Deputy Thomas P. Broughan** asked the Minister for Transport, Tourism and Sport the steps he is taking regarding the impact of aviation on climate change; and if he will make a statement on the matter. [21020/19]

Minister for Transport, Tourism and Sport (Deputy Shane Ross): The National Aviation Policy commits Ireland to the development of a sustainable, resource-efficient aviation sector. The Policy recognises and supports actions relating to emissions and noise to mitigate the negative external impacts of aviation while facilitating the sustainable growth of the sector in support of business, tourism and air travel consumers.

In line with Resolutions of the International Civil Aviation Organisation (ICAO) on climate change, Ireland continues to coordinate an Action Plan for Aviation Emissions Reduction. An

updated Action Plan has been completed and submitted to ICAO on May 10 and is now published by my Department on its website: <http://www.dttas.ie/aviation/publications/english/irelands-action-plan-aviation-emissions-reduction>

The measures outlined in the Action Plan 2019-2023 at national level include ongoing programmes of fleet renewal by Irish registered airlines, moving to better fuel efficient engines and a range of air traffic management and airport operational improvements.

The Action Plan is the result of consultation across the range of aviation stakeholders and details actions by them, both at supra-national and national level, designed to mitigate the impact of aviation on climate.

Carbon (CO₂) emissions from aviation have been included in the EU emissions trading system (EU ETS) since 2012. Directive 2003/87/EC as amended, requires all airlines operating in Europe, to record emissions (calculated on the basis of measuring fuel consumed), report and verify their emissions, and to surrender allowances against those emissions. The number of allowances is capped requiring airlines to either reduce emissions or purchase emissions credits. The Environmental Protection Agency (EPA) is designated the competent authority for administering the EU ETS scheme in respect of aircraft operators in Ireland.

At its 39th Assembly in 2016 ICAO agreed to implement a Global Market Based Measure in the form of the Carbon Offsetting and Reduction Scheme for International Aviation (CORSA) to address any annual increase in total CO₂ emissions from international civil aviation above the 2020 levels. It is the first such scheme agreed at international level for any industrial sector.

The scheme is designed to allow aircraft operators offset emissions through the purchase of credits from verified environmental projects in areas outside of aviation. The scheme will be implemented in pilot, voluntary and mandatory phases to 2035 – Ireland is taking part in the voluntary pilot phase from 2021 alongside the other 43 members of the European Civil Aviation Conference (ECAC). The EU Commission is in the process of adopting various provisions for the appropriate monitoring, reporting and verification of emissions for the purpose of implementing CORSA via the EU-ETS acquis.

My Department is working closely with the Department of Communications, Climate Action and Environment and the EPA on the implementation of CORSA at national level. The EPA is actively engaging with airlines on the reporting requirements for both EU-ETS and CORSA.

Roads Maintenance Funding

243. **Deputy Kevin O’Keeffe** asked the Minister for Transport, Tourism and Sport when funding will be made available for a project (details supplied). [20998/19]

Minister for Transport, Tourism and Sport (Deputy Shane Ross): The improvement and maintenance of regional and local roads is the statutory responsibility of local authorities, in accordance with the provisions of Section 13 of the Roads Act 1993. Works on those roads are funded from the Council’s own resources supplemented by State road grants. The initial selection and prioritisation of works to be funded is also a matter for the local authority.

Within the budget available to the Department, grant funding is allocated on as fair and equitable basis as possible. In this context, grants in the main grant categories are allocated based on the length of regional and local roads within a local authority area of responsibility, with account taken where appropriate of the local authority’s own resources in terms of rates

and other income. It is a matter for each Council to determine its priorities and decide its work programme taking available grant funding and its own resources into account. In this context I continue to emphasise to local authorities the importance of prioritising roads when allocating their own resources.

In the aftermath of the financial crisis there were major cutbacks in funding for the national, regional and local road network. This resulted in the severe curtailment in funding for road improvement grant programmes, including the Strategic Grant Scheme, in order to focus available funding on maintenance and renewal work.

The Building on Recovery Capital Plan 2016-2021 and the Capital Plan Review allocations mark a significant step forward in terms of restoring funding to the levels needed to maintain the road network in a “steady state” condition and allowing for some investment in road improvement schemes but it is going to take time for funding to build up to the required level. For now funding will largely continue to support the maintenance of the regional and local road network. While a limited number of improvement projects are scheduled to go ahead over the next few years, funding is not available to commit to additional schemes at this point. All available grant funding for 2019 has been allocated.

The National Development Plan does note that local authorities have plans the progress a range of projects on regional and local roads and includes examples of such projects. My Department will be liaising with local authorities in relation to possible future projects for development in the post 2021 period and the appraisal requirements in relation to such projects.

While there were major cuts in grant funding for the road network during the recession, there have been significant increases in grants in recent years. In this context Cork County has been allocated regional and local road grant funding of €50,465,240 in 2019. To date my Department has not received an application for works at Lakeview roundabout.

In so far as the matter relates to a national road as well as a regional road, as Minister for Transport, Tourism & Sport, I have responsibility for overall policy and funding in relation to the national roads programme. Under the Roads Acts 1993-2015, the planning, design, budget management and construction of individual national roads is a matter for TII, in conjunction with the local authorities concerned.

Noting the above position, I have referred the question to TII for a direct reply. Please advise my private office if you do not receive a reply within 10 working days.

Road Traffic Legislation

244. **Deputy Thomas P. Broughan** asked the Minister for Transport, Tourism and Sport if he has given further consideration to the consolidation of road traffic legislation; his plans to proceed with proposed legislation to curb excessive speed on roads; and if he will make a statement on the matter. [21024/19]

Minister for Transport, Tourism and Sport (Deputy Shane Ross): My priorities in respect of road traffic legislation have been focused on legislation which is immediately needed. In that context, my Department is currently working on a Road Traffic Bill to provide, in the main, for graduated penalties for speeding offences.

The Government is still considering proposals which I have put forward for the introduction of graduated speeding penalties. Speeding is one of the most dangerous behaviours on our roads and it is clear that further measures are needed to tackle it. I believe that a graduated system of penalties, which would reflect the level of speeding in the level of consequence – much as we already do for levels of alcohol - is the right approach to take.

While not a priority at this time, the consolidation of the Road Traffic Acts must not simply be a matter of re-enacting all current road traffic legislation into one instrument. The benefits of consolidation are too often misunderstood and over-stated. If the project is to be of value, it will be necessary to examine each aspect of the legislation and see where it might be improved upon. Such a project, done properly, could take up to three years to complete.

There is no indication of any failure of prosecutions due to a lack of consolidation, never mind the significant problem which would need to exist to justify diverting resources from more urgent tasks to consolidation at this time. Any decision to undertake such a project in the future will have to be balanced against the value added and the risks associated with undermining the extensive legal precedents established to date. Indeed, I understand that recent significant precedents in court decisions would suggest that consolidation should not be undertaken at this time.

Sports Capital Programme Applications

245. **Deputy Thomas P. Broughan** asked the Minister for Transport, Tourism and Sport if levels of remuneration to senior officials in civic society organisations mostly made up of volunteer members are taken into account by his Department when evaluating structures of governance on bodies making applications for sports capital and other grants; and if he will make a statement on the matter. [21025/19]

Minister of State at the Department of Transport, Tourism and Sport (Deputy Brendan Griffin): The Sports Capital Programme (SCP) is the primary vehicle for Government support for the development of sports and physical recreation facilities and the purchase of non-personal sports equipment throughout the country.

The detailed terms and conditions of the SCP are available on the Department's website at www.sportscapitalprogramme.ie including a sample copy of the most recent application form and the assessment manual used by officials to evaluate applications. While it is a requirement that applicant organisations are run on a not-for-profit basis and that they are open for new members, the Department does not collect information on the remuneration of officials in the organisations applying for funding. The vast majority of SCP grantees are voluntary and community groups run by volunteers who receive no payment for their work. Details of all allocations under the SCP are also available on the Department's website.

In relation to other grants, Sport Ireland, which is funded by my Department, is the statutory body with responsibility for the development of sport, increasing participation at all levels and raising standards. It also has responsibility for the allocation of funding to sporting organisations across its various grant schemes and for the establishment of the terms and conditions for that grant funding. Accordingly, I have also referred the Deputy's question to Sport Ireland for direct reply in relation to this matter. I would ask the Deputy to inform my office if a reply is not received within 10 days.

Electric Vehicles

246. **Deputy Eamon Ryan** asked the Minister for Transport, Tourism and Sport if electric scooters are considered to be mechanically propelled vehicles; and the requirements for road use of scooters. [21052/19]

Minister for Transport, Tourism and Sport (Deputy Shane Ross): The Road Traffic Act 1961 defines a mechanically propelled vehicle as a vehicle intended or adapted for propulsion by mechanical means, including a bicycle or tricycle with an attachment for propelling it by mechanical power, whether or not the attachment is being used. It also includes a vehicle the means of propulsion of which is electrical, or partly electrical and partly mechanical. Whether or not a vehicle requires a push-start is legally irrelevant.

Escooters and powered skateboards fall into this category, and are therefore considered to be mechanically propelled vehicles. Any users of such vehicles in a public place (as defined in the Road Traffic Act 1961) must have insurance, road tax and a driving licence, with penalties under road traffic laws (including fixed charge notices, penalty points, fines and possible seizure of the vehicle) for not being in compliance with these requirements.

As it is currently not possible to tax or insure escooters or electric skateboards, they are not considered suitable for use in a public place. There is no anomaly within the law.

I have requested that the Road Safety Authority research how escooters and other such vehicles are regulated in other countries, particularly other Member States. The goal is to understand the road safety implications of the use of such vehicles on public roads, especially when interacting with other vehicles.

I will make a decision on whether or not to amend existing legislation when I have received and considered the outcome of the Authority's research. I would need to be satisfied that permitting such vehicles on our roads will not give rise to safety concerns, whether for the users of such machines or for other road users including cyclists, pedestrians and motorists.

Domestic Violence Services Funding

247. **Deputy Thomas Pringle** asked the Minister for Children and Youth Affairs if she will seek to preserve a service (details supplied) in County Donegal for women and children seeking refuge from domestic abuse; if a reply will issue to its request for urgent funding; and if she will make a statement on the matter. [20999/19]

Minister for Children and Youth Affairs (Deputy Katherine Zappone): Under the Child and Family Agency Act, 2013, Tusla, the Child and Family Agency, has statutory responsibility for the provision of care and protection to victims of domestic, sexual and gender-based violence (DSGBV). In discharging its statutory responsibility, Tusla supports 59 organisations nationally that deliver a range of services to victims of domestic, sexual and gender based violence.

Two specific services, Donegal Women's Domestic Violence Service and Donegal Women's Centre, are funded by Tusla to provide services to domestic violence victims in County Donegal, including Inishowen. At this time, Tusla is not seeking to commission additional services in County Donegal.

A wide range of Tusla services are provided and commissioned across County Donegal, mindful of the rural nature of the county. Accessibility is an issue for service users in many rural areas across the country, and Tusla has been supporting services in developing and enhancing outreach services in order to improve access to services.

Many organisations have moved from a clinic-based response to more flexible responses, where services arrange to meet service users at times and places that are safe and convenient for them. Tusla-funded services in County Donegal have demonstrated this approach in providing an outreach service to service users in different areas of the county, including Inishowen.

In 2018, Tusla provided €3,200 in funding to Lifeline Inishowen for the delivery of counselling to both adults and children.

I am committed to the development of domestic violence services. Tusla will continue to work with service providers throughout the country to improve services for victims of domestic violence.

School Playgrounds

248. **Deputy Dara Calleary** asked the Minister for Rural and Community Development the supports available via the CLÁR programme or other programmes within his Department to a school in a rural area planning to refurbish outdoor play areas on the school grounds to incorporate play equipment in the interests of promoting physical activity within the school community; his views on whether a CLÁR-funded playground must be made available to the wider community; if his attention has been drawn to the fact that this condition is imposing extensive insurance costs on school communities; and if he will make a statement on the matter. [20949/19]

Minister for Rural and Community Development (Deputy Michael Ring): The CLÁR programme provides funding for small scale infrastructure projects in rural areas that have experienced significant levels of de-population.

Since I reintroduced the programme in 2016, funding has been provided for a range of measures, including for the enhancement or development of Play Areas and Multi-Use Games Areas (MUGAs). Eligible applicants under this measure include both schools and communities. Given that CLÁR is providing public money for these projects, I believe that the facilities should be available to the general community.

In the case of schools, I appreciate that the use of play areas and MUGAs by the general community may need to be restricted to times outside of school hours.

My Department was established to promote rural and community development throughout Ireland. In order to do achieve this objective, funding provided to projects should have the widest possible benefit for communities. It is in this context that the CLÁR programme stipulates that play areas and MUGAs must be available to all members of the community.

LEADER Programmes Funding

249. **Deputy Michael Healy-Rae** asked the Minister for Rural and Community Development if he will address a matter regarding funding for a local community project (details supplied) in County Kerry; and if he will make a statement on the matter. [20961/19]

Minister for Rural and Community Development (Deputy Michael Ring): LEADER is a multi-annual programme covering the period 2014-2020 which is delivered through Local Action Groups (LAGs) in each of the 28 LEADER sub-regional areas around the country. In order for a project to be eligible for LEADER funding, it must be compatible with the actions outlined in the approved Local Development Strategy for the relevant LEADER area, and it

must comply with the Operating Rules and EU Regulations in place for the programme.

LAGs may award LEADER funding up to a maximum of 50% of the total project costs. This percentage may be increased to 75% for analysis and development type projects, and to 100% for training type projects. In addition, higher maximum rates of aid may be applied for community-based projects where the applicant satisfies certain additional criteria and where there is no commercial basis for the project.

I understand that an Expression of Interest for LEADER funding has been submitted to the LAG in Co. Kerry in respect of the project referred to by the Deputy.

The Kerry Local Action Group, through its Implementing Partner South Kerry Development Partnership Ltd., has advised my Department that the community group associated with the project referred to by the Deputy was successful on two previous occasions in their applications for financial support through LEADER. In both instances, the approved projects were awarded a rate of aid above the standard maximum rate as the projects contained no commercial element.

With regard to the proposed new project referred to by the Deputy, the LAG has advised my Department that, based on their assessment of the Expression of Interest submitted by the applicant, the project would involve commercial activity. Therefore the appropriate maximum rate of aid for the proposed project, if approved, would be 50%.

The decision to approve a project, or otherwise, is a matter for the LAG which administers the programme in each LEADER area and my Department has no role in this matter. However, each LAG and each project promoter must comply with the Operating Rules and the EU Regulations which govern LEADER, including with regard to the levels of support which can be provided.

Carer's Benefit Applications

250. **Deputy Fiona O'Loughlin** asked the Minister for Employment Affairs and Social Protection if the stamps of a person (details supplied) can be reviewed. [21069/19]

Minister for Employment Affairs and Social Protection (Deputy Regina Doherty): Carer's Benefit (CARB) is a PRSI based payment made to a person who leaves the workforce to care for a child or an adult in need of full-time care and attention. An increased payment can be made where full-time care is being provided to two people.

In order to qualify, the applicant must have paid a certain number of PRSI contributions. Only contributions at Class A, B, C, D, H and E can be counted towards Carer's Benefit. Class S (self-employed contributions) do not count.

Instead the person concerned may have an entitlement to Carer's allowance (CA). CA is a means-tested social assistance payment made to a person who is habitually resident in the State and who is providing full-time care and attention to a child or an adult who has such a disability that as a result they require that level of care.

In order to qualify, applicants must show that they are habitually resident in the State, that their means are less than the statutory limit, that they are providing full-time care and attention and that the person being cared for requires that level of care.

Means are any income belonging to the carer and their spouse, civil partner, or cohabitant,

property, (except their own home) or an asset that could bring in money or provide them with an income, for example occupational pensions, or pensions or benefits from another country.

The person being cared for must have such a disability that as a result 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 continual supervision in order to avoid danger to him or herself and likely to require that level of care for at least twelve months.

In addition the carer must be providing this level of care.

Applications forms for CA can be found at any Intreo or Citizens' Information Office Nationwide or can be downloaded from my Department's website, www.welfare.ie.

I hope this clarifies the matter for the Deputy.

Carer's Support Grant

251. **Deputy Kevin O'Keeffe** asked the Minister for Employment Affairs and Social Protection the status of an application by a person (details supplied). [20951/19]

Minister for Employment Affairs and Social Protection (Deputy Regina Doherty): The Carers' Support Grant is an annual payment made by the Department of Employment Affairs and Social Protection to full-time carers, who satisfy certain conditions.

The application for the Grant by the person concerned was received on 2nd May 2019. The application will be processed in advance of the payment date for the grant, of the 6th of June and the person concerned will be notified of the outcome directly.

I trust this clarifies the matter for the Deputy.

Invalidity Pension Applications

252. **Deputy Aengus Ó Snodaigh** asked the Minister for Employment Affairs and Social Protection the status of an application by a person (details supplied); and when they can expect a decision on their case. [20952/19]

Minister of State at the Department of Employment Affairs and Social Protection (Deputy Finian McGrath): On receipt of additional medical evidence submitted in support of a review of the invalidity pension claim from the gentleman referred to, he has been awarded invalidity pension with effect from 01 February 2018. Payment will issue to his nominated bank account on 16 May 2019. Any arrears due from 01 February 2018 to 15 May 2019 (less any overlapping social welfare payment) will issue as soon as possible. The gentleman in question was notified of this decision on 13 May 2019.

I hope this clarifies the matter for the Deputy.

Social Welfare Appeals

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253. **Deputy Niamh Smyth** asked the Minister for Employment Affairs and Social Protection the status of an appeal by a person (details supplied); and if she will make a statement on the matter. [20953/19]

Minister for Employment Affairs and Social Protection (Deputy Regina Doherty): The Social Welfare Appeals Office has advised me that an appeal by the person concerned was referred on 10th April 2019 to an Appeals Officer who will make a summary decision on the appeal based on the documentary evidence presented or, if required, hold an oral hearing.

The Social Welfare Appeals Office functions independently of the Minister for Employment Affairs and Social Protection and of the Department and is responsible for determining appeals against decisions in relation to social welfare entitlements.

I trust this clarifies the matter for the Deputy.

Illness Benefit Payments

254. **Deputy Eamon Scanlon** asked the Minister for Employment Affairs and Social Protection when illness benefit payments will issue to a person (details supplied); and if she will make a statement on the matter. [20960/19]

Minister of State at the Department of Employment Affairs and Social Protection (Deputy Finian McGrath): The Illness Benefit claim from the person concerned has been paid up to the 5th May 2019, which is the last date of incapacity for work on her most recent medical certificate.

If the person concerned remains ill and unfit for work, a further medical certificate should be submitted to the Department as soon as possible in order for further payments to issue.

I trust this clarifies the matter for The Deputy.

Disability Allowance Applications

255. **Deputy Niamh Smyth** asked the Minister for Employment Affairs and Social Protection if a disability allowance application by a person (details supplied) will be expedited; and if she will make a statement on the matter. [20980/19]

Minister of State at the Department of Employment Affairs and Social Protection (Deputy Finian McGrath): I confirm that my department received an application for disability allowance from this lady on 11 March 2019. On completion of the necessary investigations on all aspects of the claim a decision will be made and the person concerned will be notified directly of the outcome.

The processing time for individual DA claims may vary in accordance with their relative complexity in terms of the three main qualifying criteria, the person's circumstances and the information they provide in support of their claim.

I trust this clarifies the matter for the Deputy.

State Pension (Contributory)

256. **Deputy Willie Penrose** asked the Minister for Employment Affairs and Social Protection if a review of pension entitlements has been conducted in respect of a person (details supplied); and if she will make a statement on the matter. [20981/19]

Minister for Employment Affairs and Social Protection (Deputy Regina Doherty): Since late September 2018, my Department has been examining the social insurance records of approximately 90,000 pensioners, born on or after 1 September 1946, who have a reduced rate State pension contributory entitlement based on post Budget 2012 rate-bands. These payments are being reviewed under a new Total Contributions Approach (TCA) to pension calculation which includes provision for homecaring periods.

In March 2019, the person concerned submitted an application for HomeCaring periods. A review outcome has now issued to the person concerned, outlining details of their increase to maximum rate State pension contributory. Arrears of payment, backdated 30 March 2018, will issue shortly.

I hope this clarifies the matter for the Deputy.

JobPath Implementation

257. **Deputy John Brady** asked the Minister for Employment Affairs and Social Protection if payments are made to Turas Nua and Seetec in which a JobPath participant becomes self-employed and is deemed to be no longer eligible for job activation; and if she will make a statement on the matter. [20987/19]

Minister for Employment Affairs and Social Protection (Deputy Regina Doherty): JobPath employment service providers are paid on the basis of performance and with the exception of the initial registration fee, payments are made only when a client has achieved sustained employment, including self-employment, and ceases to be entitled to claim a jobseekers related payment.

Once a client ceases to claim a jobseekers' related payment they are no longer required to engage with the Department's activation services. However in-work support can be provided as required for up to a year.

It should be noted that Back to Work Enterprise Allowance (BTWEA) is a jobseekers related payment and therefore the JobPath service providers would not be entitled to a fee for individuals who enter self-employment and are in receipt of this payment. However, if a JobPath participant becomes self employed and they are not in receipt of the BTWEA, then the JobPath providers would be entitled to a fee for this individual.

I trust this clarifies the matter for the Deputy.

Carer's Allowance Applications

258. **Deputy Willie O'Dea** asked the Minister for Employment Affairs and Social Protection when a decision will be made on a carer's allowance application by a person (details supplied); and if she will make a statement on the matter. [20992/19]

Minister for Employment Affairs and Social Protection (Deputy Regina Doherty): Carer's allowance (CA) is a means-tested social assistance payment made to a person who is habitually resident in the State and who is providing full-time care and attention to a child or an

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adult who has such a disability that as a result they require that level of care.

CA has been in payment to the person concerned for one care recipient since 24 April 2008.

CA was awarded to the person concerned on 10 May 2019, in respect of a 2nd care recipient with effect from 7 September 2017 and the first payment will issue to her nominated post office on 16 May 2019.

Arrears for the period 7 September 2017 to 15 May 2019 will issue shortly.

I hope this clarifies the matter for the Deputy.

Exceptional Needs Payment Eligibility

259. **Deputy Marc MacSharry** asked the Minister for Employment Affairs and Social Protection if the case of a person (details supplied) in County Leitrim will be reviewed; and if she will make a statement on the matter. [21027/19]

Minister for Employment Affairs and Social Protection (Deputy Regina Doherty): Under the Social Welfare Consolidation Act 2005, a qualified child is defined as being either under the age of 18 years or over the age of 18 years if attending a course of study as described in section 148(3)(a). The children of the person concerned are being home schooled, and as such do not qualify for payment. The person concerned has been advised of his right to appeal the decision.

Under the supplementary welfare allowance (SWA) scheme an exceptional needs payment (ENP) may be made to help meet essential, once-off, exceptional and unforeseen expenditure which a person could not reasonably be expected to meet out of their weekly income.

However, there is no automatic entitlement to these types of payments. ENPs are payable at the discretion of the officers administering the scheme taking into account the requirements of the legislation and all the relevant circumstances of the case in order to ensure that the payment targets those most in need of assistance. An application for an ENP can be made by contacting the officer administering the SWA scheme in the Manorhamilton INTREO office.

Domiciliary Care Allowance Applications

260. **Deputy Tom Neville** asked the Minister for Employment Affairs and Social Protection the status of an application for a domiciliary care allowance by a person (details supplied); and if she will make a statement on the matter. [21028/19]

Minister of State at the Department of Employment Affairs and Social Protection (Deputy Finian McGrath): An application for domiciliary care allowance (DCA) was received from this lady on the 3rd April 2019. Applications received in early March 2019 are currently being finalised. The application will be considered by a deciding officer in due course and the decision notified to her as soon as possible.

I hope this clarifies the position for the Deputy.

Free Travel Scheme

261. **Deputy Robert Troy** asked the Minister for Employment Affairs and Social Protection if consideration has been given to the introduction of a scheme by which senior citizens living in remote areas would have a contribution to transport costs paid for in cases in which there is no access to public transport; her views on whether the free travel scheme is of little benefit to these persons; and if additional supports are necessary. [21072/19]

Minister for Employment Affairs and Social Protection (Deputy Regina Doherty): The free travel scheme provides free travel on the main public and private transport services for those eligible under the scheme. These include road, rail and ferry services provided by companies such as Bus Átha Cliath, Bus Éireann and Iarnród Éireann, as well as Luas and services provided by over 80 private transport operators. There are currently over 940,000 customers with direct eligibility. Following Budget 2019 the funding for the free travel scheme was increased by €5 million to a total of €95 million.

A further provision of €10 million was made for the existing scheme in Budget 2018 to facilitate more private commercial operators joining the free travel scheme for the first time, existing participants adding more routes, and operators returning to the scheme where they had previously withdrawn. My Department also provides €1.5 million in funding towards the rural transport programme which enables the development of better links between local/rural transport, and scheduled bus/rail services.

Under the supplementary welfare allowance scheme (SWA) the Department of Employment Affairs and Social Protection may award a travel supplement in any case where the circumstances of the case so warrant. The supplement is intended to assist with ongoing or recurring travel costs that cannot be met from the client's own resources and are deemed to be necessary. Every decision is based on consideration of the circumstances of the case, taking account of the nature and extent of the need and of the resources of the person concerned.

Any decision to introduce a new scheme to give a travel allowance to senior citizens living in remote areas would have considerable budgetary consequences, would require significant administrative procedures to be put in place to decide which pensioners lived in areas that were sufficiently remote to qualify, and would have to be considered in the context of budget negotiations.

I hope this clarifies the matter for the Deputy.

Homelessness Strategy

262. **Deputy Thomas P. Broughan** asked the Minister for Housing, Planning and Local Government if consideration will be given to establishing a Dublin regional housing delivery task force on the lines of proposals for Cork and Galway in view of the large number of households in emergency homeless accommodation and on housing waiting lists in the greater Dublin area; and if he will make a statement on the matter. [21022/19]

Minister for Housing, Planning and Local Government (Deputy Eoghan Murphy): As part of the implementation of Construction 2020 – A Strategy for a Renewed Construction Sector, a Housing Supply Coordination Taskforce for Dublin was established in June 2014 and comprises of representatives from my Department, each of the four Dublin local authorities, NAMA and other agencies.

The focus of the Taskforce is to address supply-related issues relating to the delivery of housing in the Dublin region and to track data on planning permissions and housing activity. The data collated by the Taskforce on the aggregated planning permissions and planning ap-

plications across the four Dublin local authorities is mapped and available on my Department's website at the following link:

www.housing.gov.ie/maps/arcgis.com/apps/SimpleViewer/index.html?appid=1991a17faeb44bd2a76667d7d6da1ee6.

Further information in relation to housing under construction, including social housing units to be provided within relevant developments under Part V of the Planning and Development Act 2000 or otherwise, will be available from the relevant Dublin local authority.

The Task Force meets quarterly and the reports are published on my Department's website at the following link: www.housing.gov.ie/housing/construction-2020-strategy/dublin-housing-supply-task-force/housing-supply-coordination-task.

Shared Ownership Scheme

263. **Deputy Sean Fleming** asked the Minister for Housing, Planning and Local Government if a house that was originally acquired under the shared ownership scheme with a local authority can now be included in the rent-to-buy scheme; and if he will make a statement on the matter. [21032/19]

Minister for Housing, Planning and Local Government (Deputy Eoghan Murphy): In 2011, the Government announced the standing down of all affordable housing schemes, including the shared ownership scheme. Following a review of the shared ownership scheme undertaken in 2013, my Department together with the Housing Agency, the Housing Finance Agency and local authorities, considered the affordability issues facing some borrowers, who purchased properties under the shared ownership schemes and devised a more affordable long-term path towards full home ownership. Indeed, a range of measures have already been undertaken to reduce the monthly payments of shared ownership borrowers.

The index linked shared ownership scheme, which operated from 1999 until 2002, has been revised with regard to the annual indexation of the rental equity balance and rental payments. The amendments, which came into effect on 1 July 2015, reduce the monthly cost for these borrowers and avoid rental equity balances increasing for the remaining term. In addition, the variable mortgage interest rate charged to local authority borrowers was reduced to 2.3% with effect from 1 July 2016, which has helped many shared ownership borrowers.

An innovative shared ownership restructuring option has been available to shared ownership borrowers since 2016, and involves rolling-up all outstanding debt under a share ownership arrangement into a single annuity loan. The term of the annuity loan will be determined by the amount of the monthly repayment deemed to be affordable and sustainable for each shared ownership borrower. This restructuring option allows the borrower to have a regularised, restructured repayment solution, which is more easily understood. This arrangement may be of particular benefit to those shared ownership borrowers who are nearing the end of their annuity term but who have not made sufficient provision for the repayment of their rental equity balance. The feasibility of this new option for each shared ownership borrower will be determined by their local authority, and may not be appropriate in all cases. For example, in some instances, continuing with the current shared ownership arrangement may be the best option for both the shared ownership borrower and the local authority, or in other cases where the outstanding debt may not be sustainable for the borrower in the long-term, the Local Authority Mortgage to Rent (LAMTR) option might ultimately be the appropriate solution.

There is no obligation on any shared ownership borrower to restructure their loan arrange-

ment and local authorities in implementing the restructuring option will direct shared ownership borrowers to seek financial and legal advice prior to accepting any offer of a restructuring option. The new Abhaile Service, accessed via MABS, can assist shared ownership borrowers who are in arrears to access free independent expert financial and legal advice. Full details of the supports offered by the Abhaile Service are available from <https://www.mabs.ie/en/abhaile/>. Under the restructuring option, where shared ownership borrowers require financial and legal advice outside of that provided via MABS, local authorities will arrange to pay the cost of these fees to a maximum of €1,000, excluding VAT. Detailed guidance, training and direction have been provided by my Department and the Housing Agency to local authorities regarding the implementation of the measure and my Department is continuing to monitor the impact of the new measure for borrowers.

Details on the measures available to borrowers with shared ownership arrangements are available from their local authority. Overall, local authority borrowers are encouraged to engage with their local authority at the earliest opportunity if they are having difficulties making the repayments on their shared ownership arrangement. Information in relation to the local authority mortgage arrears resolution process (MARP) and the help available to borrowers is also available on my Department's website at the following link:

<http://www.housing.gov.ie/housing/home-ownership/mortgage-arrears/guidance-mortgage-arrears>.

Housing for People with Disabilities Provision

264. **Deputy Richard Boyd Barrett** asked the Minister for Housing, Planning and Local Government the status of the building of new accommodation at a school (details supplied); and if he will make a statement on the matter. [21053/19]

Minister for Housing, Planning and Local Government (Deputy Eoghan Murphy): My Department issued Stage 3 pre-tender approval in November 2018 for a proposal under the Capital Assistance scheme to provide accommodation for persons with a disability adjacent to the school referred to. The proposal will involve the redevelopment of a property previously used as a day care facility, to provide a five bedroomed unit to permanently accommodate four residents and a caretaker.

It is now a matter for the Approved Housing Body, the Saint John of God Housing Association, to progress the project to tender.

Water Supply

265. **Deputy Catherine Murphy** asked the Minister for Housing, Planning and Local Government the status of the Commission for Regulation of Utilities' review of the proposed scheme to develop a water supply network from the Shannon regions to the eastern areas of the State; when the review will be complete; and if he will make a statement on the matter. [21067/19]

Minister for Housing, Planning and Local Government (Deputy Eoghan Murphy): The Eastern and Midlands Water Supply Project has been in development since the mid-1990s, originally under Dublin City Council and under Irish Water since January 2014. It is the first comprehensive upgrade of Ireland's water infrastructure in over 60 years.

An additional 330 million litres of treated water a day is estimated to be needed in the

Greater Dublin and Eastern and Midlands Region by 2050. In 2015, Irish Water embarked on an extensive public consultation process to identify a new source of water supply for the region. Overall, ten options were assessed on technical environmental and economic grounds. The abstraction of raw water from the Parteen Basin and the Lower River Shannon was ultimately identified as the preferred option.

The Water Services Act 2013 requires the Minister for Housing, Planning and Local Government, in conjunction with the Minister for Public Expenditure and Reform, to provide consent for all commitments for capital expenditure above a certain threshold. Given the scale and importance of the Eastern and Midlands Water Supply Project, and recognising the statutory role of the Commission for the Regulation of Utilities (CRU) as independent economic regulator of Irish Water, including its role of reviewing Irish Water's capital investment plans, I have requested the CRU to undertake the review to support my decision as Minister for Housing, Planning and Local Government, in relation to the capital consent that will be required in the event that planning approval is obtained for the project. The request to the CRU is consistent with the CRU's role under Section 40 of the Water Services (No. 2) Act 2013 to advise the Minister for Housing, Planning and Local Government on the development and delivery of water services. The review has commenced and I expect to receive a report by the end of 2019.

The Terms of Reference for the review are available on the CRU website at the following link:

https://www.cru.ie/document_group/water-supply-project-eastern-and-midlands-region/ .

Local Authority Funding

266. **Deputy James Browne** asked the Minister for Housing, Planning and Local Government the reason he has not released funding to local authorities for the Rebuilding Ireland programme; when this funding will be released; if his attention has been drawn to the impact of the decision on local authorities; and if he will make a statement on the matter. [21115/19]

Minister for Housing, Planning and Local Government (Deputy Eoghan Murphy)(Deputy Eoghan Murphy): The Rebuilding Ireland Home Loan launched on 1 February 2018. Prior to its launch, an initial tranche of €200 million of long-term fixed-rate finance was borrowed by the Housing Finance Agency to provide funds for the scheme to local authorities.

When the Rebuilding Ireland Home Loan was initially being developed, it was estimated that the drawdown of loans under the scheme would be approximately €200 million over three years. From the data collated on the scheme to date, the RIHL has proven to be more successful than initially anticipated, as a result of which, the scheme would require a further tranche of funds to be borrowed by the HFA in order to enable its continuation.

My Department is currently in discussions with the Departments of Public Expenditure and Reform and Finance with regard to the amount of a second tranche, which I anticipate, will be finalised soon. When these discussions are concluded I will be in a position to make an announcement on the matter. However, the scheme remains open and all local authorities have been advised to continue to receive and process applications up to and including the issuing of loans. An announcement on the amount of additional funding to be provided is not inhibiting the running of the scheme in any way.

Water and Sewerage Schemes Status

267. **Deputy Willie Penrose** asked the Minister for Housing, Planning and Local Government if he has received an application regarding the group sewerage scheme for an area (details supplied) from Westmeath County Council; and if so, when same will be approved. [21140/19]

Minister for Housing, Planning and Local Government (Deputy Eoghan Murphy): Details of the measures being funded under the Multi-annual Rural Water Programme 2019-2021 were notified to local authorities by my Department on 8 February 2019. Local authorities were invited to submit their bids for the funding of schemes or projects in their functional areas, with the deadline for receipt of proposals set as 14 March 2019.

Westmeath County Council has included the scheme in question in its application to my Department under the new Programme.

My Department is currently considering local authorities' bids for funding allocations. An Expert Panel has been put in place to support the evaluation process. In addition to providing an expert perspective, the Panel brings independence, openness and transparency to the bids evaluation process which is done on a national prioritised basis. The Expert Panel's membership includes Departmental, stakeholder and independent representation.

The Expert Panel will make recommendations to my Department on the suitability of schemes and projects for funding, based on objective criteria which are set out in the Framework document issued to local authorities when proposals under the programme were sought. My Department will then consider the recommendations of the Panel, and based on these, will propose allocations for my consideration as Minister. I expect this process to be completed later in the second quarter of 2019.

Archaeological Sites

268. **Deputy Alan Kelly** asked the Minister for Culture, Heritage and the Gaeltacht her plans to ensure that a site (details supplied) will be afforded the status of preservation in situ as opposed to preservation by record in view of the fact that a Bronze Age burial site and settlement has been discovered at the site; her further plans to ensure that the site is protected from development in order that the archaeological findings may be preserved for the benefit of the wider community; and if she will make a statement on the matter. [21170/19]

Minister for Culture, Heritage and the Gaeltacht (Deputy Josepha Madigan): I refer the Deputy to my reply to Questions 518, 519, 520 and 522 of 14 May 2019.

Archaeological test excavations, licensed by my Department under the National Monuments Acts, were carried out on the site by privately engaged consultant archaeologists. Archaeological assessments are a normal part of the pre-planning phases of new development proposals. The objective of such assessments is to verify that an appropriate approach is taken in relation to any archaeological material that may be present.

The assessment in this case, comprising of a geophysical survey and archaeological test excavations, identified the presence of a subsurface archaeological enclosure in one area of the development site. In light of these findings, my Department subsequently approved a licensed excavation of the enclosure site in accordance with the provisions of the National Monuments Acts.

The excavation licence provided for the archaeological excavation and recording of the

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archaeological enclosure. While my Department received an interim progress report during the course of the excavation work, a standard condition of all such licences requires a formal report to be submitted to both the Department's National Monuments Service and the National Museum of Ireland setting out the results of the excavations and subsequent scientific analysis. The licensee is also required to publish a concise account of the excavation on the excavations.ie website.

The National Monuments Service and the National Museum of Ireland will receive the preliminary report of the excavation findings in the coming weeks and a final report will be submitted in due course. I will be happy to share these reports with the Deputy when they are received in my Department.

Under the Planning and Development Acts, planning authorities also refer development proposals that may impact on archaeological heritage to my Department for comment so that recommendations may be made, as appropriate, to avoid or mitigate any such impacts. My Department has recently responded to such a referral in relation in this case and has asked for further information to be obtained from the applicant with regard to the results of the archaeological assessment carried out to date and of such further assessment as may be appropriate in relation to the work to which the planning application relates. The Department has also recommended that the applicant be asked to undertake an Ecological Impact Assessment and Bat Survey of the site. My Department will respond as appropriate on receipt of further information from the planning authority.

Any submission made by a prescribed body to a planning authority may be taken into consideration by the authority when making its determination on a planning application. The final decision is, however, a matter for the planning authority itself.