



DÍOSPÓIREACHTAÍ PARLAIMINTE

PARLIAMENTARY DEBATES

DÁIL ÉIREANN

TUAIRISC OIFIGIÚIL—*Neamhcheartaithe*

(OFFICIAL REPORT—*Unrevised*)

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DÁIL ÉIREANN

Dé Máirt, 26 Samhain 2019

Tuesday, 26 November 2019

Chuaigh an Leas-Cheann Comhairle i gceannas ar 2 p.m.

Paidir.

Prayer.

Ceisteanna ó Cheannairí - Leaders' Questions

An Leas-Cheann Comhairle: I ask Deputies to please watch the clock.

Deputy Micheál Martin: The crisis in our health service shows no sign of abating; rather, it is getting worse by the day. Patients and others in attendance experienced shocking conditions in the emergency department of University Hospital Limerick yesterday. It was compared to a cattle mart by the relatives of those present and without question, people were treated in shocking conditions over a 24-hour period. This issue has been getting progressively worse on an ongoing basis.

Today's edition of the *Irish Examiner* reports that the country's three main children's hospitals have begun postponing elective procedures due to mounting pressures on the system ahead of the peak winter months. Children's Health Ireland has stated that all elective and routine inpatient procedures are to be restricted at its hospitals in the coming months, due to the number of children and infants presenting for admission. That will affect Crumlin, Temple Street, and Tallaght hospitals in particular. Deputy Donnelly received information from the Minister for Health last week, which showed that more than 117,000 children are awaiting healthcare in the form of hospital appointments and various outpatient or inpatient procedures. The waiting lists for children are quite shocking. More than 30,000 of those children and young people have been waiting for more than a year. A significant number of them are in serious pain, with many becoming sicker as they wait. Many will need further and more serious interventions by the time they are finally seen. Deputy Donnelly has not been provided with the number of children awaiting speech and language therapy, occupational therapy, psychology, audiology and many more services. He sought the figures last week but the Government was not in a position to provide them. He is expecting them in the next week or two.

In a report published in May, the Ombudsman for Children stated: "There has been an increase this year in Health complaints relating to long or non-moving waiting lists, and complaints made on behalf of children with mental health issues or those with disabilities." On mental health, more than 7,500 children and teenagers are waiting more than a year for a psy-

chology appointment.

The picture is very bleak for children when it comes to accessing our health services. Essentially, the Government is failing the children of Ireland in respect of access to healthcare and therapy interventions. Why was the Government not better prepared to avoid the current situation whereby procedures and surgeries for children are being postponed because of the pressure on hospitals? Will the Taoiseach commit to the Government providing a comprehensive and transparent statement on the overall situation facing these hospitals, the number of procedures being cancelled and the delays that will ensue? What emergency measures does the Government intend to take to deal with this crisis and specifically to avoid delays in surgery and vital interventions for children?

The Taoiseach: I acknowledge that our emergency departments, including children's emergency departments, are under a lot of pressure. The pressure is principally linked to a significant increase in the number of people affected by the respiratory syncytial virus, RSV, and the norovirus in recent days, with increased attendances by children with chest infections, the vomiting bug and so on. As a result, the children's hospitals will restrict elective access. Obviously, urgent operations will go ahead, but there will be restrictions on elective access until the number attending decreases. That is not unusual; it often happens during the winter period or when there is an outbreak of a virus. It is necessary to reduce overall demand on hospital services at a time when demand is increasing because of a virus outbreak and for reasons of infection control. It is not a good idea to bring patients in for operations when a hospital is full of patients who have an infectious disease.

The Deputy will be aware that recent actions taken by the Government to deal with these kinds of issues include the expansion of the children's vaccines programme to include the rotavirus vaccine, for example. That vaccination will reduce attendances by children with the vomiting bug. The new urgent care centre and outpatient centre at Connolly Hospital has been opened. It provides additional capacity, which was not in place last winter. It is open on weekdays and we hope to extend its opening hours to weekends as soon as possible. The outpatient unit there has been open since July, with the result that in the past six months, more than 1,000 children were given consultant appointments that they would not otherwise have received. As a result, we have been able to reduce the waiting list for children awaiting an appointment with a paediatrician by 27% in the past six months.

I acknowledge that there is pressure on children's emergency departments as a result of the RSV and the rotavirus. The Deputy asked what the Government has done about it. We have extended the children's vaccine programme and provided additional capacity through the new centre at Connolly Hospital, which has helped to reduce waiting times for appointments with a paediatrician by almost 27% in only six months. As the Deputy will be very aware, we have a new children's hospital that is very much under construction. It is now at roof level in certain points.

Deputy Micheál Martin: Children need early intervention in almost all cases to avert more serious illness downstream and to avoid conditions becoming progressively worse. The backdrop to this is the extraordinary number of children waiting so long for diagnostics, procedures or surgical interventions. The word "elective" does not convey the full story. When people say, "We are postponing elective...", it is routine. Some 400 children have been on a hospital waiting list for an orthopaedic procedure for at least two years before these delays kick in. A further 1,600 have been waiting for between 12 and 24 months. More than 2,000 children have been

waiting for well over two years for similar procedures.

The numbers are quite staggering. We still do not have the therapeutic services, such as physiotherapy, and other interventions. We knew about the pressures that were going to come. The Government new about the pressures that were going to come. Why did it not anticipate them? Where was the preparation to ensure that the delays being experienced by children and their families would not be further delayed as a result of an inability of the health service to cope with the increasing demands, notwithstanding the winter crisis? We see the evidence daily and weekly. The figures are getting progressively worse. There is a real sense of the everything is spiralling out of control and the Minister is nowhere to be seen.

The Taoiseach: Everyone in the House understands and acknowledges that we need to increase capacity in our hospital system, particularly the adult hospitals, but also the children's hospitals. The Deputy will recall the decision made by his party when in government with the Green Party - an ideological policy decision to strip hundreds if not thousands of beds out of our adult hospitals.

Deputy Dara Calleary: Fine Gael has had nine years.

An Leas-Cheann Comhairle: The Taoiseach without interruption.

The Taoiseach: We did not have much money in the first couple of years and we all know why that was the case. As soon as we had enough money from 2015 onwards in coalition with the Labour Party, we added beds to the hospital system. We have continued that now in the coalition between Fine Gael and the Independent Alliance.

When the Deputy was in office, his party took an ideological policy decision even when it had the money to reduce the number of hospital beds. As soon as we had enough money in 2015 and 2016 with the Labour Party, we started adding beds to our hospital system and we have done that even since.

Deputy Micheál Martin: There are no extra beds in Crumlin or Temple Street.

The Taoiseach: We will continue to do so. We have a plan in place for another 2,000 beds to be added over the next ten years.

Deputy Stephen Donnelly: Not for children.

An Leas-Cheann Comhairle: The Taoiseach without interruption.

The Taoiseach: On paediatrics in particular, in the past six months we have opened the new urgent care centre in Connolly hospital. That has enabled 1,000 children, who had been waiting for a long time to see a consultant, to do so.

Deputy Dara Calleary: How long do they wait for surgery?

The Taoiseach: That has resulted in a 27% reduction in the waiting list to see a general paediatrician only in the past six months. The new centre in Tallaght is under construction and will be open next year.

Deputy Micheál Martin: More than 100,000-----

An Leas-Cheann Comhairle: The Taoiseach without interruption.

26 November 2019

The Taoiseach: We have a children's hospital now under construction which is reaching roof height.

Deputy Fiona O'Loughlin: At what cost?

The Taoiseach: That hospital has been promised for as long as I can remember. It was first proposed in 1993 by the Royal Society of Paediatricians.

Deputy Stephen Donnelly: And no extra beds.

An Leas-Cheann Comhairle: Sorry, Taoiseach-----

The Taoiseach: Fianna Fáil spent €35 million on a hole in the ground. We are actually delivering a children's hospital.

Deputy Stephen Donnelly: Which is costing €2 billion with no extra beds.

Deputy Mary Lou McDonald: Accounts of experiences in our hospitals make for very grim reading in today's newspapers. Aaron is the father of a child who spent the weekend in Crumlin children's hospital. He said:

We spent 24 hours with our child in A&E, a child with special needs. The place was like a warzone with the poor staff run off their feet. Our front line can't cope and hospitals are unsafe for patients and staff.

We spoke to Aaron this morning and he wants us to record here that while this was the experience of his family over one weekend, they are very conscious that this is the experience of staff in our hospitals every single day.

The daughter of an 83 year old woman attending University Hospital Limerick said of her mother:

She was soaked, there was urine everywhere. She wasn't on a trolley, she was in the waiting room on the chair. They gave her some kind of pad and told her to sit on that.

The family of a 73 year old man who had been on a trolley for 24 hours said:

We're praying for a bed at this stage. They're trying to fit oxygen bottles to people in the corridors and the staff are just thrown to the wolves.

A 76 year old woman in Limerick said:

It's like a cattle market. There are trolleys everywhere.

The INMO has again stated that the situation is intolerable for staff and unsafe for patients.

These are the words and experiences of patients, relatives and hospital staff. This crisis is not new but is years in the making. Between them, Fine Gael and Fianna Fáil have created a situation where 660 people are waiting on trolleys across the State, 33 of whom are children. Limerick, once again, has the highest number with 75 patients waiting on trolleys. I was in Cork yesterday and spoke to people in Knocknaheeny, Bishopstown and all across the north side of Cork. They tell stories of people suffering at Cork University Hospital. Today, 60 people are awaiting beds in Cork University Hospital. More generally, as has already been stated, the level of crisis in our hospitals is such that our three main children's hospitals postpone elec-

tive procedures. They have no choice. It is the only option they are left with.

What will it take for the Taoiseach to accept and recognise the scale of the crisis facing sick people and their families because people are dying in hospital corridors and children are left in pain due to cancelled operations, which is not acceptable? The truth is that the Government's health policy has failed and this failure is having a devastating impact on the lives of patients but also on staff. Will the Taoiseach listen to the solutions that have been offered to him by nurses, midwives, hospital consultants' associations and patients? Those solutions involve increased recruitment, reopening closed beds and delivery of more step-down facilities but I ask the Taoiseach to specifically intervene on the matter of home help hours, bring provision to a level that will meet need and ensure patients are in a position to be discharged and to go home. I am asking him to give a commitment on this one matter and to at least signal that he will start to put right his disastrous health policy.

The Taoiseach: At the outset, I acknowledge that our emergency departments are very busy at present. They are busy all year round but they have been particularly busy in the past number of weeks. As a Government, we deeply regret the fact that this is having a terrible impact on patients and their families and on staff. There are factors behind it, particularly when it comes to children's hospitals. It is largely related to an outbreak of respiratory syncytial virus and norovirus, which has caused a significant increase in attendances in the past couple of days.

The Deputy mentioned solutions. We know what the solutions are and we are implementing them. We have been adding more beds to the hospital system every year since 2015 and will continue to do so. We have a plan to add another 2,000 beds over the next ten years reversing the policy of a previous Government to take thousands of beds out of the system. There is more allocation for home help. There has been an increase of about 40% in the home help budget in the past two or three years and another million home help hours are factored in for next year. There are additional resources for the fair deal scheme so that more patients who are medically fit to be discharged can be discharged. There is additional money in the winter plan for aids and appliances because some patients cannot go home because they need adaptations to their homes or certain aids and appliances. We have also reached an important agreement with GPs to increase funding for general practice and expand the services they provide over the next couple of years and will take on about 1,000 staff in the community. It will take time for this to have an effect but it will have the effect of reducing the number of people who need to go to hospital in the first place.

The Deputy mentioned University Hospital Limerick. As she is aware, under this Government, this hospital has a new emergency department, which is probably the largest and most modern such department in the country. Nonetheless, it is heavily crowded. A new wing in that hospital - the Leben wing - opened in recent years and there is a €20 million investment for a 60-bed inpatient ward block that is nearing completion. I am told the enabling works are complete. The main contractor has commenced work and we anticipate that construction will be completed around the middle of next year allowing it to open in 2020. Those are the kind of things that are being done.

I know people use the term "re-open old beds" as if there are beds that have been closed that could just be opened. Those old beds that were closed ten, 15 or 20 years ago have long since become outpatient and radiology departments. They cannot just be reopened. Only about 20 out of the 11,000 beds in our health service are closed for one reason or another - either because of infection control or for refurbishment - so if we want to add extra beds, we must add entire

new ward blocks, which is what we are doing in Limerick, Clonmel and other places.

Deputy Mary Lou McDonald: The issue is not simply that accident and emergency departments are busy. To write this off as some kind of temporary busyness is, frankly, off the wall. Conditions are unsafe for patients and staff. This is not a new issue that is the result of any specific outbreak of a particular virus. This is a year-round, calendar-wide catastrophe for patients and their families such that many people are afraid to go into our hospitals. Being left on a trolley in undignified and degrading conditions and sitting on a chair in an accident and emergency department if one is lucky is the daily reality. As for the Government's capacity to deliver solutions, God help us if that is the Taoiseach's idea of coming up with solutions. All the Government has done is to make gestures in the direction of what needs to happen.

The Taoiseach trumpets the additional 1 million home help hours when he knows that is not nearly sufficient. Just to clear the backlog, the waiting list, we need 2.5 million additional home help hours. How about the Government does things that have a prospect of success and actually allow people to go home?

The failure to make the adequate allocation of home help hours has meant, for example, that in May of this year, almost 20,000 bed days were lost because of delayed discharges.

An Leas-Cheann Comhairle: The Taoiseach will respond.

Deputy Mary Lou McDonald: In June, almost 19,000 bed days were lost. This is a mess and a catastrophe and it is time for the Taoiseach to step up, finish with alibis and excuses-----

An Leas-Cheann Comhairle: Deputy, please. I have to watch the clock.

Deputy Mary Lou McDonald: -----and start making progress for people who need our services.

The Taoiseach: I did not say anything about this being a temporary issue. In fact, I specifically acknowledged that many of our emergency departments are very crowded all year round and that has, unfortunately, been the case for a very long time. However, the specific issue relating to the children's hospital is because of an outbreak of respiratory syncytial virus, RSV, and the norovirus in the past couple of days. That has had the impact it has had and will come to pass.

The solutions that I have put forward are exactly the ones that Sinn Féin supports. There is not a significant difference in our health policies.

Deputy Mary Lou McDonald: The Taoiseach is not delivering on those health policies.

The Taoiseach: The solutions are to add beds to the hospital system, which we are doing, and to increase funding for home help. There has been an increase of 40% in home help funding within the past two or three years, with another additional 1 million hours next year and perhaps more in the years beyond that. It must be borne in mind that this is not only about money because one also has to find the necessary home helps and that is an increasing challenge at a time of almost full employment. There is also a need for additional investment in the fair deal scheme and in primary care.

I appreciate that part of the job of an Opposition leader is to tell me off and tick me off but I also follow what goes on north of the Border.

Deputy Mary Lou McDonald: Good for the Taoiseach.

The Taoiseach: Deputy McDonald will be very aware that there is a health sector strike north of the Border today. Among the things that front-line healthcare workers, health support staff, doctors and nurses are demanding in Northern Ireland is that the parties that have responsibility for running Northern Ireland should re-enter an Executive. Sinn Féin walked out of office in Northern Ireland three years ago when Michelle O'Neill was the Minister for Health. She is here today, having a meeting with us, when she should be doing her job as Minister for Health in Northern Ireland-----

Deputy Mary Lou McDonald: Is that seriously the Taoiseach's answer to my question?

The Taoiseach: -----instead of allowing healthcare workers to go on strike in Northern Ireland and demanding that Sinn Féin lives up to its responsibilities.

Deputy Brendan Howlin: Well-established democracies around the world are struggling to deal with the issue of fake news. Part of the problem is that online political advertisements that are misleading or malicious can be purchased on social media platforms by third parties and targeted at specific audiences to maximise the damage that such misinformation can cause. In December 2017, following consideration of Deputy Lawless's Online Advertising and Social Media (Transparency) Bill, the Government established an interdepartmental group to consider the substantive issue of social media use by external, anonymous or hidden third parties. A report published in July 2018 recognised the need to regulate political advertising. A public consultation closed in mid-October of last year. In December last year, the Government held an open policy forum on the regulation of online political advertising and finally, on 15 November of this year, the Government published proposals to regulate the transparency of online political advertising. The full report had not yet been published but the announcement is that a new law will be brought in to ensure elections held in this jurisdiction are free and fair and that they respect freedom of expression and access to legitimate and truthful information. We were promised that online political advertisements will be clearly identified as such.

The Taoiseach previously said that he had mixed feelings about the decision of Twitter to ban political advertising in response to the problem of misinformation. Last year, in a biography, it was claimed that he floated the idea of creating an anonymous social media account to comment positively on news. That might never have happened. Undoubtedly, the Taoiseach is well aware of the capacity of how social media can be gamed for political benefit.

I want to know whether the Government is serious about the announcement that online political advertising in this State will be regulated. He holds all the power in respect of whether that happens. He has the unique power of Taoiseach in being able to call and fix a date for a general election. He is also in charge of the Government's legislative programme. My question is simple and straightforward. Will the Government, and will the Taoiseach today, commit to having legislation in place to regulate online political advertising to ensure that this new law is fully in force in time for our next general election?

The Taoiseach: I thank the Deputy. When it comes to this area, what we are all striving to do is to balance the need and desirability for free speech, free expression and free association on the one hand with making sure that we do not have fake news and misinformation, whether it is online or in print. Misinformation and fake news is wrong whether it is online, in print or on posters. Many fake posters are appearing across the country, largely targeted at the Govern-

ment but at others too.

I do not believe in an outright ban on political advertising, whether that is banning posters, print advertising or banning it online, but it needs to be properly regulated and made transparent so we know the source of any political advertising, who has paid for it and how it is being targeted. We set up an interdepartmental group on that point. The group identified that there is an obvious gap in the treatment of print broadcast media and online platforms when it comes to political advertising. That is something we need to change. It is easier to spread disinformation online because it is not properly regulated.

The current proposal is to regulate the transparency of online political advertising. We are committed to legislate as soon as we possibly can to mitigate this gap. The regulation of political advertising in the broadcast media is part of a wider regulatory framework for advertising. Advertising in the print media is subject to a self-regulatory code of the Advertising Standards Authority of Ireland. However, political advertising is not covered within the scope of this code. It is the view that overhauling the regulatory provisions across all platforms is therefore a significant piece of work that is best done by the electoral commission when it is established, in conjunction with the Broadcasting Authority of Ireland. In the meantime, it is our priority to press ahead with legislation to ensure that online advertising is properly regulated and transparent. We will progress that legislation as soon as we possibly can.

Deputy Brendan Howlin: We have no commitment from the Taoiseach that it will be done in time for the next election. Is that his ambition at least?

I am genuinely concerned about the open use of racist, sexist and other bigoted language on social media by fringe political groups and movements. I had a conversation with somebody who is regulating that for one of the platforms and he told me one would be shocked at what is going on. They appear to have become bolder in recent months. I believe there is a real fear that this toxic rhetoric will encourage violence against people.

In the last local elections, I was pleased to see candidates from our new community standing for a multiplicity of parties and as Independents, but the sad truth is that many of them faced relentless attack of a racist nature online. Does the Taoiseach agree we need this legislation? Will he give a commitment now that he will have it enacted or seek to have it enacted in time for the next general election?

The Taoiseach: I do agree. We made a Government decision on 5 November this year to do exactly as suggested, that is, to prepare legislation to require political advertising online to be transparent. However, our current estimate is that we will have the general scheme for quarter 2 of 2020. Whether that will be in advance of the election is undetermined. That is as quickly as the Department believes it can draft the legislation. We will do it as soon as we possibly can.

Separate to that, the Minister for Justice and Equality has launched a public consultation on the issue of hate speech. We have legislation already, the Prohibition of Incitement to Hatred Act, but everyone acknowledges it is quite old and needs to be updated to reflect modern times. Therefore, there are separate issues: political advertising, which needs to be properly regulated, and hate speech. The Minister for Justice and Equality is working on the latter, in particular, with a view to updating the legislation and making it much stronger.

Deputy Thomas Pringle: The south and south west of Donegal have been without respite services for more than a year after Seaview Respite House, Mountcharles, closed last Decem-

ber. The home, outside Donegal town, was owned and operated by the HSE to provide residential respite care for physically and intellectually disabled people across south-west Donegal. The HSE tendered the service initially, indicating that a full service of seven days per week would be provided by the successful applicant. However, when RehabCare was given the contract, the service was, to the despair of families across Donegal, for only five days per week, from Monday to Friday. Over 100 families were using the services for much-needed respite for themselves and those they cared for.

The transfer of services to RehabCare has been besieged by delay after delay. Seaview Respite House was due to open by the end of July this year. The opening was then extended until the end of August, then September, then November and now December. Families and service users have been without a respite service for the entire summer, a time when families spend quality time together and when holidays and outings are common.

Families were further angered when, at a public meeting I attended in recent weeks, the HSE confirmed that while the facility will be fully transferred to RehabCare in December, it will not be open for service users until 13 January 2020 and will operate for only five days per week. No one, including me, believes for a second that this deadline will be met, although we hope it will be.

Really and truly, the deadline is not the major issue. The latest setback for families comes after years of disruptions to services at the centre caused by staffing shortages and rostering issues. I have been raising these issues for many years, yet there is still no full-time respite service available for families in south-west Donegal.

The transfer of management to RehabCare was supposed to be for the benefit of all families who depend deeply on this service but even when it reopens in January, if it does, families will be provided with a restricted service once again. The main reason for the years of delays by the HSE is that it is trying to use the transition to RehabCare so as not to deal with funding requirements to address the over-expenditure in the health sector.

Families in Donegal have been through enough. It is time to address the reasons behind these delays once and for all and commit to reinstating a full-time service - not a Monday-to-Friday service, which would be basically useless, but a service for seven days per week that would be of benefit to the families and their loved ones. That is the least they deserve. Will the Government ensure that the Seaview facility opens in January and that everything will be done to ensure a seven days per week respite service will be reinstated from then on?

The Taoiseach: I thank Deputy Pringle for raising this important issue. From our constituency work, all of us will know how valuable respite services are, not just for those with disabilities but also those who care for them. Just having the opportunity to give the carer a break can be so valuable and can really help people to keep going.

Just this year alone, 164,000 respite overnights were provided by the health service and nearly 34,000 day respite sessions were provided. Therefore, there is a considerable resource being made available. There have been 165,000 respite overnights this year alone. We acknowledge, however, that there is demand for much more. We are committed to providing services for people with disabilities that empower them to live independent lives and provide greater independence in accessing the services they choose and enhancing their ability to tailor the supports required to meet their needs and plan their lives. This commitment is outlined in

the programme for Government, which is guided by two principles, namely, equality of opportunity and improving quality of life for people with disabilities. HSE disability services confirmed today that respite services will commence in Seaview House in Donegal from 13 January 2020. We acknowledge that there was a delay in opening this new facility. I am told that was due to a requirement to undertake fire compliance and maintenance work before the house could be opened. I am told that it will open on 13 January, initially on a five-day week basis, but that could be expanded at a later point subject to the availability of staff and finance.

Deputy Thomas Pringle: I thank the Taoiseach for his response. Unfortunately, that is not much consolation for the families in south Donegal who had this service previously but which was withdrawn over the past year. The Taoiseach said 164,000 overnight respite services have been provided in Ireland this year. That may be, but none were provided in south Donegal in the past year. That is because the HSE did not get its finger out to deliver it and then it decided to tender the process. I believe that was so it could get out of being blamed and it could pass the blame onto somebody else.

Families must have this service at the weekends because that is when they need it. That is when other family members can have their parents to themselves when they are not busy looking after a disabled person. That is the reality of the situation for first communions and other such family events. A respite service must be provided in order for two parents to attend and the service must be available at weekends. If it is to be a five-night service it should be available from Wednesday night to Monday night and then it would be a perfect service, but that will not happen because it would cost extra money, which is unfortunately what this comes down to. I urge the Taoiseach to put the pressure on. I am sorry that it has come to this level to be raised here in this House to put pressure on to ensure that a seven-day service is provided.

The Taoiseach: This year the Government provided an extra €10 million for respite services. That sum provides for the opening of 12 new respite houses around the country, one in each region. Most are open, including the one in Sligo, but I acknowledge that the one in Donegal is not open but it will be opened in January. Initially, it will be a five-day service but it can be expanded to a seven-day service subject to the availability of staff for the weekends, as well as funding for the service.

I am told a particular issue arose in Donegal during the year when one teenager with very complex needs required a bespoke package of care, which necessitated access to three separate respite facilities on a rotational basis. The outcome of that was that respite services for Donegal were only operating at 50% capacity throughout much of the year. However, from January 2020 this service user will have their own residential placement appropriate to them and therefore it is anticipated that services for children will return to full capacity once the placement commences.

An tOrd Gnó - Order of Business

Deputy Thomas Pringle: The business this week shall be as set out in the first revised report of the Business Committee, dated 22 November 2019.

As for today's business it is proposed that No. 15, motion re proposed approval by Dáil

Éireann of the terms of the comprehensive and enhanced partnership agreement between the European Union and the European Atomic Energy Community and their member states and the Republic of Armenia, back from committee; No. 16, motion re reappointment of An Coimisiún Teanga, back from committee; and No. 17, motion re proposed approval by Dáil Éireann of the Universities Act 1997 (section 54(3)) (University Authorisation) Order 2019, referral to committee, shall be taken without debate; and that No. 65, Thirty-Ninth Amendment of the Constitution (Right to Health) Bill 2019, Second Stage, shall conclude within two hours.

As for Wednesday's business, it is proposed that No. 66, Planning and Development (Amendment) (First-Time Buyers) Bill 2019, Second Stage, shall conclude within two hours.

An Leas-Cheann Comhairle: There are two proposals to be put to the House. Is the proposal for dealing with Tuesday's business agreed to? Agreed. Is the proposal for dealing with Wednesday's business agreed to? Agreed. I call Deputy Micheál Martin.

Deputy Micheál Martin: I am sure the Taoiseach will agree that the Road Safety Authority, RSA, has been an essential instrument in significantly saving lives on our roads and reducing the degree of injury on them. I am sure he will also be very concerned at reports of interference with the work of RSA safety officers. There was a concerning article in this week's edition of *The Sunday Business Post* by Michael Brennan detailing that correspondence had been sent to the president of the National Road Haulage Association, NRHA, in respect of continued interference with the work of safety officers and warning that this should cease and that there should be no interference and no 45-minute phone calls with safety inspectors. The Taoiseach will have to agree that this is something of which he would not approve and I would like to have confirmation and clarification that it is something he is concerned about. He might indicate and commit to the House that we could have a full presentation from the Minister for Transport, Tourism and Sport in respect of that kind of interference with the work of the RSA. The CEO wrote the letter to the person concerned. Irrespective of anything that is going on, that is something that needs to be stamped out. It is like people ringing a garda and saying he or she has no right to stop somebody or to give a penalty. It is of a similar nature. Given the role and work of the RSA, it has been a success story. It has saved lives and reduced injury. That type of interference should be stamped out and I would like clarity from the Minister for Transport, Tourism and Sport on a key part of Government priorities.

The Taoiseach: I strongly support the work of the RSA and I did for more than three years as Minister for Transport, Tourism and Sport. The authority should enforce the law. In respect of the Minister for Transport, Tourism and Sport, the Deputy had best raise that with him as a Topical Issue matter or perhaps as a private notice question.

Deputy Micheál Martin: Is the Taoiseach not concerned about what he read? He read it as well as I read it.

The Taoiseach: I read it but I do not have all the facts about it.

An Leas-Cheann Comhairle: I call Deputy McDonald.

Deputy Micheál Martin: Did the Taoiseach not bother to check with his Minister?

The Taoiseach: I will.

Deputy Mary Lou McDonald: I am sorry to disturb the domestic spat.

Deputy Micheál Martin: The Road Safety Authority is under the Taoiseach's-----

An Leas-Cheann Comhairle: I cannot be responsible for the Taoiseach's responses.

Deputy Mary Lou McDonald: Yesterday marked the beginning of the annual 16 Days campaign opposing violence against women and girls. I want to raise with the Taoiseach a significant delay in the delivery of two important Garda reforms in the area of domestic and gender-based violence. In November last year, the Minister for Justice and Equality told the Dáil that the roll-out of specialised units working with vulnerable victims of sexual and violent crime would be completed by the end of this year. Last week, he revealed that protective services units have been established in just 13 Garda divisions and no update was provided for the remaining six. Garda management also committed to develop and implement a risk assessment tool for all victims of domestic violence and sexual crime by the end of 2019. Again, no revised date for completion of this project has been provided. Will the Taoiseach confirm when both Garda reforms will be delivered on?

Minister for Justice and Equality (Deputy Charles Flanagan): These are major reforms, as outlined by the Deputy, involving considerable training and expertise. This is also in tandem with the new divisional model of An Garda Síochána. It is expected that the roll-out will have taken place across the country and the remaining six will be completed by the end of the first quarter of next year. That will include a level of training that is without precedent for An Garda Síochána.

Deputy Brendan Howlin: On a number of occasions, I and my Labour Party colleagues have argued in favour of allowing Permanent Defence Forces Representative Association, PDFORRA and representatives of the Defence Forces to have rights similar to trade unions, including membership of the Irish Congress of Trade Unions, which has agreed in principle to accept PDFORRA as a member. This would bring Ireland into line with many other north European countries and would give our Defence Forces personnel access to the industrial relations machinery of the State for issues relating to pay and conditions. When I asked about this in September, the Tánaiste told me that the issue was under consideration by the Minister for Defence. Two months later, we now need a definitive answer. Will the Taoiseach, as Minister for Defence, approve the affiliation of PDFORRA with the Irish Congress of Trade Unions, ICTU?

The Taoiseach: That matter is still under consideration. As he will be aware, PDFORRA which represents the rank-and-file in the Defence Forces wants this while the Representative Association of Commissioned Officers, RACO, which represents officers, is opposed to it. We have to listen to both sides of that debate from within the Defence Forces. There is also a European social committee ruling that we must be bear in mind as well. It is under consideration and we hope to come to a decision on it before Christmas.

Deputy Bríd Smith: As we speak, farmers are once again gathering outside the gates. The plight they face in terms of the levels of poverty and the demise of rural Ireland have not gone away. After eight weeks of blockading meat production plants, they are back again to ask us to urgently deal with the issues. Will the Minister in charge of this area be inclusive of all farmer representative groups? I refer in particular to the independent farmers of Ireland group, which has regrouped and is ready to become part of the beef task force. It is also demanding, although I know it is not the role of the Cabinet, the lifting of all injunctions so that meaningful talks can take place in the beef task force. Can the Taoiseach give an indication as to whether all farmer representative groups will be included in these talks?

An Leas-Cheann Comhairle: Some Deputies indicated an interest to speak on the same issue. If so, perhaps we will take them all together. I call Deputy Mattie McGrath on the same issue.

Deputy Mattie McGrath: I welcome the support of an Teachta Smith, a Dublin representative, which I really appreciate. This is nothing to laugh about. Farmers are outside the gates today, mothers, fathers, sons and daughters, from all over Ireland. They are non-political, have no leader, and have no farming organisation representing them. They are there themselves because they are so worried and frightened about the perilous situation of agriculture. I am asking the Minister, Deputy Creed, who is here, to meet a deputation and to receive a letter from them. The task force that was set up is meaningless. It is not business as usual. Their livelihoods, villages and communities are being destroyed. They need to be listened to.

An Leas-Cheann Comhairle: The Taoiseach has got the question.

Deputy Mattie McGrath: This is a serious question. They need to be listened to and engaged with. The task force led by a former Secretary General of a Department is not doing its job, will not do the job, and it is not business as usual. Please listen to the farmers.

Deputy Niamh Smyth: It is two months since the beef protesters came off the picket lines, which they did it because the Minister requested that they do so and because of his commitment to set up a beef task force, which he has not done. To date, the hundreds of farmers who are outside the gates of Leinster House have seen no task force, no improvement in price, and no delivery from the Minister. They want a commitment here today as to when the task force is actually going to meet.

An Leas-Cheann Comhairle: I call Deputy Bobby Aylward to speak on the same issue.

Deputy Bobby Aylward: I read the same thing and I emphasise that farmers are protesting today because they have been ignored since the strike ended. I ask the Minister for Agriculture, Food and the Marine to set up this task force as soon as possible. I know he had a hiccup the first time it tried to get going. Now he needs to emphasise that this needs to be set up as soon as possible. The price of beef is still on the ground, with €3.45 being quoted this week. Farmers will go to the wall unless something is done about it. All elements of farming need to be recognised because one will not get them all on board unless they are all recognised.

Deputy Fiona O'Loughlin: It is months since the farmers protested right around the country, and rightly so. They feel they have been let down by everybody, including by Government, by the Oireachtas and in particular by those setting beef prices. Interjections were made by everybody, and indeed my own party had two particular Bills on this. I honestly think that we helped to resolve the strike at that point in time. However, months have passed and nothing has happened or changed and no task force has been put in place. This is simply not good enough. The farmers are right to be here protesting and we need to support them fully.

An Leas-Cheann Comhairle: Suffice to say, if others want to be associated then be associated because I think the case has been made. I call Deputy Healy-Rae.

Deputy Charles Flanagan: This is no way to deal with this issue.

An Leas-Cheann Comhairle: Sorry?

Deputy Charles Flanagan: The Leas-Cheann Comhairle knows that this cannot be dealt

with by way of soundbites coming from a protest.

Deputy Micheál Martin: Since when did Deputy Flanagan become Ceann Comhairle?

Deputy Charles Flanagan: It brings the House into disrepute.

An Leas-Cheann Comhairle: Unless the Standing Orders-----

Deputy Mattie McGrath: What does the Minister mean? This is outrageous. I am entitled. Is the Minister not representing farmers too? Are there any farmers in Laois-Offaly?

(Interruptions).

An Leas-Cheann Comhairle: I know that the Minister for Justice and Equality is trying to be helpful but sometimes it is better not to invite-----

Deputy Mattie McGrath: He is not trying to be helpful. He is trying to close down----

Deputy Carol Nolan: The Minister might not like it, but this is a reality. He might not like the fact that many of these farmers are suffering in his own constituency.

An Leas-Cheann Comhairle: I call Deputy Danny Healy-Rae. We do not need a Second Stage debate.

Deputy Carol Nolan: He might not like it but it is a reality.

An Leas-Cheann Comhairle: Deputy Nolan has used her intervention.

Deputy Charles Flanagan: If we had a meaningful debate later on tonight, the Deputies will not be here for it. They will not be around and they will have gone home.

Deputy Micheál Martin: On a point of order, was the Minister's intervention in line with Standing Orders?

Deputy Charles Flanagan: If we have a substantial debate on the issue, there will not be many of the Deputies at it.

Deputy Micheál Martin: I am just curious.

An Leas-Cheann Comhairle: I ask Deputy Danny Healy-Rae to be helpful.

Deputy Danny Healy-Rae: I know but I am being interrupted. I support the beef farmers outside the gate. I have a question for the Minister for Agriculture, Food and the Marine who I am glad is here. It was clear under the beef exceptional aid measure, BEAM, that he introduced that if a farmer sold cattle in a mart and the cattle were killed within 30 days, he could claim €100. What is happening in Kerry is that cattle are being killed three days after going into the mart and the farmer is not getting the money; the buyer is getting the money. There is something wrong and the Minister needs to look at it. It is very serious.

Deputy Declan Breathnach: I make no apologies about raising this issue. I asked last week for the beef task force to be set up immediately and for some concession to be made on the credit issues that farmers experience across the country. It has to be in the Minister's capacity to make an 80% payment on the scheme, subject to all the inspections and satellite searches that have been made. This is causing major issues for farmers' creditworthiness. He needs to

take action immediately.

Deputy Michael Collins: Today, the independent farmers of Ireland group has travelled from all over the country to peacefully protest outside Leinster House. This is only a short time after we had the peaceful protests outside factories in west Cork and throughout the country that went on for over a month. Does the Taoiseach fully realise the crisis we have in agriculture? Does he realise that the prices given to farmers for animals that they reared are at an all-time low? There are many questionable practices inside the gates of our factories. The farming public is on its knees and is pleading for transparency inside the factory gate. Will this Government clear up these questions one way or another by having a full independent investigation into practices inside the factories?

Deputy Carol Nolan: I stand in solidarity with the distressed farmers in my constituency, Laois-Offaly. I have met many farmers who are in serious financial distress. We need urgent action. The Government does not realise that agriculture is the backbone of our economy. The Government is slapping carbon taxes on it and is not giving the farmers fair play. It was an insult during the summer when many farmers could not access the BEAM because of the unfair conditions applying to that scheme. We need fair play for all and rural Ireland cannot be forgotten about. We will certainly make sure that it is not.

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): I thank my colleagues for raising this matter. I, along with the Government and the Deputies who have spoken on this, recognise the difficulties in the beef sector and agriculture generally. That is why the Government, in 2019 alone, put forward funding of an additional €120 million to support incomes in that challenged sector. The Teagasc 2020 results published earlier reflect that financial support has been available to that sector in the context of a difficult environment. It is not true to say, apart from those schemes, that the Government is not supporting farmers. I could list the exceptional aid measure, the environmental efficiency programme, the additional areas of natural constraint, ANC, payments, which have been increased to €250 million, the extension of disadvantaged areas and the beef data and genomics programme. A host of financial supports are available to that specific sector in the agricultural community.

Deputy Mattie McGrath: Too much red tape.

Deputy Michael Creed: The beef market task force is one of the tangible outcomes of the negotiations that were held. Like all Members, I would like that task force to meet. In the interim, as we try to bridge difficulties, which I will deal with briefly, there has been bilateral engagement between the chairman and all the constituent members. It is not true to say that no progress has been made. We have had publication of the beef market price index, we have had tenders issued by agreement with all the parties bilaterally to commission studies that were agreed at the talks, and we have had a whole host of other arrangements and public consultations on unfair trading practices, with the idea of a regulator for the sector.

Deputy Bobby Aylward: It has not changed the price.

Deputy Mattie McGrath: The price is still on the floor.

Deputy Michael Creed: There are specific issues regarding convening the task force, and Members are quite well aware of them. It has been alluded to that injunctions still remain, and they remain granted to a company that is not part of the talks in MII. What has compounded the difficulty in having those injunctions dealt with is that, and this is a matter which the Garda

is aware of, senior management in that company have had death threats issued against them, and their partners and families have been intimidated in that local community. This is not simply an issue of the Government not wanting to resolve this issue. We are grappling with what are very difficult issues. We have seen in other cases what happens when senior executives in companies are threatened. You, Deputy Mattie McGrath, may dismiss the significance of death threats against people. The Government does not.

Deputy Mattie McGrath: I do not. I resent that. I do no such thing.

A Deputy: You did.

Deputy Mattie McGrath: Withdraw that, please. I will not accept that. My character is being impugned. I will not accept that. I ask the Minister to withdraw that.

An Leas-Cheann Comhairle: Withdraw what?

Deputy Mattie McGrath: That I accept that death threats are okay for people.

An Leas-Cheann Comhairle: I will have a look at the blacks.

Deputy Michael Creed: If the Deputy wishes to indicate that his shrug of the shoulders was indicating a negative in respect of death threats, I accept what he says. However, I, the Government, the Minister for Justice and Equality and the Garda take them seriously.

An Leas-Cheann Comhairle: I call Deputy Durkan.

Deputy Thomas Pringle: A Leas-Cheann Comhairle-----

An Leas-Cheann Comhairle: Is it on the same issue?

Deputy Thomas Pringle: No, but the Government has spoken.

An Leas-Cheann Comhairle: I have the list here.

Deputy Mattie McGrath: They are next on the list.

Deputy Thomas Pringle: The Government has spoken.

An Leas-Cheann Comhairle: Deputy Durkan has the right to raise a matter on the Order of Business, as does Deputy Connolly.

Deputy Thomas Pringle: It should be Deputy Connolly.

An Leas-Cheann Comhairle: My apologies. As we have dealt with the Rural Independent Group, it is now Independents 4 Change. I thank Deputy Pringle for reminding me. I call Deputy Connolly.

Deputy Catherine Connolly: Maidir le Bille na dteangacha oifigiúla, dúirt an Taoiseach go raibh náire air agus thug sé a bhriathar go raibh an Rialtas ar tí an Bille a fhoilsiú. Dúirt an tAire Stáit go raibh an Rialtas ar tí an Bille a fhoilsiú. Thug siad geallúintí sollúnta go mbeidh sé foilsithe roimh dheireadh na seachtaine seo. In ainneoin na ngeallúintí sin, níl tásc ná tuairisc ar an mBille. Níl a fhios agam cé mhéad uair gur féidir leis an Taoiseach agus an Aire Stáit a ngeallúintí a bhriseadh ach tá an bonn óir tuillte acu anois. Níl mé ag iarraidh freagra ón Aire sóisearach. Táim ag iarraidh freagra ó Thaoiseach na tíre. Cá bhfuil Bille na dteangacha

oifigiúla? An mbeidh sé foilsithe, de réir a gheallúintí, roimh dheireadh na seachtaine seo?

The Taoiseach: It really is nearly ready this time. I can totally understand why the Deputy is not going to believe it until she sees it because the Bill has been promised on so many occasions. The Minister of State and I just spoke on it today. It is with the Attorney General and we still anticipate having it published in this session, before Christmas.

Deputy Bernard J. Durkan: The criminal justice (money laundering and terrorist financing) (amendment) Bill is promised legislation. In view of the activities on the high seas and the value of drugs being seized internationally, when is this important Bill likely to come before the House?

Deputy Charles Flanagan: Hopefully, there will be progress on that Bill in the next few weeks, before the end of the term.

Deputy Michael Moynihan: I raise the issue of insurance. Many small and medium size business have been in contact with me in recent years and we have raised many issues here. However, in the last period, they are very concerned about this and have indicated they will cease to operate because they cannot get insurance or the premiums are astronomical and escalating out of their reach. I ask the Taoiseach what the Government is doing in a real, serious, tangible way to tackle the spiralling cost of insurance to homeowners and businesses in particular. Some small to medium size businesses have said that, come 1 January, they will not be able to operate with proper insurance cover because of the escalating cost.

Deputy Charles Flanagan: The Deputy will be aware that a number of Departments are involved in action on this matter. I again confirm progress in my Department on the setting up of the judicial council, which I expect to be complete by the end of this year in a few weeks. Allied to that is the action on the part of the Garda, in conjunction with the insurance industry, to deal with the issue of fraudulent and exaggerated claims and fraud within the industry.

Deputy Martin Kenny: I wish to raise the issue of mental health services, particularly in the north west. I refer to the issue of NGOs that provide counselling services. In my area there is an organisation called North West STOP. There are many other such organisations around the country and they cannot get any funding from Government at all unless they are national organisations, yet many of the national organisations are referring clients to them. Something needs to be done, and Government needs to make a commitment to provide some way to fund them. North West STOP is one example. It has been in existence for more than ten years and has done tremendous work to assist families and people who have suffered the consequences of suicide. It has worked well to prevent suicide and has saved many lives. However, in the past 15 years, it has received a total of €800 to buy a laptop. That is a scandal, and I ask Government to come up with a solution to this. These organisations, although they may not be national organisations, do tremendous work, and some mechanism of support needs to be put in place for them.

Minister of State at the Department of Health (Deputy Jim Daly): I thank the Deputy for his question about North West STOP. Regarding his question about funding, I cannot give him the individual detail on the case to which he referred, as he will appreciate. The HSE funds nationally 1,027 different organisations each year to support mental health the length and breadth of the country. I do not know the details of North West STOP. On Thursday we will launch a phone line with a single number to access each one of those organisations and to direct people

to them. Again, I am not speaking about North West STOP, but I suggest that any organisation that does not receive funding is not either clinically or corporately governed. They are the two main criteria organisations must meet. If both are met, there is no reason the HSE would fail to support an organisation, but I am quite happy to look into the matter a little further. If the Deputy wishes to send me some details of the specific case, I will do that.

Deputy Mary Butler: Yesterday we had the results of the latest national survey of patients, the national inpatient experience survey, which was carried out in many hospitals. The majority of patients did report positive experiences in hospital; however, several areas needed improvement. Some 450 patients took part in the survey in University Hospital Waterford. Unfortunately, that hospital scored below the national average for care on the ward, discharge or transfer of care, and overall experience. This means that confidence in the health service is once again eroded-----

An Leas-Cheann Comhairle: A question, please.

Deputy Mary Butler: -----while fantastic staff work under extreme conditions and constant pressure. Will additional measures be put in place to focus on patient dignity, comfort and respect, and transfer of care? According to the figures released, the number of patients waiting for timely discharge of care correlates with the number of people normally waiting in emergency departments.

The Taoiseach: What was produced yesterday was the third national inpatient experience survey. I was involved in setting up the survey when I was Minister for Health. I am glad it is being done now because the best way to find out what people think of the health service is to ask patients. Tens of thousands of patients are surveyed every year. Yesterday's results showed that 84% of people say their experience of our public health service is either good or very good, so notwithstanding the real problems we have in our health service, well over 80% of people who use it said that their experience was good or very good. That does not always come across in public discourse. I encourage each hospital, based on its own set of results, to compare itself against others. If a particular hospital is doing poorly in one area relative to another hospital, the best thing the former can do is to approach the hospital that is scoring well, find out what best practice is and try to implement it. We see enormous variation from hospital to hospital. Even on the issue of overcrowding, for example, hospitals that used to be top of the league table in overcrowding, such as Beaumont and Drogheda, are now the least overcrowded. That shows how best practice can make a huge difference for patients.

Deputy Denise Mitchell: As the Taoiseach is aware, an ongoing drugs feud in the Coolock area has cost five lives. Last June, the Minister for Justice and Equality, Deputy Flanagan, the Minister of State at the Department of Justice and Equality, Deputy Finian McGrath, and the Minister for Communications, Climate Action and Environment, Deputy Bruton, all visited Coolock and announced that 30 new gardaí would be deployed in the area. There was also talk of a new Garda station. In response to a parliamentary question I submitted recently, however, I was told that the number of new gardaí allocated to Coolock was five. In the midst of a drug feud, we have been given an additional five gardaí. The people of Coolock have a right to feel safe when going about their daily business. When will they see the additional resources necessary to tackle this feud? I ask the Taoiseach to commit to setting up a task force similar to the one set up by his predecessor in Dublin's north inner city. Will he join with me in calling on elements within the media to stop giving these criminals nicknames such as the "Gucci gang" and to stop glamorising their lifestyles? We must do everything we can to stop vulnerable young people in

the area getting involved in this criminal activity.

An Leas-Cheann Comhairle: Deputy Broughan, on the same issue.

Deputy Thomas P. Broughan: On the same subject, the Taoiseach and the Minister for Justice and Equality will be aware of the appalling murder that happened in Dublin Bay North at the weekend, which was the fifth such dastardly event this year. It is totally intolerable that the people of our parishes in Dublin Bay North are being subjected to this kind of lunacy and madness. The Minister promised that the Dublin metropolitan region, DMR, north division of An Garda Síochána would get the necessary resources. We were also promised that civic society bodies would get the support they need, as Deputy Mitchell has noted, in terms of a special task force and special supports for organisations like Northside Partnership, Coolock Development Council and others but this has not happened. We have a Fine Gael Minister and an Independent Minister of State from the constituency sitting at Cabinet but we are not getting the kind of response we need. We had a response to the mayhem on the Border area, which I support 100%, but we need to see the same kind of vigorous response in the north of Dublin Bay North. This cannot go on.

Deputy Charles Flanagan: I readily accept that communities have an entitlement to feel safe and secure. I visited the area during the summer and have been in contact with people in the area since then. I spoke to the Minister, Deputy Bruton, this morning. Currently there are 116 gardaí assigned to the Coolock area, together with 17 Garda staff. The Garda is enjoying record levels of resources under this Government, in terms of numbers.

Deputy Denise Mitchell: Coolock is not.

Deputy Charles Flanagan: The Taoiseach and I will be in Templemore on Friday next to oversee the graduation of a further 200 gardaí.

Deputy Thomas P. Broughan: We need prosecutions.

An Leas-Cheann Comhairle: Allow the Minister, without interruption.

Deputy Charles Flanagan: If Members of the House listen to the news on a daily basis, they will hear the results of what is a relentless pursuit on the part of An Garda Síochána of those involved in organised crime and criminal activity. That will continue in the Coolock area, in the north inner city and in Darndale.

Deputy Tony McLoughlin: I wish to raise an issue that I have highlighted previously, namely, the need for a catheterisation laboratory or cath lab at Sligo University Hospital to serve both Sligo and the north west. This has been a major concern for many years. It is vitally important that a decision is taken. I acknowledge that a review is currently taking place but this review has been ongoing for a considerable amount of time. It is important that the review is completed and that a decision is made on the provision of a cath lab for Sligo and the north west.

An Leas-Cheann Comhairle: That question is specifically for the Minister for Health but perhaps the Taoiseach is in a position to answer it.

The Taoiseach: I thank Deputy McLoughlin for raising an issue which I know is of enormous interest to him. It is my understanding that a temporary cath lab is located at Sligo University Hospital for a few days every month but not a full-time, permanent one. This falls under

the national review. I am not sure when the report of that review is due but I will find out from the Minister for Health and revert to the Deputy.

An Leas-Cheann Comhairle: We have run out of time. I will not deprive Deputies Brassil, Quinlivan and Neville of the opportunity to speak but ask them to be as brief as possible. Deputy Brassil is first, followed by Deputies Neville and Quinlivan.

Deputy John Brassil: I thank the Leas-Cheann Comhairle for his flexibility. Under the programme for Government, a commitment was given to improve primary school facilities. Yesterday, announcements were made on the 2020 summer works programme and it was disappointing to see that the overall figure for the programme is lower than it was last year. I refer specifically to the Holy Family national school in Rathmore, the leaking roof of which I have previously raised as a Topical Issue and in parliamentary questions. It was announced yesterday that the school is to receive a €5,000 grant to replace its fire alarm, which was damaged by leaks from the roof, but will receive no money to replace the roof itself. It was granted €50,000 to carry out some temporary works under last year's emergency works programme, but that funding was subsequently withdrawn because the works proposed were not deemed suitable. I ask the Taoiseach to liaise with the Minister for Education and Skills and look at this specific issue, about which I am not exaggerating. Children are literally moving their desks around when it rains-----

An Leas-Cheann Comhairle: This is a specific question for the Minister for Education and Skills.

Deputy John Brassil: -----to avoid getting wet while being educated.

An Leas-Cheann Comhairle: I ask the Deputy to ask the Minister for Education and Skills about this issue.

Deputy John Brassil: That is not an acceptable condition for a school in 2019. I am sure the Taoiseach appreciates the urgency of the situation.

An Leas-Cheann Comhairle: This is a specific question. We cannot expect the Taoiseach to answer it.

The Taoiseach: Approximately 405 schools receive funding under the summer works scheme. I cannot provide the Deputy with details about each individual school, but I will let the Minister for Education and Skills, Deputy McHugh, know that this issue has been raised.

An Leas-Cheann Comhairle: The Taoiseach is not expected to be able to answer such a question.

Deputy Tom Neville: The Taoiseach answered questions earlier about the overcrowding in University Hospital Limerick, UHL, which hit record highs this week. I previously tabled a parliamentary question about an independent review being carried out on work and management processes in UHL. Given what is happening in the hospital, I ask the Government to expedite this report and implement its recommendations as soon as possible. It has been suggested that the tender process for a second MRI machine is about to be completed, for which I ask the Taoiseach to provide a date. The Government should also impress upon UHL the need for the resources and recruitment to follow the same timeline as the tendering process, in order that when that process finishes, the staff will be ready to manage it. These are some practical

solutions which might be put in place to alleviate the overcrowding. I welcome the ongoing construction of the 96-bed block and the 60-bed modular unit, which I hope to see completed as soon as possible.

Deputy Maurice Quinlivan: As the Taoiseach is aware, overcrowding, especially in UHL, is beyond a joke at this stage. It is an absolute nightmare for people. Over 13,000 people have been on trolleys this year. We met recently with officials from the HSE, who told us that the MRI scanner will be in operation in UHL in mid-December. However, it is concerning that we were also told the scanner would only operate from 9 a.m. to 5 p.m. I ask the Taoiseach to intervene personally in this matter to ensure that the MRI scanner will run for longer hours when it begins operating in mid-December, as is expected. That is one of the key things we need to do to solve the crisis in our hospitals. People deserve better.

The Taoiseach: I thank the Deputies for raising this issue. A capital budget of €19.5 million, €10 million of which was allocated this year, has been approved for a new 60-bed inpatient ward block at University Hospital Limerick. The HSE advises me that the enabling works are complete, the main contractor has commenced work and it is anticipated that construction will be completed in mid-2020. This project will go some way towards dealing with the acknowledged lack of bed capacity in the region. The deficit in diagnostic capacity at University Hospital Limerick is also recognised. A capital development proposal for an extension of the radiology department at UHL to include a second MRI scanner has been prioritised by the HSE to progress to design stage in 2020. In the interim, the UL hospitals group has tendered for a modular MRI managed service. The National Treatment Purchase Fund will work with the HSE to fund the activity associated with the additional MRI scanner upon completion of the appropriate tender procedure.

An Leas-Cheann Comhairle: I wish to address a matter which may have been my fault. When Deputy Bríd Smith raised an issue as a party leader, her question should have been answered by the Taoiseach. I thought I was getting value for money and shortening the debate by taking the Deputies' questions together.

Fiscal Responsibility (Amendment) Bill 2019: First Stage

Deputy Martin Heydon: I move:

That leave be granted to introduce a Bill entitled an Act to amend the Fiscal Responsibility Act 2012 to allow the Irish Fiscal Advisory Council to review the policies and proposals of opposition political parties in advance of each Budget and report on whether their approach is conducive to prudent economic and budgetary management.

The Fiscal Responsibility (Amendment) Bill 2019 would see Opposition spending demands and fiscal proposals scrutinised by the Irish Fiscal Advisory Council, IFAC, ahead of every budget. As my colleague, Deputy Peter Burke, outlined earlier this year, Fianna Fáil made spending demands worth €4.35 billion in the first six months of this year alone, which motivated me to introduce this Bill. Given the chance, Fianna Fáil would lead this country down the path to financial ruin again. Its only clear policy is more spending demands at every juncture.

The absence of coherent, well thought out policies from the Opposition was made clear when Deputy Colm Brophy recently noted that just five out of 22 Fianna Fáil Front Bench TDs have produced policy papers since 2016, proving that Fianna Fáil is an empty vessel which lacks policies for a range of issues including Brexit, health, housing, broadband, climate, jobs and childcare.

Deputy Michael Moynihan: Fine Gael on issues-----

Deputy Martin Heydon: The purpose of this Bill is to amend the Irish Fiscal Responsibility Act 2012 to allow the Irish Fiscal Advisory Council to assess the policies and proposals of Opposition political parties in advance of each budget and to report on whether their approach is conducive to prudent economic and budgetary management. This assessment would be published no later the second Monday of September each year. I previously raised this issue at the Committee on Budgetary Oversight with both the Minister for Finance, Deputy Paschal Donohoe, and the chairman of IFAC, Mr. Seamus Coffey, who suggested that this assessment should be implemented in Ireland in line with other European countries where it is general practice. Independent, expert analysis of Opposition spending calls and financial policies is important in order to keep the public well informed. I would be surprised if anyone in the House disagreed with that, unless it did not suit certain Opposition purposes.

This is important now more than ever, in the face of the Opposition's constant stream of spending demands which it seems to pluck from thin air to hide the fact that it has no plans or solutions. Members of the Opposition promise spending to every interest group and lobby group they meet, with no plans on how to do provide that money or balance the country's finances, for which they are not held to account. Despite Fianna Fáil calling for €24 million of increased spending every day for the first half of this year, not a single Fianna Fáil representative has yet explained how the taxpayer would fund its reckless spending pledges. Deputy Micheál Martin has been asked about this on many occasions but instead of answering the pertinent questions, he has resorted to deflection by claiming we are being juvenile and childish. The Deputy and his party's TDs may think that making wild spending calls day in and day out is a trivial matter, but voters do not share that view.

Giving a body such as IFAC the power to examine all Opposition spending calls will ensure that this type of cynical politics is held to account and shown up for what it is. When I called for Opposition parties' plans to be assessed by IFAC, Fianna Fáil dismissed it as childish. However, in 2015 Fianna Fáil introduced its own Private Members' Bill, which in Deputy Michael McGrath's own words, would "mandate the Fiscal Advisory Council to carry out analysis on behalf of qualifying political parties on the effect that manifesto proposals would, in the opinion of the council, have on the budgetary position of the State in advance of a general election" and would also "be extended to pre-budget proposals on an annual basis." That Bill fell at the last general election and despite having spent a number of years in continued opposition, Fianna Fáil has, perhaps unsurprisingly, failed to reintroduce it.

This Bill is about ensuring that when promises are made to different interest groups, the cost of such promises and how that money would be raised are clearly explained. This ties in with Fianna Fáil's lack of policy on a range of issues. Deputy Micheál Martin has proposed a series of housing initiatives over the last month which simply do not stack up. Some are against the law or are un-implementable while others are already in place. Other proposals are vaguely costed and Fianna Fáil has yet to give us an idea how it would pay for them. Even more worryingly, two of the measures Fianna Fáil is proposing are illegal. It has now been more than 600

days since Fianna Fáil promised to publish a housing policy. In that time, we have delivered thousands of homes. We were told that Fianna Fáil was totally opposed to the national broadband plan, though it was very much in favour of bringing broadband to every house. It did not explain its plan for delivering broadband but insisted that its delivery was a priority. When the contract was signed by the Government last week, Fianna Fáil quietly dropped its bizarre opposition to the most significant investment in rural Ireland in decades.

This Bill is about improving accountability on all sides of this House and our Parliament. In this Dáil term, many people are looking to see whether this new politics is an improvement or whether it is even very different at all. This Bill would force Opposition parties to live up to their responsibility to the public and ensure that if they promise billions of euro of extra spending, they must be able to say from where that money will come. That is the simple purpose of my Bill, which I commend to the House.

An Leas-Cheann Comhairle: Is the Bill opposed?

Minister of State at the Department of the Taoiseach (Deputy Seán Kyne): No.

Question put and agreed to.

An Leas-Cheann Comhairle: Since this is a Private Members' Bill, Second Stage must, under Standing Orders, be taken in Private Members' time.

Deputy Martin Heydon: I move: "That the Bill be taken in Private Members' time."

Question put and agreed to.

Partnership Agreement Between the European Union and the European Atomic Energy Community and the Republic of Armenia: Motion

Minister of State at the Department of Foreign Affairs and Trade (Deputy Ciarán Cannon): I move:

That Dáil Éireann approves the terms of the Comprehensive and Enhanced Partnership Agreement between the European Union and the European Atomic Energy Community and their Member States, of the one part, and the Republic of Armenia, of the other part, signed in Brussels on 24th November, 2017, a copy of which was laid before Dáil Éireann on 11th November, 2019.

Question put and agreed to.

Athcheapadh an Choimisinéara Teanga: Tairiscint

Minister of State at the Department of the Taoiseach (Deputy Seán Kyne): Tairgim:

Go molann Dáil Éireann an tUasal Rónán Ó Domhnaill lena athcheapadh ag an Uachtarán

26 November 2019

ina Choimisinéir Teanga.

Cuireadh agus aontaíodh an cheist.

Question put and agreed to.

Proposal to Approve Universities Act 1997 (Section 54(3)) (University Authorisation) Order 2019: Referral to Joint Committee

Minister of State at the Department of the Taoiseach (Deputy Seán Kyne): I move:

That the proposal that Dáil Éireann approves the following Order in draft:

Universities Act 1997 (section 54(3)) (University Authorisation) Order 2019,

copies of which have been laid in draft form before Dáil Éireann on 19th November, 2019, be referred to the Joint Committee on Education and Skills, in accordance with Standing Order 84A(4)(k), which, not later than 10th December, 2019, shall send a message to the Dáil in the manner prescribed in Standing Order 90, and Standing Order 89(2) shall accordingly apply.

Question put and agreed to.

Ceisteanna - Questions

Community Enhancement Programme

1. **Deputy Michael Moynihan** asked the Taoiseach if he will report on his latest meeting on the Dublin inner city forum. [45816/19]

2. **Deputy Mary Lou McDonald** asked the Taoiseach the role of his Department in the north east inner city initiative. [46345/19]

3. **Deputy Brendan Howlin** asked the Taoiseach if he will report on the Dublin inner city forum. [47362/19]

The Taoiseach: I propose to take Questions Nos. 1 to 3, inclusive, together.

The Mulvey report, *Creating a Brighter Future*, was commissioned by the Government and published in February 2017. It contains recommendations for the social and economic regeneration of Dublin's north east inner city, NEIC, area.

In June 2017, the Government appointed an independent chair of the NEIC programme implementation board. Other members of the board include representatives of relevant Departments and agencies, business and the local community. The Government is committed to

investing in the north east inner city community and ensuring the programme implementation board has the necessary resources to achieve its targets and fulfil its ambition. To this end, the Government made available €6.5 million in funding for the initiative in 2019. The board and its subgroups meet on a monthly basis to oversee and progress the implementation of the Mulvey report. Officials from my Department work closely with the board, the subgroups and the dedicated programme office based in Sean McDermott Street. The chair of the board reports to an oversight group of senior officials chaired by the Secretary General of my Department. This group ensures strong and active participation by all relevant Departments and agencies and deals with any barriers or issues highlighted by the board. The Cabinet sub-committee on social policy and public services provides political oversight of the NEIC initiative.

To date in 2019, the board has delivered several improvements for the area, including an increased Garda presence backed up by the Garda community support van and a focus on community policing, the commencement of a project focused on drug-related intimidation, the establishment of Ireland's first social inclusion hub in the NEIC and the funding of the homeless case management team and a residential stabilisation programme. Funding was also provided to a career local employment action partnership, LEAP, which backs young jobseekers to achieve work placements and employment. Equipment has been provided to three secondary schools participating in the innovative P-TECH initiative. A research project has been undertaken to identify how social enterprise can be supported and encouraged in the area. Funding has been provided to the local early learning initiative and a programme to secure quality work experience placements for students from the six secondary schools in the NEIC has been launched. Funding has been provided for fast-track counselling for young people funded and assistance provided to a men's health and well-being programme. The green ribbon project rolling out environmental clean-up and litter prevention in partnership with local residents has been commenced and there are comprehensive programmes of NEIC local community events, arts projects, sport and well-being activities. Progress continued on the two main public capital projects in the area, namely, Fitzgibbon Street Garda station and the Rutland Street community hub.

In 2019, €1 million of the €6.5 million budget was allocated to the social employment fund through which 55 posts have been filled in community projects providing childcare, youth services, elder care and environmental services. This responsive and innovative initiative has been widely welcomed within the community.

Progress reports on the NEIC initiative are available on www.neic.ie for the years 2017 and 2018. The 2019 NEIC progress report is in preparation and will be published in due course.

Deputy Micheál Martin: Last week or the week before, I asked the Taoiseach for figures on expenditure on the north east inner city to determine how much of the spending is new money rather than existing schemes and projects being provided by central government. How much new money has been provided to existing programmes by central government? The funding announced includes money that was to be spent anyway, as well as money that Dublin City Council and other State agencies reallocated from other community projects. What is not clear is how much of the money being talked about is new money provided by Government and not taken from other projects. I ask the Taoiseach to provide those figures in order that we can properly assess the significance of the investment. He referred to an allocation of €6.5 million in respect of the implementation of the Mulvey report.

Why has housing not been a central focus of the work in the north east inner city? Its omis-

sion as a central plank in these initiatives is a serious deficiency.

This is a welcome initiative which brings together various agencies to focus on the needs of the community. If it is making a difference, it should be extended to other areas. Unfortunately, there are communities throughout Dublin and many other parts of the country which must deal with deep disadvantage, poor facilities and crime. It is clear that crime is getting out of control. The rising drugs crisis is making the situation far worse. There was an outbreak of gangland crises in Lucan last week and Coolock at the weekend. Gangland wars in various parts of the city are taking a toll on people's sense of peace and security. These wars are being fuelled by the drugs crisis.

The north east inner city initiative is, effectively, a one-off return to a model which Fine Gael abandoned from 2011 onwards. The Ministers of various states who attended the British-Irish Council two weeks ago came together to state that we need to go back to the tried and trusted model which needs continuous and consistent application. It is an awful pity that it was abandoned in 2011. I refer to the removal of community development as a Cabinet-level responsibility. We have become accustomed to Ministers rolling out marketing campaigns to promote grants which used to operate without fanfare. The decision to remove that responsibility was prompted by the current EU Commissioner for Trade, former Deputy, Phil Hogan, asking how dare a LEADER group or a partnership announce grants. Fine Gael Ministers were fed up with persons other than politicians announcing the allocation of money to initiatives. That is what was behind Fine Gael's abandonment of the model to which I refer. In so doing, it undermined programmes that were working in these communities and that took a multilateral and multidisciplinary approach with local and national involvement.

Deputy Martin Kenny: I listened carefully to the Taoiseach's remarks on the north east inner city initiative. One would think everything is working very well on the ground. He referred to several projects. For example, he stated that work is commencing on Fitzgibbon Street Garda station. How many years has hoarding been up around that station? It has taken years to get it done. When there was an effort and commitment to renovate Leinster House, which is a couple of hundred years old, it was done in jig time. It is clear that such commitment is not present in respect of the north east inner city. That is the belief of the people who live in the area.

Community representatives on the north inner city drug and alcohol task force recently raised serious concerns regarding the lack of a partnership approach to the delivery of the national drugs strategy. I refer to the impending closure of the community participation project, which has played an important role in the objectives of the north east inner city initiative. All of these matters are of serious concern. The problems are not limited to the north inner city. The refusal of State agencies to acknowledge that community participation is crucial to an effective response to the pervasive drugs problem in the north inner city is at the core of many of these issues.

A lack of recognition was expressed through the unilateral decision of the HSE to withdraw funding for projects that played an important role in supporting drug addiction treatment in the area. The HSE pulled money from community organisations that were doing tremendous work and left them with nothing. These community organisations will vanish overnight. Unfortunately, this is repeated all over the country. It is particularly acute in places like Dublin's north inner city which has tremendous communities - wonderful people doing their best in the face of major hardship. I have difficulty not with Deputy Micheál Martin, but with others who use the word "gangland". These are not ganglands. There may be gangs there, but the lands that exist

there have wonderful people.

Deputy Micheál Martin: I did not say that.

Deputy Martin Kenny: I am just-----

Deputy Micheál Martin: The Deputy is making a loaded comment and that is not-----

Deputy Martin Kenny: We see it in the media and everywhere. It sets a dangerous precedent to say that certain parts of any city have a particular problem. While they may have, the people who live there are not the problem; the problem is a scourge on these communities. We need to spell that out.

An Leas-Cheann Comhairle: Go raibh maith agat.

Deputy Martin Kenny: The latest withdrawal of HSE funding will result in the loss of community-participation projects and a successful wrap-around project that was established in recognition of the importance of community engagement in addressing issues of addiction. Core to the problem in many of these places is the high level of addiction.

An Leas-Cheann Comhairle: I call Deputy Howlin. We will not get to the third question.

Deputy Brendan Howlin: Further to the comments by a range of Deputies during questions on the Order of Business, it is clear that the Government has failed to address the causes of crime. When one looks at the areas of crime and drug abuse not just in Dublin's inner city but across the country, there is a familiar pattern of economic and social disadvantage in the areas that are suffering the greatest problems. There is a feeling of abandonment, starting with the absence of quality public services, such as childcare, genuinely free education and healthcare, combined with a lack of future employment opportunities which often fuels a young person's pathway to involvement with drugs and criminality. There are role models who indicate that is a lucrative, if very destructive, future for them.

The Government constantly talks about full employment and the unemployment rate is less than 5%. However, Dublin city has seven unemployment black spots where up to 32% of people are without a job. What will the Government do differently to break this cycle of disadvantage and unemployment so that we can eradicate these black spots and take away these role models of a destructive future from young people who see very little else available to them?

Will the Taoiseach listen to the very open-hearted appeal from the nine former Ministers with responsibility for drugs policy, to go back to the drugs partnership model and reinvest in it now that the resources are available again because it was a model that worked?

The Taoiseach: Deputy Micheál Martin asked about the breakdown between new money and reallocated money for the project in Dublin's north-east inner city. I do not know the details of that; I suspect it is a mix of both. I will endeavour to get the figures broken down properly for him.

The Deputy also spoke about housing. Dublin City Council in partnership with various social housing bodies is working to deliver four main housing regeneration schemes in the north-east inner city area. These schemes are at various stages with 228 units to be delivered as part of them. The refurbishment of St. Mary's Mansions flat complex by Clúid Housing at a cost of €21 million will result in 80 units in a mix of one- to four-bedroom apartments. Building works

are on schedule and are expected to be completed in quarter 1 of next year. Dublin City Council is working through the scheme of letting priorities to collate applicants with an expression of interest for housing in this area.

A further 72 units will be delivered as part of the Croke Villas redevelopment. It is intended that the majority of works would be completed in 2019. The redevelopment of Croke Villas is now subject to judicial review. The hearing was held in December 2018 and Dublin City Council is awaiting a decision. Units at Nos. 2 to 6 Ballybough Road are at final-fix stage with allocation set for this month. A further 47 apartments in Railway Street are to be delivered by the Circle Voluntary Housing Association. A planning application was lodged but the decision was appealed to An Bord Pleanála with a decision expected this month. Twenty-nine old persons' units are to be delivered by Oaklee Housing. Work on this site is ongoing with an expected handover by the end of this year. Dublin City Council is working through the scheme of letting priorities for this housing development.

A few Deputies mentioned the spate of murders linked to drug gangs in recent weeks. They have caused enormous concern on the ground. People in many communities are worried about their safety. We need to take those concerns very seriously. It is also important to acknowledge that the number of murders, manslaughters and death threats is down by 40% on this time last year. The number of burglaries is also down. The Garda is having significant success in combating these most serious forms of crime.

The Government is committed to reopening Fitzgibbon Street Garda station. The Office of Public Works, OPW, has responsibility for the provision and maintenance of Garda stations. As a result, the refurbishment of the Garda station, like all works in the Garda estate, is being progressed through close co-operation between the OPW and Garda authorities. I am pleased to confirm that enabling works at Fitzgibbon Street have already been completed and the procurement process for the main works is under way. The main refurbishment is expected to take about a year from the point at which construction begins.

It is essential to remember that it is not primarily the opening of Garda stations, but rather the visible presence of gardaí on the streets that reassures the public and deters crime. With the provision of unprecedented Government investment in a Garda budget of €1.88 billion for next year, the Garda Síochána is once again a growing and an expanding organisation. The allocation of resources, including the distribution of personnel, is a matter for the Garda Commissioner under law. Garda deployment in all areas of the country, including in Dublin city centre, has benefited from the increased recruitment, with another 200 to be allocated on Friday.

In the Dublin metropolitan region's north central division, the number of gardaí has increased from 590 at the end of 2015 to 695 at the end of August 2019, representing an 18% increase in the division over the past four years. At the same time the number of Garda civilian staff has increased from 39 to 55. Taken together the increases in gardaí and Garda civilian staff means a very significant increase in the operational policing hours in the Dublin north central division.

Deputy Howlin is absolutely correct in reminding us of the connection between economic and educational disadvantage, and crime, but I do not accept that the Government is failing on it. Unemployment is down by two thirds to below 5%. Even in the black spots it is down significantly. The level of poverty has fallen for four years in a row, with about 100,000 children lifted out of child poverty in the last few years. Deprivation is falling and incomes are rising.

There is unprecedented investment in childcare, early childhood education, school education and higher education. More people from non-traditional backgrounds are attending higher education than ever before, but that does not result in lower crime levels in just a few years. The strong economic performance and strong investment in communities needs to continue for a generation or certainly for many years before it is reflected in lower crime levels.

Citizens' Assembly

4. **Deputy Mary Lou McDonald** asked the Taoiseach if he has responded to the open letter addressed to him from a group (details supplied). [46346/19]

5. **Deputy Brendan Howlin** asked the Taoiseach if he has responded to the open letter seeking dialogue on the constitutional future of the island of Ireland. [47363/19]

6. **Deputy Richard Boyd Barrett** asked the Taoiseach if he has responded to the open letter seeking dialogue on the constitutional future of the island of Ireland. [48846/19]

The Taoiseach: I propose to take Questions Nos. 4 to 6, inclusive, together.

On Friday, 1 November an open letter was received in my office signed by citizens North and South as an initiative of the Ireland's Future group. I became aware of the letter when it was published in the media the following Monday.

The letter raises extremely important matters which naturally require very careful and serious consideration and the Government will engage and reflect on the contents of the letter.

I welcome the initiative taken by this group and the Government has had ongoing and constructive engagement with it, since its formation in 2017. The Tánaiste and I have met representatives and the Minister, Deputy McHugh, participated for the Government in its conference at the Waterfront Hall in Belfast in January this year.

We look forward to continuing this constructive engagement on these important matters and I see the open letter as part of the debate that the group wishes to foster.

The Government respects everyone's right on this island to make the case for the constitutional future they wish to see for Northern Ireland and Ireland as a whole, whether that is nationalist, unionist or neither.

As I said in the House on 6 November, I do not rule out a citizens' assembly on the future constitutional arrangements in Ireland, but the Government is already committed to a pipeline of citizens' assemblies which is under way, including some voted on by the House. The Citizens' Assembly on gender equality is about to start. It will run for approximately six months. After that, we will have the one on local government in the Dublin area. There are several suggestions about other citizens' assemblies that also have merit, including one on biodiversity on which the Dáil has passed a motion. We recognise that the course of Brexit has led to more civic discussion and engagement, North and South, about constitutional change, as provided for under the Good Friday Agreement. The Government will continue to listen to and engage with the views of everyone on this island both on rights issues and on the constitutional future they wish to see for Northern Ireland. The Good Friday Agreement explicitly recognises and validates the legitimacy of both constitutional positions, which are deeply held. The Tánaiste

and I will continue to engage on these matters in the spirit of ongoing positive debate.

In the near term, the Government is focused on securing ratification and implementation of the withdrawal agreement to allow for an orderly Brexit, including a smooth transition period; preparing for the next phase of Brexit negotiations dealing with the future EU-UK relationship; restoring the effective functioning of the devolved institutions and the North South Ministerial Council; and ensuring the protection of the Good Friday Agreement and the achievements of the peace process as the UK leaves the EU.

Deputy Martin Kenny: Earlier this month, over 1,000 Irish citizens published an open letter calling on the Taoiseach to establish a citizens' assembly to discuss the island's shared future. The signatories noted the Government's responsibility to ensure the democratic wishes and rights of Irish citizens are respected and protected regardless of where they live on the island. The essence of the letter is a modest ask that the Taoiseach acknowledge the debate that is already taking place and play his role in facilitating the discussion on Ireland's future. Deputy Micheál Martin and Fianna Fáil have followed the line followed by the Taoiseach, which is that now is not the time for citizens North and South to discuss Irish unity. This is very disappointing. Recent referenda on women's healthcare, marriage equality and other issues are proof that politicians are often years behind public opinion when it comes to matters of national importance and public interest.

Latest opinion polls tell us that a majority of people in this State would like a referendum on Irish unity in the next five years. A poll conducted in September in the North produced a similar result. The reality is that the Taoiseach and people in Fianna Fáil are simply out of step with public debate on Irish unity. They both continue to frame the debate in terms of what will be lost instead of what is to be gained. A major event calling for a citizens' assembly to shape Ireland's constitutional future will be held in Croke Park this Thursday. Over 1,500 people took part in a similar event in Belfast in January 2019. The debate on Irish unity is taking place in towns and villages across Ireland just as the Good Friday Agreement anticipated. Has the Taoiseach responded to the letter from Ireland's Future and will he consider the establishment of a citizens' assembly?

Deputy Brendan Howlin: Earlier this month, the civic nationalist group known as Ireland's Future wrote yet another open letter calling on the Government to establish a citizens' assembly to look at building broad support for a united Ireland. I have raised this issue since I became leader of the Labour Party because I believe it is important that we have a mechanism akin to the New Ireland Forum that does not set an end location for the journey but opens up a journey of discussion. To put that in the context of yet another topic, important and all as the other topics are, in a queue for a citizens' assembly is to fundamentally miss the point. If there is a variety of lessons to be learned from the Brexit debate, one is the lack of preparedness for a decision put to the UK electorate. Nobody really knew what the actual outcome was and they have spent more than three years trying to make up what the outcome of that journey in the UK is to be. It is incumbent on democratic nationalist parties and others to be invited to reimagine what the constitutional future of this island would be and for all of us, and I say this with a real open mind to all the democratic parties in this House, to approach this with an open agenda and mind - not to see that there is to be an end destination that is presumed because we will not have the broad participation in that dialogue.

When I last asked about this, the Taoiseach's response was that the time is not right. The problem with that is that if we wait and wait until somebody determines the time is right, it will

be too late. We will be in a Brexit-style situation where there will be pressure to make a decision without knowing the context and outcome of that decision. I ask the Taoiseach to sit down with the leaders of the parties in this House to see if we can create the possibility of a forum, be it a New Ireland Forum mark two or a citizens' assembly, to see how we can reach out to the broadest possible strands of opinion across the island of Ireland to contemplate what the future constitutional arrangement might look like in a changing Ireland. I ask the Taoiseach not to dismiss that but to give some consideration to it, possibly come back to it after Christmas and invite a quiet discussion with all the party leaders to see if we can work together on that.

Deputy Micheál Martin: The facts show that today, the entire peace settlement is in crisis. Brexit has been incredibly destabilising but nobody can seriously deny that the crisis in the peace process began well before the Brexit referendum so we need some real talking and a bit of reality here. The core issue is a sense of people retreating from trying to find a shared approach, which was the essence of the Good Friday Agreement. Instead we have a return to communal sniping. That is what is happening right now. The entire point of the Good Friday Agreement was to stop an endless focus on a binary constitutional choice from destabilising society. The agreement provided assurances for all and an opportunity to focus on shared interests. At a point where it looks like there is a majority for permanent constitutional change, a process is provided for in the Good Friday Agreement which takes it out of the day-to-day business of party politics. The evolution to a pathway was already there in the Good Friday Agreement and it still is there.

We have been referenced by the Sinn Féin spokesman today. It is surprising to say the least that at the conference in Derry, Sinn Féin announced that it would set as a precondition for entering Government in the Republic being given cast-iron assurances about the holding of a unity poll. When one takes that in tandem with the book *Burned: The Inside Story of the 'Cash-for-Ash' Scandal and Northern Ireland's Secretive New Elite*, the definitive work on the cash for ash scandal in the North, and its revelation that the Sinn Féin Minister for Finance in the North had to seek the authority of non-elected Ard Chomhairle officials of Sinn Féin - Ted Howell and Pádraic Wilson - before he could cease the scheme, it reinforces the fact that Sinn Féin is unfit to be in government established under Bunreacht na hÉireann because its own party demands take the place of engagement and persuasion. I would put it to the Taoiseach that for Sinn Féin, it is a legitimate tactic to collapse democratic institutions until it gets its own way. I ask people to read *Burned: The Inside Story of the 'Cash-for-Ash' Scandal and Northern Ireland's Secretive New Elite* and also to look at the fact that in a recent election within Sinn Féin, the challenger was disappeared from public view and was not allowed to make his case. That is not democratic. Anyone genuinely interested in the unity of the people of this island should be trying to get the agreed institutions of the peace settlement to work and to show those opposed to Irish unity that they share a community of interest. How does collapsing the Assembly and Executive advance Irish unity? It was deliberately collapsed by Sinn Féin.

Deputy Martin Kenny: Why did the Deputy call for it to be collapsed?

Deputy Micheál Martin: I did not at any stage call for it to be collapsed. Does the Taoiseach agree that what we need today is an end to the politics of collapsing democratic institutions and a return of the democratic Assembly and Executive in Northern Ireland? I met people in Newry recently who cannot understand why it has been collapsed. Only when this is done can we return to engagement, without which the union of peoples on this island is impossible. It is about persuasion, not dividing people.

The Taoiseach: Deputy Micheál Martin and I disagree on a lot and clash a lot but I very much agree with his analysis and comments on this matter. We should not forget what the Good Friday Agreement settlement is all about. It is about acknowledging that Northern Ireland has a unique history and geography and, therefore, has special arrangements - power sharing in Northern Ireland, North-South co-operation structured through the North South Ministerial Council and east-west co-operation through the British Irish Council and the British–Irish Intergovernmental Conference. It is a good model and while it may not be functioning at the moment, it is still the best model for our generation, rather than dividing people and forcing them to choose between territorial unity or reincorporation into the UK.

When it comes to the whole issue of a citizens' assembly, as I have said before, it is certainly not something that I rule out and is something to which I will give consideration. At the right point in time, as Deputy Howlin suggested, perhaps I will call the party leaders together about the matter. It is a sensitive time now, however, because we are only two weeks or so from Westminster elections, which are happening in Northern Ireland as well as in Great Britain. The Northern Ireland Assembly and Executive are not functioning and the Brexit withdrawal agreement is in the balance. We might find ourselves in a very different place in two or three months' time, in a more stable situation and a better political environment to progress these kinds of ideas.

One thing we need to bear in mind and ask ourselves is whether unionists would participate in a citizens' assembly. One million unionists make up half the population of Northern Ireland and a significant minority on this island. Would British citizens living in Northern Ireland participate in such a citizens' assembly? If not, that would fundamentally change the nature of the assembly because it would seek to discuss the constitutional future of this island absent the representatives of those 1 million people. It would then be a pan-nationalist assembly and not an assembly of all the citizens of Ireland. It would have a very different nature to that which many of us would like to see.

Garda Reform

7. **Deputy Brendan Howlin** asked the Taoiseach if he will report on the work of the policing reform implementation programme office in his Department. [46453/19]

8. **Deputy Mary Lou McDonald** asked the Taoiseach if he will report on the work of the policing reform implementation programme office within his Department. [47359/19]

9. **Deputy Joan Burton** asked the Taoiseach if he will report on the work of the policing reform implementation programme office in his Department. [47390/19]

10. **Deputy Mary Lou McDonald** asked the Taoiseach the status of the work of the policing reform implementation programme office of his Department. [47641/19]

The Taoiseach: I propose to take Questions Nos. 7 to 10, inclusive, together.

In December of last year, the Government published A Policing Service for the Future. This is a four-year plan running from 2019 to 2022 to implement the report of the Commission on the Future of Policing in Ireland.

The plan was developed in co-operation with stakeholders, in particular the Department of

Justice and Equality and An Garda Síochána.

The plan is set out across four key phases: building blocks, launching, scaling and consolidation. The first year of implementation, 2019, comprised the building blocks and launching phases. Both phases are six months in duration and were necessarily short to ensure momentum and show progress at an early stage.

As recommended in the commission's report, implementation of the plan is being overseen by a dedicated programme office in the Department of the Taoiseach. The programme office is resourced with appropriate expertise in the areas of project management, policing, justice and public service reform.

The plan is a living document and throughout the implementation process, the policing reform implementation programme office will be reviewing and updating the plan as required on a biannual basis and maintaining ambitious but realistic commitments, timeframes and milestones.

As the transformation programme progresses, detailed actions and key milestones for future years will be agreed and documented. The programme office is currently working on detailing actions for the scaling phase of implementation.

An implementation group on policing reform has been established with a former member of the Commission on the Future of Policing in Ireland as its independent chair. The group has collective responsibility for the delivery of the plan.

Its core membership comprises senior officials from the organisations most closely involved in driving the transformation programme. These are An Garda Síochána and the Departments of Justice and Equality, the Taoiseach and Public Expenditure and Reform. Senior representatives of other relevant Departments and agencies are also involved in this group's work.

A high-level steering board, chaired by the Secretary General to the Government, is in place to help guide the work of the implementation group on policing reform.

Political oversight of the implementation of the plan is provided by the Cabinet committee on security.

Much has been achieved to date in 2019 under the plan. For example, a human rights unit has been established and the strategic human rights committee re-established in An Garda Síochána. An organisational census of An Garda Síochána has been completed. Phase 1 of the investigation management system has been implemented. Computer-aided dispatch has been deployed in the western and northern regions. The senior management team of An Garda Síochána has been trained on governance responsibilities. The director of the national security analysis centre has been appointed and the centre itself established. The Industrial Relations (Amendment) Act 2019 has been enacted. The Government has given approval for legislation to be drafted to underpin the use of recording devices, including body-worn cameras, and for codification of legislation defining police powers of arrest, search and detention.

Two infographics on the progress made under A Policing Service for the Future have been published by the policing reform implementation programme office and are available on the policing reform portal on *gov.ie*.

Deputy Brendan Howlin: At the beginning of this year, it was reported that Ireland had

one of the lowest police-to-population ratios in Europe. The average ratio across the EU 28 was 318 police officers per 100,000 inhabitants while in Ireland, that figure was 278 gardaí per 100,000 inhabitants. This definition does not take account the number of civilian staff who are not directly involved in police work and vast numbers of civilian staff are involved in supporting police organisations in other EU states. Ireland has consistently lagged behind in the recruitment of civilian staff and that has been a consistent drain on front-line policing, as we have acknowledged for a number of years.

Both front-line policing and the civilianisation of the force were set to improve with 15,000 gardaí and 4,000 civilians to be recruited between the time of the announcement last year and 2021. We have already seen some signs of stalling. For instance, 800 new Garda recruits were set for next year but I understand the number provided in the most recent budget was 700 despite a greater-than-expected number of indicated resignations and retirements next year.

Can the Taoiseach provide a clear update on the programme of recruitment of those 4,000 civilian staff members, who are vital to free up front-line gardaí for duty? Can he further clarify whether the target that was set out for 2021 will actually be met?

Deputy Martin Kenny: As the Taoiseach knows, the establishment of the divisional protective services units is one of the reforms provided for in the Commission on the Future of Policing in Ireland report. These units were established to provide a consistent and professional approach to the investigation of sexual crime, human trafficking, child abuse and domestic abuse. Last week, the Minister for Justice and Equality admitted that just 13 divisional protective service units have been rolled out to date. This falls far short of what has been committed to in successive policing plans since 2016. The roll-out of the units was to have been completed across all divisions by the end of 2019, yet we are coming to the end of the year with only 65% of these protective service units delivered.

My party leader, Deputy McDonald, has regularly raised these delays with the Minister for Justice and Equality and the Garda Commissioner over the past two years. So slow has been the pace of delivery that the Garda Representative Association told delegates at its annual conference in May that the protective service unit in Cork, established in 2017, had been unable to take on any new cases since late last year.

We have also raised the missed deadlines on the domestic violence risk assessment tool first committed to in the policing plan of 2016. Garda management committed to developing and implementing a risk assessment matrix for all victims of domestic violence and sexual crime by the end of 2016. No revised date for the completion of this project has been provided and perhaps the Taoiseach can advise on that.

Yesterday marked the beginning of the annual 16-day campaign opposing violence against women. These policing reforms, already the norm in other countries, are critical to the protection of women and children, yet there is no sense of urgency from the Garda Commissioner or from the Minister for delivering on these existing commitments. What attention has the policing reform implementation programme office within the Department of the Taoiseach given to domestic and gender-based violence and policing commitments? Can we now expect a roll-out of the protective service units being completed?

Deputy Joan Burton: Like many people in the Oireachtas, I have been out canvassing and campaigning on the north and south sides of Dublin in advance of the upcoming by-elections.

In Dublin Mid-West, since campaigning for the by-elections began less than four weeks ago, a man was killed in horrific circumstances and the car in which he was found was blown up in a fireball. This happened in Lucan. The Taoiseach knows as well as I do what the situation is in Lucan. It is a lovely suburb and yet it is being visited by this kind of heinous crime.

A young man, only 22 years old, was shot down in cold blood on the north side of Dublin on Sunday night.

In addition to housing, the question I am asked about all the time is the issue of crime. Does the Government intend to do anything to give relief to communities that are beset by crime? In all of the policing documents, not least the current one, we are told that community policing will be at the heart of policing strategy to ensure that young people can walk around without fear of knife crime, being accosted in a public park, their phones being taken from them and, even worse, physical violence being done to them. We know that much of that is related to

4 o'clock drugs and in particular to cocaine. Notwithstanding the lipservice to community policing, across Dublin, and I would say throughout the country, we do not have community policing in our streets and communities. We need that, particularly for young people, children, schoolgoers and students because they are the people who are living through this crime. It is very difficult for them not to be disturbed by the constant reports of really violent crime, most of which is inspired by the enormous profits to be made out of dealing in cocaine and other drugs. Has this group in the Taoiseach's Department walked the mean streets to see what is happening and the way communities are being put in fear in respect of crime or is it all about reports and relatively little action?

Deputy Micheál Martin: In the past few years, every time a Deputy raised an issue about serious crime and anti-social behaviour, the response has tended to be that everything is being attended to but there is no doubt that people have a growing sense of unease about crime. The habitual use of drugs in society, in campuses, on streets and so on, is causing major concern. The work of the National Crime Council and others on the large gap between certain statistics and the reality of crime on the ground, particularly in terms of people feeling intimidated in communities, is an issue the Government should take on board. The last survey of the National Crime Council showed that one in five people believe their lives have been affected by a fear of crime or a sense that there is a crime in their local community which could impact on them at any moment.

We know that many communities across the country are experiencing a rising sense of fear. That is true all across the country. People believe the State is losing control; that is the perception. The Taoiseach may argue with that perception but without question it is the case. It is impacted by the story of the use of serious drugs. The policing response needed is more than the deployment of resources, important as that is now. Can the Taoiseach give an assurance that he has raised that issue with the Commissioner? Can he give an indication of his response, particularly in terms of the spread of serious drug use across the community?

I raised with the Taoiseach previously the recent incident in Cork where 100 youths descended on the city, through social media incitement, wearing balaclavas and so on. The message was, "You only have 1 minute to yam that shop". It referred to a particular sports shop and was a copycat of what went on in London, Belgium and elsewhere. I see from the joint policing forum in Cork that 22 bikes are stolen in Cork city every month. That is now the norm. Cork did not benefit from any Garda deployment out of recent recruitments. The Taoiseach undertook to raise these concerns about street crime in Cork with the Commissioner. Has he had that

conversation and what was the outcome?

The Taoiseach: In respect of Garda numbers, An Garda Síochána is once again a growing organisation. There are more than 14,200 gardaí now, aided by 2,900 Garda staff nationwide. These numbers continue to increase. The Government's aim is to reach a total workforce of 21,000 by 2020, and we are confident that target will be met. An additional 200 new gardaí will be sworn on Friday in Templemore. As a result of this Garda deployment, all areas of the country have benefited from this increased recruitment. Garda management keeps the distribution of resources under continual review, in the context of crime trends and policing priorities, to ensure their optimal use.

In respect of Cork, and I have raised this with the Garda Commissioner and will do so again when I see him on Friday, I am told by the Garda Commissioner that at the end of 2016, a total of 644 gardaí were assigned to the Cork city division, aided by 59 Garda staff. As of the end of October, that has increased to 700 gardaí. That is an increase from 644 to 700. The number of Garda staff has increased from 59 to 92. There are also 33 members of the Garda Reserve in Cork city. The significant increase in Garda staff numbers in Cork city means that as well as new gardaí assigned to the division, additional gardaí can be redeployed from administrative to operational policing duties where their training and policing expertise can be used to best effect. Taken together, it can be expected that this increase in Garda members and staff numbers means a real increase in the operational policing hours in the Cork city division. Nationally, since 2018, 500 gardaí have been redeployed from administrative duties to front-line visible policing.

It is also worth saying that divisions in County Cork have similarly benefited from the additional resources in these years. Three hundred gardaí and 28 staff were assigned to the Cork north division in December 2016 but now there are 335 gardaí, aided by 31 staff. In the west division, there were 281 gardaí. That figure is now 304, and the Garda staff figure has increased from 24 to 31.

The establishment of the divisional protective services units, DPSUs, which are the Irish equivalent of the special victims units the Deputy mentioned, is a commitment under A Policing Service for the Future. There is a four-year implementation plan giving effect to that. I am informed by the Garda authorities that the DPSU in Cork city is now operational. The roll-out of these units nationwide was always intended to be on a phased basis. So far, 13 have been established. It can take time to make the necessary arrangements for each new DPSU. They require appropriate accommodation and staffing, and other arrangements need to be made to ensure that the unit, when operational, is effective and can meet the needs of victims and vulnerable witnesses. I am informed by Garda management that the remaining DPSUs will be phased in by the end of the first quarter of next year. While we all look forward to seeing those units being operational, there is a reasonable and realistic timeframe, and this is it. It is also necessary to respect the fact that the Commissioner and Garda management have responsibility for Garda resources and deployment of its personnel. I have been informed that internal competitions for selection of personnel for these units is now complete in some cases and progression is expected to commence shortly on others.

On the issue of domestic, sexual and gender-based violence, particularly violence against women, the national strategy was launched in January 2016 and is a whole-of-government response to domestic, sexual and gender-based violence. So far, there has been a national awareness campaign, which hopes to raise awareness and change attitudes to support the prevention of domestic, sexual and gender-based violence, particularly against women. There has been a

range of legislative changes, including the enactment of the Criminal Justice (Victims of Crime) Act 2017, the Criminal Law (Sexual Offences) Act 2017 and the Domestic Violence Act 2018, which made it easier to access a barring order and created new offences of coercive control and forced marriage.

I have mentioned already the establishment of DPSUs, with 13 now established. A system of victim offender mediation for victims of sexual violence has been established by the Probation Service. A domestic violence perpetrator programme is being developed and I refer to the establishment of a postgraduate research network on domestic violence and sexual violence, as well as improved data collection. Research and data are very important in this area, and other areas also. There is also the development of an awareness and education programme for primary and second level schools in respect of domestic, sexual and gender-based violence.

The strategy also contained actions which were required to enable Ireland ratify the Council of Europe convention on preventing and combating violence against women, which is known as the Istanbul Convention. That included creating a new offence of forced marriage and a new criminal offence of coercive control. As a result of that, we were able to ratify the Istanbul Convention on 8 March, which was International Women's Day. It came into force on 1 July.

Regarding the murder in Clonshaugh and the murder in Lucan, the Garda is investigating both of those appalling crimes. As a result, I am limited in my comments. We need to support the Garda and give it time and space to investigate these crimes, gather evidence and secure prosecutions. Local patrols are being supplemented now by armed support units, and there is ongoing liaison support being provided by relevant sections within the serious crime operations security and intelligence section. The Minister for Justice and Equality has sought an urgent report from the Commissioner seeking details of the actions in Lucan, Clonshaugh and Coolock.

Ábhair Shaincheisteanna Tráthúla - Topical Issue Matters

Acting Chairman (Deputy Bernard J. Durkan): I wish to advise the House of the following matters in respect of which notice has been given under Standing Order 29A and the name of the Member in each case: (1) Deputy Mary Butler - to discuss the rising costs of insurance for St. Martin's special school, Waterford; (2) Deputy Catherine Murphy - to discuss the special permissions required for medical professionals when moving into self-employment as general practitioners; (3) Deputy Darragh O'Brien - to discuss the shortage of secondary school places in Fingal, County Dublin; (4) Deputy Niamh Smyth - if consideration was given to environmental matters for the new N2 route in County Monaghan; (5) Deputy Jackie Cahill - to address the lack of resources for the management of horse welfare and horse trespassing; (6) Deputy Dessie Ellis - to discuss the new strategic planning guidelines; (7) Deputy Declan Breathnach - to discuss difficulties with community CCTV schemes and the role of the data controller; (8) Deputy Frank O'Rourke - to discuss the refurbishment of Celbridge health centre and the provision of a dental clinic; (9) Deputies Thomas Byrne, Fiona O'Loughlin, Anne Rabbitte and Jim O'Callaghan - to discuss the need to provide education to children in a direct provision centre in Carrickmacross; (10) Deputies Mattie McGrath, Danny Healy-Rae, Michael Healy-Rae and Michael Collins - an update on the work of the beef task force and the implementation of the

Irish beef sector agreement; (11) Deputy Maurice Quinlivan - to discuss the operation of an MRI scanner in University Hospital Limerick; (12) Deputy Martin Heydon - the steps being taken by the Department of Education and Skills to address the significant shortage of autism spectrum disorder spaces at second level schools in County Kildare; (13) Deputy Bernard J. Durkan - to discuss the overcrowding at Naas General Hospital emergency department; (14) Deputy Seán Haughey – to discuss drug-related gangland murders and shootings in Coolock, Dublin 5, and Dublin 17; (15) Deputy Paul Murphy - to address the need for investment in rural infrastructure and transport in light of the farmers’ protest organised for today; and (16) Deputy Brian Stanley - to discuss the problems with audiology services in counties Laois and Offaly.

The matters raised by Deputy Breathnach, Deputy Durkan, Deputy Stanley and Deputies Thomas Byrne, O’Loughlin, Rabbitte and O’Callaghan have been selected for discussion.

Ceisteanna (Atógáil) - Questions (Resumed)

Ceisteanna ar Sonraíodh Uain Dóibh - Priority Questions

Hospitals Building Programme

38. **Deputy Stephen Donnelly** asked the Minister for Health the status of the relocation of the three Dublin maternity hospitals to new sites; the planned dates for when the new hospitals will be open; and if he will make a statement on the matter. [49072/19]

Deputy Stephen Donnelly: The Government has promised to deliver three maternity hospitals in the greater Dublin area. Holles Street hospital is meant to move to the St. Vincent’s site. The Coombe is meant to move to the St. James’s Hospital site and the Rotunda is meant to move to the Connolly Hospital site. Could the Minister provide an update on the progress that has been made? When will the hospitals be up and running on the new sites?

Minister for Health (Deputy Simon Harris): I thank the Deputy for his question. In line with best international practice, it is the policy of the Government and Oireachtas, as set out in the national maternity strategy, that stand-alone maternity hospitals will be co-located with acute adult hospitals. We should not have stand-alone maternity hospitals anymore.

Project Ireland 2040, our capital plan, provides €10.9 billion for health capital developments across the country, including funding to relocate the hospitals.

The Government is fully committed to the maternity hospital projects. The new maternity hospital at the St. Vincent’s University Hospital campus will be the first of these to be developed. The transfers of the Coombe Women and Infants University Hospital, the Rotunda and University Maternity Hospital, Limerick, will follow.

The relocation of the National Maternity Hospital at Holles Street to the St. Vincent’s Uni-

versity Hospital campus is progressing. A number of enabling works contracts in regard to the pharmacy block and the extension to the car park are in progress and are due to be completed next year. Let me be very clear, however, that the tender documents for the maternity hospital development will not be issued until such time as a legal framework to protect the State's significant investment has been agreed. I have heard much commentary on this in recent days. The Government's position is that it will not press "Go" on the full project until all the outstanding issues are resolved.

The relocation of the Rotunda to the Connolly Hospital campus is one of the key infrastructure projects to be funded. It is important that we carefully plan all projects to meet population health needs and achieve value for money. This work is ongoing. I have engaged with the Master of the Rotunda, RCSI hospitals and the HSE on the relocation of the Rotunda to Connolly Hospital. This included a meeting with these parties in July of this year.

A site for the proposed maternity hospital is identified in the St. James's Hospital campus master plan, and the new children's hospital design has allowed for the required operational links and clinical adjacencies with both maternity and adult hospitals to be provided. Trilocation for the Coombe will facilitate the transfer of critically ill mothers from the maternity hospital to St. James's.

Project briefs will be progressed in 2020 for the relocation of the Rotunda, Coombe and Limerick hospitals to acute hospital campuses. I acknowledge something the Deputy called for in the capital plan. We have now provided funding for the project briefs to be progressed for each of the projects in 2020. All our maternity hospital projects are required to progress through a number of approval stages, in line with the public spending code, which includes appraisal, planning, design and tender stages before a firm timeline or funding requirement can be established.

Deputy Stephen Donnelly: I asked for funding for the project briefs to be progressed this year, but next year is better than not at all. I want to go through my points one at a time. The Holles Street project is meant to have started by now. I understand that was the original plan. The Minister, fairly or unfairly, has been blamed for part of the delay by a chief justice at an Irish Hospital Consultants Association conference in Galway, on the basis that there was some spat between the Minister and the hospital and that he was blamed.

Deputy Simon Harris: Unfairly.

Deputy Stephen Donnelly: The work has not happened and the car park is not of much use to the patients.

We were promised by the Taoiseach, when he had the Minister's job, that the Coombe project would happen at the same time as the national children's hospital project. That has not happened. As I am sure the Minister is, I am talking to the clinicians involved and learning that the conditions are not safe. The Rotunda was promised that, at some point in the far distant future, it will end up on the Connolly Hospital site, but before that happens, there will have to be a model 4 adult hospital. In that context, the Rotunda has repeatedly asked for pretty modest funding to upgrade its existing facilities.

Does the Minister agree that the current conditions in all three hospitals are unacceptable for mothers, babies and clinicians? Does he accept that the delays are unacceptable and that they are delays rather than instances of everything proceeding according to plan? Most important,

the only question that matters is whether the Minister has a date, even a year, for when the building of each of these hospitals will begin and, much more important, for when they will open.

Deputy Simon Harris: The phrase “fairly or unfairly” is pretty loaded because one believes the accusation is either fair or unfair.

Deputy Stephen Donnelly: I do not know. That is why I asked.

Deputy Simon Harris: As Minister for Health, I believe it is very fair. I hope that if the Deputy were in my position, he would adopt this approach also, such that we will not press “Go” on the building of the new national maternity hospital at the St. Vincent’s campus until all the issues, including that of the religious orders leaving and all those associated with governance, are resolved and the hospital is in public ownership. I believe all of this can be achieved. There has been a lot of misinformation and scaremongering in this regard but I believe all these objectives can be achieved. My position is very clear in that regard.

That is not delaying the project, however, because the enabling works are ongoing on the pharmacy and car park, both of which will benefit our acute adult hospital anyway. Those works are due to be completed in 2020, at which stage we will go to tender for the national maternity hospital proper. We will press “Go” on that tender only after a Government decision and once the three clear commitments I have set out have been met. It is possible that the hospital could go to construction late in 2020, subject to the conditions being met.

While the Deputy is correct that it was always intended to proceed with the Coombe project alongside the national children’s hospital project, it was never from a construction point of view. The children’s hospital must be built first, and then the Coombe. The Deputy is correct that we should be preparing to go ahead with the construction of the Coombe. That is why the project brief will be produced.

With regard to the Rotunda, I agree there is a need to listen to Professor Malone on the interim works that should be carried out. I have asked Professor Malone and the HSE to come up with an agreed project concerning what could be done in the interim. I believe this work is almost finalised and I look forward to those concerned coming to see me in the coming weeks in this regard.

Deputy Stephen Donnelly: I thank the Chair and the Minister. On the promise on the Coombe, the exact wording of the Taoiseach was that the work would happen “in parallel”. If the Minister tells me building A is going to be progressed in parallel with building B, it suggests to me that bricks will go up at the same time. That is pretty reasonable.

I would like to return to the core question again. We can go back and forth on the detail, which is fine, but ultimately the only question that matters to mothers, fathers, babies and staff is when. There must be a project plan for each hospital. Does the Minister have one for each? If so, will he share the date for when the new hospital will be open on the St. Vincent’s site? When will the Coombe be opened on the St. James’s site and when will the Rotunda be opened on the Connolly Hospital site? Ultimately, this is all that matters. Will the Minister commit to starting to provide funding in the next year’s budget, in the service plan for the Rotunda? As the master said, and as we both know, it is only a matter of time until a baby dies because of the overcrowding the hospital is dealing with.

Deputy Simon Harris: It is a very Dublin-centric question because the Deputy keeps on

leaving out poor old Limerick. I am sure Deputy O'Dea would not be happy with that. We do intend to co-locate the four maternity hospitals, including the one in Limerick.

To answer the Deputy's question bluntly, Holles Street is the first in the queue. That is our intention. I hope, subject to the criteria I have set out being met by all involved, that construction can begin on it towards the end of 2020.

With regard to the Coombe, we need to go to tender. If I start giving out dates on the floor of the Dáil on the tender process and the construction project, the Deputy will come back to me in ten years saying I said this or that. We need to allow the tender process to proceed. That is fair. The Coombe will go to construction, but when the children's hospital is finished. What we will do in the meantime is proceed with all the planning and development that needs to be done in this regard.

With regard to the Rotunda, my priority, while I am committed to the bigger move, is to see how we can help the master with the interim works that need to be carried out. I wish to see funding provided for this. I need to meet Professor Malone and representatives of the HSE on this in the coming weeks. I have asked them to present their agreed plan formally to my Department and I will endeavour to respond positively.

Primary Care Centres Staff

39. **Deputy Louise O'Reilly** asked the Minister for Health the staff, by occupation, working in each primary care centre run by the HSE; and the vacancies in each. [48902/19]

Deputy Louise O'Reilly: We know there are significant vacancies in primary care right across the State. I do not expect the Minister to dispute that, but perhaps he will. Some of those vacancies exist because GPs have retired or because we simply cannot get GPs to fill the vacancies, but there are a number of vacancies in primary care centres that are run and staffed by the HSE. That is a matter that falls within the remit of the Department. It is something I believe more effort could and should be made to resolve.

Deputy Simon Harris: I thank Deputy O'Reilly for the question. The development of community and primary care services is a key priority for the Government and primary care centres support this goal by providing a setting in which a range of health professionals can deliver better care, closer to people's homes in their local communities.

Data, as requested in the question, on the number of staff working in individual centres are not compiled centrally by the HSE, nor are vacancies identified within a specific building. There is a rationale for that, as I am sure the Deputy will appreciate, namely, that staff work across their local community and are not assigned solely to a particular centre. Nonetheless, I have asked the HSE to endeavour to get the information as best we can for the Deputy. However, the HSE does acknowledge the requirement to develop integrated reporting systems that would support timely reporting of staff both by service area and location.

Nationally, there are more than 10,600 staff working in primary care and it is estimated that around 1,800 of these staff were working in primary care centres as of November 2018. Many other staff will provide visiting clinics or other services at primary care centres, while some centres may also house mental health or social care staff and others will host visiting clinics

run by consultants from acute settings. In addition, centres are used for training, education and other staff or community development programmes. As such, I have no doubt that investment in primary care centres and primary care staff is benefiting local communities.

Alongside infrastructure - this is a crucial point - we are also investing in staff. Deputy O'Reilly makes the point to me regularly that we can have all the shiny buildings we want but we need to staff them properly. I am pleased that in budget 2020 we received a multi-annual commitment for €60 million for what I call the Sláintecare workforce. That will provide 1,000 additional staff in community settings by 31 December 2020. That is a commitment the CEO of the HSE has given me. Roughly speaking, we need about 4,000 additional staff in the community if we are to reach the Sláintecare goals and to achieve the Sláintecare targets. The 1,000 staff is the first tranche and I hope we can build on that with 1,000 each year in the following budgets.

Deputy Louise O'Reilly: With the greatest respect, if the Minister is not identifying where the vacancies are, it strikes me that he is making it very difficult for himself to plug the gaps. I have asked parliamentary questions on this matter 17 or 18 times. The question relates to my area, which is a microcosm of what I believe is happening throughout the system. When I ask if we are getting additional staff in the primary care centre in Balbriggan, the youngest town in the State, which is in the fastest growing constituency in the State, the answer I get is that services will be provided from within existing resources. That is a very polite and nice way of saying it will not be getting any additional staff. The Department can come back with that answer and be clear that services will be provided from within existing resources, meaning there will not be any additional staff, and yet the Minister tells me that those staff have not been identified. Sláintecare is very clear on where the staff should be and what type of staff are needed, such as physiotherapists and occupational therapists, but we are also talking about directly employed GPs. Let us not forget that a motion was passed here in the House, with unanimous support, calling for the employment of directly employed GPs where that is necessary. If the Minister is not looking at the needs in areas and identifying where the gaps are, then it strikes me that it will be very hard to fill the gaps and to deliver the service. We have a plan and it should not be that hard to stick to it.

Deputy Simon Harris: The Deputy's comments are reasonably fair, except that perhaps they miss out on one point. For the first time we are now beginning to map out the actual requirements in each of the new regional health organisations. As the Deputy is aware, we will be setting up the six new regions to slim down the HSE nationally and to devolve more to the regions in line with the Sláintecare report. That does mean a mapping exercise, and one not based on the buildings but on the population health needs. In Deputy O'Reilly's regional health area, the question is how many people are required to fill positions in speech and language therapy, occupational therapy, physiotherapy and public health nursing to meet the needs of the community in a timely fashion. That exercise is already under way. The 1,000 additional staff we will hire in the community will constitute the first tranche of that significant investment.

It is fair criticism to say that we have invested a lot in buildings and now we need to catch up in terms of investment in people. Usually, every budget day we get asked how many extra nurses and doctors we have hired in hospitals. I do not suggest that is not important, but this year is the first year that we have put forward a budget that has a very significant increase in the number of staff that are going to work in the community.

On the issue of directly employed GPs, I agree it has happened in some areas but I accept

not many. I visited one area in the north inner city where directly employed GPs are providing a service that was never previously provided. That option remains open to the HSE in any area.

Deputy Louise O'Reilly: It is my contention that there is not a primary care centre in the State that is fully staffed with a multidisciplinary team in operation. I do not believe there is one offering a full range of services. It is a little bit disingenuous that time after time, when we question the Minister for Health or the Taoiseach about long waiting lists or overcrowding in accident and emergency departments, we are told that people should not go to accident and emergency departments if they do not need to. However, it is the only door that is open to them. We are not identifying where the staff are needed, by virtue of the population and its needs, and trying to shore up some of that deficit now. In north County Dublin, children wait 33 months for early intervention. We could just stop calling it that because it is insulting to wait 33 months for early intervention. Therapies such as occupational therapy and speech and language therapy can and should be provided within a primary care centre but they are not being provided at present. I do not hear anything from the Minister to give comfort to the parents that are waiting at the moment. What we really need to know is when the HSE will start to provide the staff. How will the staff be put in place if the gaps have not been identified?

The appointment of directly employed GPs must be ramped up because the GP is the heart of the primary care centre and if GPs are not coming in on the basis of the small-business model, their appointment must be accentuated directly by the HSE.

Deputy Simon Harris: I agree with Deputy O'Reilly. I have had conversations with the HSE about that and it is clear in its mandate in that regard.

Deputy O'Reilly used the word "disingenuous" and I do not wish to use it back, but perhaps she is choosing not to listen to what I said in that regard. We got funding in last month's budget to hire 1,000 additional people in the community. We are now carrying out the mapping exercise. We are setting up a discrete programme of work in the Department and the HSE to monitor that. I am sure Deputy O'Reilly will, rightly, table a parliamentary question on how many of the 1,000 additional staff have been hired. The answer needs to be 1,000 by 31 December 2020. Whoever is here for budget 2021 - I hope we all are - will need to continue that. I am being very honest. I have asked how many extra staff the HSE believes we need in primary care to achieve the Sláintecare vision and the estimate is approximately 4,000. The next body of work is to map that out across the regional health organisations by specialty as well. That work is ongoing in the Department and in the HSE and the provision of those 1,000 additional posts will be the first real evidence-based example of that.

Question No. 40 replied to with Written Answers.

General Practitioner Services Provision

41. **Deputy Michael Harty** asked the Minister for Health his plans to address the failure to fill the vacant general practitioner posts in Newmarket-on-Fergus, County Clare, Milltown, County Kerry, Macroom, County Cork, and in many other locations nationwide; and if he will make a statement on the matter. [48817/19]

Deputy Michael Harty: What are the Minister's plans to address the failure to fill vacant general practitioner posts in Newmarket-on-Fergus in County Clare, Milltown, County Kerry

and Macroom, County Cork, and in many other locations around the country?

Deputy Simon Harris: I thank Deputy Harty. As of 1 November, there are 22 vacant general medical services, GMS, general practitioner posts nationwide. These vacancies account for less than 1% of all GMS panels. The HSE is actively recruiting to fill the vacancies referred to by the Deputy in Newmarket-on-Fergus and Macroom, and is considering available options with the local community in Milltown. I believe there is ongoing active engagement in that regard. In the case of each vacancy, a locum or other appropriate arrangement has been put in place to maintain GP services in the communities in question.

The Government is aware of the workforce issues facing general practice, including the difficulties in filling certain GMS vacancies. I assure the Deputy that the Government is committed to the continued development of GP capacity, so that patients across the country have access to GP services, and that we have taken a number of measures to improve GP recruitment.

The recent agreement on GP contractual reforms, which was endorsed by 95% of GPs who participated in the consultative Irish Medical Organisation, IMO, ballot, will see an increase in expenditure on GP services of €210 million annually by 2023, providing for significant increases in capitation fees, the effective full reversal of financial emergency measures in the public interest, FEMPI, plus additional supports for rural practices and, for the first time, practices in urban areas of deprivation.

In addition, I am very encouraged to see that the number of medical graduates undertaking GP training has increased from 120 in 2009 to 192 filled places in 2019, with a further increase expected next year. In a recent press release, not from me but from the Irish College of General Practitioners, it stated the good news that it had received the highest ever number of applications for its 2020 GP training programme. Our job is to make sure that we keep those GPs working in communities in all parts of the country. I believe the changes to the contract are attractive in that regard. I am confident that these measures help make general practice more sustainable and a more attractive career option for doctors. I am aware there is ongoing work in each of the three locations referenced by the Deputy. The HSE is very engaged in trying to find a full and sustainable solution in each of these regards and it has provided locum cover in the interim.

Deputy Michael Harty: I believe there was a lost opportunity for the sustainability of general practice in respect of the deal that was brokered between the Minister, the HSE and GPs earlier this year. As the Minister has often said, 95% of GPs have signed up to that deal. Of course they would because it is returning financial emergency measures in the public interest, FEMPI, money that was taken from them over the years. However, it has not addressed the issue of GP recruitment. The contract underpinning GP recruitment is out of date. It was introduced in 1972 and has undergone so few changes since then that it is not fit for purpose. It does not recognise the changing and expanded role of general practice. It does not attract new entrants into jobs such as in Newmarket-on-Fergus. That was a perfectly run practice yet it could not attract a GP because of the contractual commitment that a GP has to engage in is so onerous when running a small business. GPs want to work. They are inflicted with a responsibility they do not want to take on as a result of the contractual arrangements they are offered. The fundamental issue in respect of recruitment is the fact that we do not have an up-to-date, modern contract.

Deputy Simon Harris: I assure the Deputy that I do not consider our engagement with the

GP bodies to be done. I very much consider the measures we have taken in recent months to be about initial sustainability after a number of difficult years for GPs. They did not just all sign up; they went out and voted in a ballot that they thought this was a good deal. We are providing significantly more funding and not just returning what was owed to them, as is sometimes said. We are going well above and beyond that and providing for the first time additional supports in respect of paternity and maternity leave, a fund for areas of urban deprivation where we sometimes have difficulty attracting GPs, and increased rural allowances. I accept there is more to be done.

Regarding the three areas the Deputy mentioned, in Newmarket-on-Fergus in County Clare the GP post has been re-advertised with a closing date of 12 December. It is planned to hold interviews for this post early in the new year. In Milltown, County Kerry, in light of the community reaction to the announcement, Cork Kerry Community Healthcare rightly had a meeting with local community and public representatives to listen to concerns. It has postponed the closure of the practice to provide time to the local community to work on additional measures. Finally, in respect of Macroom, this post is currently being advertised again both in Ireland and internationally. A locum GP is in place as of 16 September and is providing services for both general medical services, GMS, and private patients. All other practice staff such as the nurses and secretary remain in place and remain funded by the HSE. The locum doctor will continue to be funded until the post is filled.

Deputy Michael Harty: I am sure all the Minister's Fine Gael colleagues have similar stories to the ones I outlined in my question. This is a national issue, which is not just confined to the three practices I mentioned. When a list is unfilled, as these and many others are, there is great anxiety within the community. When a GP position is unfilled, there is a loss of community cohesion and an unravelling of the fabric of a rural society. There is a loss of pharmacy services. It is impossible to sustain a pharmacy in a town or village if there is no doctor. No village or town in Ireland has a pharmacy without a GP. There is a loss of support to the ancillary services within the community. There is a loss of community intervention team support, public health nursing support and home help support. When these lists are left unfilled for a substantial period, by the time somebody is appointed, very few remain on the list. When a community loses a GP, there is decreased access to primary care services and to the supports patients get within the community. House calls to the frail and elderly and palliative care work are removed from that area and transferred to the nearest town, where it is not sustainable to deliver that service. There is a lack of sustainability also in out-of-hours services. As GPs are lost, the out-of-hours service struggles to continue. The result is increased attendances at emergency departments because patients cannot get primary care services when a GP is not there. Once the list is gone, it is gone forever. The Minister talks about 22 vacancies. At least 200 practices have closed over the past ten years, which are not counted. They no longer exist. GP services will not return to those towns or villages.

Deputy Simon Harris: I do not disagree with some of the comments the Deputy has made. However, I need to be clear that as Minister I have brokered an agreement with GP representative bodies and will restore every cent that was removed in capitation fees during the recessionary years by 2023. The agreement will provide more than that as well. It is providing additional funding that GPs sought for rural areas; funding for urban areas of deprivation for the first time ever; and paternity and maternity cover. We have been responding to many of the issues, although we have more to do as we have heard directly from GPs. I have also listened to GPs regarding eligibility issues. They have asked me to make sure I sequence this correctly

and invest in general practice before I swamp them in respect of eligibility. Those are their words as opposed to mine. I have listened to them on the phasing in of the introduction of free GP care for children, and not going in one swoop to cover under 12s but introducing it in two-year intervals. We are seeing in recent weeks more people applying to train to be a GP than ever before in the history of our State. That news has been welcomed by the Irish College of General Practitioners. I accept that we have a lot more to do and that in particular parts of the country we have challenges. The HSE is engaging on the ground in that regard. We are training more GPs than ever. We need to make sure they want to remain GPs in Ireland. That is why it is important that we do not just pat ourselves on the back and say we have negotiated a good deal. We must look at how we continue to build on the relationship.

Healthcare Professionals

42. **Deputy Róisín Shortall** asked the Minister for Health the timescale for the full reversal of financial emergency measures in the public interest, FEMPI, for GPs and the ending of the two-tier pay scales for consultants; the other steps he plans to take to address the issue in view of the severe shortage of GPs and hospital doctors and the serious impact which this is having on patient care; and if he will make a statement on the matter. [49074/19]

Deputy Róisín Shortall: The health service faces many major issues, which combine to deny people access to basic healthcare. Whether at hospital or community level, there are very significant problems. One of those major problems is the shortage of GPs and hospital doctors. This has now reached crisis point in my view and in the view of many working in the HSE. What precisely is the Minister doing about that crisis?

Deputy Simon Harris: I thank the Deputy for her question. It raises queries in respect of doctors in general, both GPs and consultants. I will try to take them both. I have outlined a number of the measures in respect of general practice. In the interests of time, I will not elaborate on them, other than to say we reached significant agreement on contractual reform and service development in May this year in return for co-operation with a number of measures. Those measures include some the Deputy pushed for and advocated in respect of chronic disease programmes and a number of reforms concerning multidisciplinary working and e-health medicines. We will increase expenditure on general practice by approximately 40% or €210 million by 2023. We will also bring in more flexible contracts, allow GPs to hold contracts until their 72nd birthday, train more GPs and introduce enhanced supports for rural GPs. More people are now applying to train as GPs.

Regarding consultants, I want to be clear. I believe we are going to need to pay our consultants working in the public health service a lot more money if we want to keep them there. I intend to sit down and engage with the consultant bodies on this, namely, the Irish Medical Organisation, IMO, and the Irish Hospital Consultants Association, IHCA. However, I have no interest, in that process, in worsening the divide between private medicine and public medicine in our public hospitals. I think the Deputy and I agree on this. I agree that the de Buitléir report needs to be implemented in full. Everybody else who has had a conversation about more money or reversals of recessionary measures - GPs, nurses, midwives, SIPTU workers - has had to do that alongside a programme of reform. Consultants are no different in that regard. I want to pay our consultants working in public hospitals more for doing public medicine. I want to look at how we can end the two-tier reality in that regard. I do not want to do anything

that would worsen that divide and that would embed further a practice that I genuinely want to end. The Deputy, Sinn Féin and the Labour Party want to end it but I have yet to hear the Fianna Fáil position on it. Every party should come out in this House and say if they want to end the practice of private medicine in public hospitals. As the Taoiseach outlined recently to this House, progress has been made between my Department and the Departments of Public Expenditure and Reform and the Taoiseach on an approach to negotiations with our consultants and the implementation of the de Buitléir recommendations. I expect to bring forward concrete proposals to consultant bodies in that regard.

Deputy Róisín Shortall: We have had some discussion on GPs already. It is reported that approximately 70% of GP lists have closed. Many GPs report being under great strain. Stress among GPs is a significant issue. Increasingly, it is difficult to recruit GPs to replace those who are retiring. It is all very well for the Minister to say he is rewinding FEMPI but he is doing so slowly. Deputies and most other public servants did not have to wait four or five years for FEMPI to be rewound.

Deputy Louise O'Reilly: That is true.

Deputy Róisín Shortall: This is an agreement that the Government reached. That is all very well but as the Minister knows and as we on this side of the House have been saying for a long time, a new GP contract is needed. We expect GPs to take on new work yet we are not providing the kind of supports necessary for them to do that including ancillary staff, to address the whole issue of chronic disease management.

The Minister talked about the increase in the number of people applying for GP training. That is great but how do we hold on to them? We know that GPs themselves have said this. New GPs want to be working as part of multidisciplinary teams and they want to be operating as doctors not as businesspeople. That means that accommodation must be provided for them.

The Minister promised salaried GPs in the programme for Government. These have not been seen yet. He also promised part-time contracts for many trained GPs, including women, in particular, who want to work for a certain period of their lives as part-time GPs. What is he doing about this? It is hard enough to provide cover during the day. The whole question of out-of-hours coverage is very fragmented because of the dire shortage. What is the Minister going to do about those commitments that he has given for a new contract, for salaried GPs and for part-time GPs?

Deputy Simon Harris: I do not agree that it is being done very slowly in the unwinding of this. I believe it is being done in quite an equitable way, favouring lower-paid public workers and people who have contracts with the State first. We are not just returning the money that was taken through the Financial Emergency Measures in the Public Interest Act 2009, FEMPI, which was taken by many Governments, 75% of which was taken by Fianna Fáil when in government. We are returning an extra €80 million on top of that, which is paying handsomely for new services to be provided in chronic disease management. We are phasing that in, starting with over 70 year olds with a medical card in the new year, rather than bringing everybody in in one go. This recognises the need to allow our GPs to see the benefit of additional investment before a significant extra workload.

Salaried GPs are now in place in Ireland. I accept there is a need to ramp it up. There is no need for any legislative change to make that a reality. The HSE already has those powers and

is already funding a number of salaried GP practices. I share the Deputy's point that could be a lot more. The HSE already knows that it has a clear mandate in that regard as well.

On the out-of-hours services, GPs are contracted under the general medical services scheme and must make suitable arrangements to enable contact to be made with them or with a locum for emergencies outside of normal practice hours. As part of their regular obligations our GPs are contracted provide all-hours access for GMS patients. The HSE supports the provision of these services with infrastructure, call-handling, recruiting nurse staff and currently over 90% of our population has access to out-of-hours GP service. The HSE and the Department of Health were made aware during the summer of this year of a particular difficulty being experienced by some co-operatives in recruiting GPs from abroad to provide services as a result of the terms of the atypical working scheme visa. The Deputy may have seen the announcement by my colleague, the Minister for Justice and Equality, and myself on that in recent days.

Deputy Róisín Shortall: On the question of consultants, how long is the Minister going to stand by and watch the haemorrhaging of consultants from the Irish health service? The situation is now at crisis point. There are over 500 vacant consultant posts. Many aspects of the health service are crumbling and in crisis as a result of this. People are dying as a result and are experiencing and enduring life threatening conditions. There are reasons why this is happening. The reasons have been set out by various reviews and surveys that have been done about hospital doctors. There are issues in relation to bullying, for example, inhumane working hours, awful working conditions for many people, no payment of overtime - a whole range of issues. One needs to look at career structure and the over-concentration on specialisation with hospital consultants. We should be training many more generalists, as they do in other countries.

There have long been promises to tackle this issue. The cuts that took place in 2012 and the creation of the two-tier system have been devastating.

The then Minister, Deputy Varadkar, promised in 2014 that he was going to reverse this. The Public Sector Pay Commission has said that it has to be reversed. When is he going to take action to end the two-tier pay system among hospital consultants, which is doing so much damage?

Deputy Simon Harris: I agree with the Deputy on the generalists' model. We have already seen this begin to work in the new facility in Connolly Hospital Dublin in our new model of care around children. I do not see why that cannot be extended to other areas.

Deputy Róisín Shortall: Why has it not?

Deputy Simon Harris: I need to point out when discussing any issue that one would sometimes get the impression that there are fewer doctors working in the health service. There are in fact more. More consultants are working in the Irish health service this year than last year, and there were more last year than the year before that. There are many more now than when I became Minister for Health.

Deputy Róisín Shortall: We have a bigger population.

Deputy Simon Harris: I fully accept that we need more.

The Deputy is correct that the Public Sector Pay Commission said that we need to address the issue of pay parity. I expect in the coming weeks - I am being quite specific in that regard -

to have concrete proposals to put to the consultant body. What I am saying very clearly in this House is that the de Buitléir report said very clearly that we should offer a Sláintecare-type A contract, with pay parity for new entrant consultants who take up this contract. I have no interest - none, nada - in using taxpayers' money to further embed a practice that neither I nor the Deputy believes in, which is using public beds in our hospitals to profit private health insurance companies. I am happy to say that on the record of this House. My counterpart in Fianna Fáil will not do so. We need to get serious about radically overhauling work practices regarding private medicine in our public hospitals. We will pay for that and will bring in pay parity for that as part of any talks.

Deputy Róisín Shortall: When will that happen?

Deputy Simon Harris: I will bring forward concrete proposals in the coming weeks.

Ceisteanna Eile - Other Questions

Hospital Accommodation Provision

43. **Deputy Louise O'Reilly** asked the Minister for Health if he has had dealings or meetings in relation to a proposed private hospital in Swords, County Dublin. [48892/19]

Deputy Louise O'Reilly: The front pages of my local papers advise me that the local by-election candidate from the Minister's party is going to deliver a private hospital. My understanding from what has been said publicly on this is that there have been meetings at the highest level, up to and including An Taoiseach, so I should have probably included him in my question and that this is a project that Fine Gael has in fact been campaigning for for two and a half years. In light of the conversation that the Minister has just been having, this project goes a little bit against that to be committing public money to purchase beds in the private sector so that those beds will be available. These are the things I wish to tease out with the Minister. My understanding is that public money will be used to purchase beds in this private hospital and it will be available for everybody in some nirvana. Perhaps the Minister might comment on that.

Deputy Simon Harris: I wish all the candidates in all four by-elections the very best and I do not want to involve myself in that campaign.

Deputy Michael Moynihan: That is great generosity of spirit.

Deputy Simon Harris: I note reports of plans by a private company to build a private hospital in Swords. I have not met anyone involved with the development of this proposal.

This is a time of unprecedented capital investment to develop our public health services under Project Ireland 2040. Our public health service was starved during the recessionary and somewhat during the Celtic tiger years of significant health investment from a capital perspective. Current budgets rose, capital budgets did not. We now have 165% more to spend on capital over the next ten years than in the last ten years. That is about €11 billion compared to just €4 billion. Our national development plan outlines the projects that we intend to deliver

during that time.

It is of course the reality today, which the Deputy knows well, whether she or I agree with it, that the public health service and the State utilise capacity that is available in private health facilities. It does that through the National Treatment Purchase Fund, NTPF which is now investing a third of its budget in public and not just private hospitals. The reality today as we move towards creating a universal healthcare system is both public and private models are used. It is also a reality, whether or not the Deputy agrees with it, that through the NTPF and others, private hospitals sometimes have service level agreements, SLAs, and the like to provide services. I have no role in that regard.

Deputy Louise O'Reilly: Is the Minister saying that he has not met anybody, be they a colleague of his from his own party or somebody from the organisation who is building the hospital, and that he has not had any meetings on this hospital? The impression is being given that the public purse will be used to purchase beds for this hospital.

Since the Minister is talking about a 165% increase in capital spend, is there any consideration being given to constructing a public hospital since his party has obviously identified the need for a hospital in the constituency? As I point out to the Minister every single day and at every single opportunity, this is the fastest growing constituency in the State, with among the youngest population.

It has been given to understand that the Minister himself has been met and that this has been discussed with him, with An Taoiseach and with the Minister for Finance. Is it the case that this is a project? Has an SLA been agreed with this private company? Has the NTPF agreed to purchase any places? While the adverts are in the papers saying that access will be available for public and private patients, one could not say exactly that at this stage in the proceedings because the SLA has not been concluded, or am I wrong in that?

Deputy Simon Harris: I said very clearly that I have not met anybody involved with the development of the proposal. Senator Reilly has indeed mentioned this proposal to me. I am well aware of it because it is very visible, with a number of people promoting it. I have not had any meetings with anyone involved in the development of the proposal. Senator Reilly has mentioned it to me. It is not for me to speak for him in this House, although I believe his view is that the extra capacity could indeed help people on the public waiting lists in the interim as we build our universal healthcare system.

The question of which private facilities are used for which procedures is not a political decision for me to make. It is a decision which is made by the NTPF or, on occasion, by the HSE. I am open to correction since I am not overly familiar with this but my understanding is that planning permission is being sought for the hospital in Swords, or it is at least certainly not built yet, so no service level agreement or the like will be agreed until such a time as it is. Those matters are for the NTPF to address. We will unapologetically continue to use all capacity, both public and private, to try to drive down waiting lists in the interim as we build our Sláintecare health service.

Home Help Service Provision

44. **Deputy Michael Moynihan** asked the Minister for Health the number of the additional 1 million home help hours promised in budget 2020 that will be allocated to the north Cork area; and if he will make a statement on the matter. [48876/19]

Deputy Michael Moynihan: I ask the Minister, in light of the additional home help hours promised in budget 2020, what amount will be allocated to the north Cork area, which is starved of resources for home help hours at present. How many extra hours can we expect in the north Cork region in 2020?

Minister of State at the Department of Health (Deputy Jim Daly): Home supports enable older people, as the Deputy is aware, to remain in their own homes and communities, as well as facilitating timely discharge from hospital. The latest preliminary information available to me indicates that at the end of October, 1,424 people were in receipt of home support and Cork Kerry community healthcare had provided 352,902 home help hours in the north Cork area in the year to date. In addition, 5,014 hours have been provided through intensive home care packages. At a national level, additional supports are being put in place as part of this year's winter plan, which will assist timely discharge from hospital, as well as improved access to home support in the community.

In line with programme for Government commitments, we have made improved access to home support services a priority. We have committed to an additional investment of €52 million in budget 2020 for home supports and next year, the HSE will deliver more than 19.2 million hours of home support. This represents a substantial increase of 1 million hours more than this year's target.

This investment is focused on enabling older people to remain at home, where they want to be, and reducing the current waiting lists for the service being experienced in almost all areas. As appropriate, provision of hours will also be targeted at times of peak demand in winter 2019 to 2020, at the beginning and end of the year, to ensure more timely egress from hospital for our older citizens. The HSE national service plan for 2020 has been submitted and is under consideration in my Department. The allocation of hours and targets to community healthcare organisations is currently under way and I have been advised that this will be finalised in the coming weeks.

Deputy Michael Moynihan: I thank the Minister of State for the reply. He mentioned 2019 to 2020. I understand that the additional hours in the budget are for 2020. If he is true to his reply, no extra home help hours are becoming available. We are into the last five weeks of this year and there is a crisis as people wait for home help hours. Families are waiting for home help packages and are making decisions about loved ones coming home. As I have told the Minister for Health on a number of occasions in recent weeks, a constituent of mine is in Dún Laoghaire, awaiting discharge. The HSE has met all the relevant bodies over the past few days but the family is still waiting for sanction of home help hours. The difficulty, which has been clearly described to me in writing, is that it is a question of funding. If we are to be serious about it and about getting the best possible bang for our buck in the health budget, if we can take people out of long-stay, very specialised beds and into a home setting, it would be by far the best way to utilise resources. I cannot see why we cannot look at individual cases as a priority, even at this late stage in 2019.

Deputy Jim Daly: I thank the Deputy again and acknowledge the Deputy's commitment and consistency on this issue, having raised it a number of times in this forum. The Minister,

Deputy Harris, is aware of the specific case because Deputy Moynihan has brought it to his attention. The Minister has addressed it with the HSE and asked it to prioritise and look at the case. He has also been in contact with the HSE about the wider question of availability. The Deputy asked about the end of this year. There is €26 million for the winter plan, which is to assist with both home help hours and respite and transitional care, to improve movement through the hospital system. In answer to the question of whether there is anything towards the end of this year, additional money has gone into the system to support it. I have a number of these cases in my own constituency. These cases can be complicated, where one is trying to start a service and get the necessary personnel available. I am not speaking about the Deputy's specific case but not all cases are resource-dependent. Some are resource-dependent, and more important than the money is whether a person is there to deliver the service, which is a complication in my area and other areas.

Deputy Michael Moynihan: I acknowledge what the Minister and Minister of State have said on the particular case. I will continue to raise this in any forum that I can to try to get a result for that particular person and the family. The wider issue is that it is almost as if we are working in silos. The home help budget and acute hospital care budget are there. If we were able to manage it better to try to make sure that people are discharged from hospital to their home settings faster, it would alleviate many difficulties. If any assessment is done, it will be seen that the home care package has delivered considerable results for the State, along with the carer's allowance. Keeping people in their own homes for a small amount of money each week has delivered very well. We should prioritise home care packages and try to have people in their own home settings as much as possible. Back that up with respite but have people in their homes as much as possible. Last Thursday, the Minister of State, Deputy Finian McGrath, responded in a Topical Issue debate. It was a case of three high-dependency beds being tied up. They would all be freed up by a home care package. Many State resources were being tied up by not applying home care packages properly. The Minister of State and the HSE should look at this and continue to keep an eye on the specific case that I raised.

Deputy Jim Daly: The Deputy makes a very fair point about the difference between the budget for community care and acute care. That is why the Minister has overseen the change from that system to what we call the regional integrated care organisation, which takes both together. Those organisations which have been established, as the Deputy is aware, have a single budget to address the issue. We are aware of and have addressed the issue. Home care is being addressed with the introduction of a statutory home care scheme in 2021, which is committed to under Sláintecare. We have funding in the budget for next year to bring in some pilots to test the scheme. I will bring proposals for that scheme to Cabinet in the next weeks and we will unveil more detail of it in late January. That will assist as well because there is an issue there. The Government accepts the benefit of home care and that is why the budget has increased from €300 million or so to almost €500 million in the last number of years. We cannot keep up with the pace of its success and trying to meet the demand for it, but we are determined to do so under a statutory scheme.

Drug Treatment Programmes Policy

45. **Deputy John Curran** asked the Minister for Health if the methadone treatment protocols will be reviewed, in particular the length of time persons are on methadone treatment here; and if he will make a statement on the matter. [48841/19]

Deputy John Curran: The Minister will be aware that more than 10,000 people are currently on methadone treatment, many of them for extended periods. Will the Minister advise the House when methadone treatment protocols were last reviewed, especially for individuals who have been on methadone treatment for a long time? What are their care and progression plans? How frequently are individuals offered those care and progression plans in light of the fact that many of them have been in receipt of methadone treatment for a good number of years?

Deputy Jim Daly: I am answering on behalf of my colleague, the Minister of State, Deputy Catherine Byrne. Methadone is one of the medications used in opioid substitution treatment along with suboxone. Methadone prescribing for opioid dependence is a key element of the harm reduction approach to opioid use set out in the national drugs strategy. As of 30 June, 10,396 people were in receipt of methadone maintenance treatment. A review of the methadone treatment protocol was published in December 2010. Arising from the review, the HSE implemented an opioid treatment protocol to provide appropriate and timely substance treatment and rehabilitation services tailored to individual needs. The focus in the strategy is on implementing the HSE national clinical guidelines on opioid substitution treatment published in 2016. These guidelines are the first that specifically relate to opioid substitution treatment in HSE clinics and primary care settings.

Opioid substitution treatment supports patients to recover from drug dependence. HSE addiction services work within the national drugs rehabilitation framework to support progression pathways.

The framework ensures that individuals affected by drug misuse are offered a range of integrated options tailored to meet their needs and to create rehabilitation pathways.

There is international research evidence that increased length of time in opioid substitution treatment is associated with improved treatment outcomes and short-term methadone maintenance treatment is associated with poorer outcomes. I believe that methadone treatment reflects the public health approach to drug and alcohol misuse set out in the national drugs strategy. It is an important tool to reduce harm and to aid people on their journey to recovery from drug use. I am committed to improving the availability of this treatment and to supporting service users to access progression pathways.

Deputy John Curran: The Minister of State indicated there were 10,300 people in receipt of methadone treatment, approximately 6,000 of whom have been on treatment for more than five years, 4,000 for more than ten years and 1,400 for more than 20 years, so some people have been on treatment for an extended period. The pathways to progression are not always very clear. I have met many people who have been on methadone treatment and they indicated it is harder to detox from methadone than from heroin. People are concerned that when they get on methadone treatment, it is not the answer but only part of it. I fully accept and acknowledge the role methadone treatment has in terms of removing somebody from heroin and illicit drugs, removing the criminality element and bringing them into treatment services. However, I have a concern that a significant number of people have been left in treatment for a long time.

The Minister of State made reference to international studies and long-term studies on the positive effects of being on methadone for a prolonged time. Those studies are 20 years old. If we are considering new and alternative treatments, are those studies as valid today as they once were? For individuals who are on methadone treatment, particularly for an extended period, how frequently are their care plans and pathways reviewed with a view to progression?

Deputy Jim Daly: As I understand it, there are no current plans to carry out a review. A mid-term review of the national drugs strategy is planned for 2020 and I would imagine that would be an appropriate time to consider a review. I accept the Deputy's point that it is a long time since a review was carried out on the length of time, the treatments and the model of care associated with this. Perhaps the review of the national drugs strategy in 2020 is an appropriate time to accede to the Deputy's very reasonable request.

Deputy John Curran: I acknowledge that a review is necessary, particularly in terms of the changing environment. I indicated my concerns for the individuals but I also have a general concern with the amount of methadone. I want to put the following point very clearly on the record because we sometimes do not recognise it. The last full year for which we have figures from the drug-related deaths index is 2016. In that year, there were 72 poisoning deaths in which heroin was implicated but there were 103 poisoning deaths in which methadone was implicated, so the figure is significantly higher for methadone than for heroin. Of those who died, 66 were on methadone treatment. The figures show there is a risk in terms of the population in general because, obviously, some of the methadone that is being dispensed to individuals is not being taken by those individuals and is being used elsewhere. However, even for those who are on methadone programmes, there is a significant risk. In 2016, there were some 9,500 people on methadone treatment and 66 of those died a death where methadone was implicated.

Deputy Jim Daly: I reiterate my acknowledgment of the Deputy's concerns, which are genuine and valid. I accept there is no plan for a review but I also accept the date and the timeline the Deputy has put forward. Again, I am hopeful that, as part of the overall review of the national drugs strategy, this will be reviewed, starting in 2020.

Cross-Border Health Initiatives

46. **Deputy Brendan Smith** asked the Minister for Health if additional resources will be provided for the processing of claims under the cross-border directive [48868/19]

Deputy Brendan Smith: The cross-border directive scheme has become more and more popular, there is a greater awareness of it and we all know of people who have availed of it. At present, in my reckoning from dealing with constituency cases, there is a three and half month delay in having reimbursement applications processed and approved, and payment made. We know many of the people who avail of the scheme are elderly and they have to borrow in many instances, be it from family or financial institutions, and they worry about the delay in getting reimbursement. There is an obvious need to devote more resources to this scheme to eliminate these delays, which are not acceptable.

Deputy Simon Harris: I thank the Deputy for raising this question and I know of his particular interest as this is a matter he has raised in this House on a number of occasions. I very much appreciate the importance of the cross-border directive and we have worked very hard, in the context of Brexit, to make sure cross-border healthcare, and healthcare North and South on this island, and east and west, can continue. I am very pleased with the progress that has been made in this regard.

The cross-border directive allows public patients to access necessary healthcare, which they would have been entitled to access in the public healthcare system in Ireland, in another EU or EEA country. The patient pays upfront for the treatment and is reimbursed upon return to

Ireland.

The HSE is responsible for the operation of the cross-border directive and has a dedicated cross-border directive office for this purpose. Since being introduced in 2014, awareness of the provisions of the directive has grown steadily. In 2015, the first full year of operation of the scheme, 150 reimbursements were made at a cost of €585,863. In 2018, some 3,886 reimbursement claims were processed, at a value in excess of €12 million. Significant further growth is expected in 2019 as people become more aware of the scheme, and we are seeing this across the EU.

The growth in use of the scheme has placed additional demands on the cross-border directive office and given rise to a build-up of applications. It is important that this service operates in a responsive way, and that both treatment approvals and reimbursement applications are processed within a reasonable timeframe. I, therefore, requested the HSE to examine current resourcing of the cross-border directive office and to identify any necessary actions needed to mitigate waiting times arising from current demands for the scheme. I am pleased to inform the Deputy that I have now been advised by the HSE that additional resources are being allocated and specific initiatives implemented to urgently address the backlog and delays in reimbursement. My Department will continue to engage with the HSE to ensure that the measures being implemented facilitate the efficient ongoing operation of the scheme.

In the next couple of weeks, we will be publishing the HSE service plan for 2020. I expect and, indeed, am aware that the plan will show a very significant increase in the resources being provided to this office to do exactly what the Deputy is suggesting.

Deputy Brendan Smith: I welcome the additional resources being provided. From speaking to constituents throughout Cavan and Monaghan, and from the point of view of a public representative, I know the personnel in that cross-border directive office are exceptionally helpful and courteous to people, and they go beyond the call of duty to try to help people. It is very important, when the office is under pressure, to recognise the good work they are doing under difficult circumstances.

Most of the people availing of the cross-border directive are aged over 60 or even over 70. We are aware that most of the procedures undertaken are either on hips, knees or cataracts, and it is predominantly the older age groups that need to have those procedures. We are aware that most people who avail of the scheme are pensioners and are on limited incomes. In many instances, as I said, they borrow money, perhaps from family or from a credit union, and they are extremely worried about any delay in being able to pay back the person or the institution they borrowed from. To allay the fears of those people, it is particularly important that payments are made in good time.

My understanding was that, at some stage, the HSE proposed that it wanted a turnaround of 20 working days, which is roughly a month, and I believe that is what we should aspire to. Over the years, there were regulations and legislation stating that Departments and statutory agencies should have a minimum time to pay their debts. In this instance, it is a debt to the patient who has gone and paid their own way initially because of the lack of capacity here. It is a win-win for many patients, but we do not want to have the good taken out of those procedures by having that person worry about the payment.

Deputy Simon Harris: I agree with Deputy Smith, who is correct. My understanding is

that, roughly, there is now a waiting time for processing of applications of about two months and the office is processing applications for reimbursement received in September. I agree with the Deputy that the staff in the office, many of them I know and I hear this on a regular basis, are exceptionally helpful and go above and beyond the call of duty. The Deputy will agree, and the facts will show, it is not a financial resource issue but a need to resource the office financially in terms of staffing, and that is exactly what we are doing.

Recognising the issues, officials in my Department have met the HSE to discuss the issue of reimbursement delays. We requested that mitigating measures be identified and put in place. I am pleased to confirm that various steps are now being taken by the HSE to deal with delays in the processing of applications. As a first step to addressing the issue in the short term, the HSE has arranged for the provision of overtime for existing staff and deployed additional staff in the cross-border office.

As for longer-term measures, the HSE is now in the process of recruiting further additional staff and sourcing extra accommodation. I understand that the recruitment of additional staff is imminent and that alternative accommodation has been identified to house the expanded complement of staff for the cross-border directive office. The combined effect of these actions will help address much of the existing backlog and alleviate the ongoing pressure on resources. Officials in my Department will continue to liaise with the HSE in this regard, and I expect the service plan also to reflect this.

Deputy Brendan Smith: My understanding from my constituency work is that the applications made in August are the ones being processed at present, so the turnaround is in excess of three months. We want it back to 20 working days if at all possible. In the most recent exchange the Minister and I had on this issue on Question Time, I pointed to the farce whereby newspapers in Northern Ireland were carrying advertisements from the private hospitals in our State looking for patients to come to avail of the cross-border directive. Similarly, in our provincial and national newspapers here we have advertisements from the private hospital sector in Northern Ireland looking for patients to travel to Northern Ireland's clinics and hospitals to avail of the cross-border directive. There is a good case for more direct funding for the National Treatment Purchase Fund and use of the capacity within our own private hospital sector rather than having people trek from one end of our island to the other. We should maximise the capacity within our own hospital system as much as possible.

Deputy Simon Harris: I agree with the Deputy. The only slight caveat I will offer - I know he will agree with me on this - is that there is additional capacity in some of our smaller public hospitals as well, including in the Deputy's own constituency. He has spoken to me about this. I refer to Cavan hospital and particularly Monaghan hospital. We should be and indeed we are asking the NTPF and the HSE to identify more that can be done there. I do not want to see any funding leave our State, nor ideally do I want to see any money leave the public health service and go into the private health service if that can be avoided.

My note tells me the HSE is processing applications for reimbursement received in September, but I am open to correction on that. As for ensuring fairness of approach, the cross-border office must process all applications received in chronological order. In short, I reassure the Deputy's constituents that we will fix this through additional staff and the additional office accommodation those staff will require. The recruitment of additional staff is imminent. The locating of additional accommodation, I understand, is well under way. There will be significant extra resourcing of this office in the HSE service plan for 2020 and we will continue to support

the office in doing its good work.

Question No. 47 replied to with Written Answers.

Disabilities Assessments

48. **Deputy Margaret Murphy O'Mahony** asked the Minister for Health the action being taken to reduce the number of overdue assessments of need under the Disability Act 2005; and if he will make a statement on the matter. [48760/19]

Deputy Margaret Murphy O'Mahony: What measures are being taken to reduce the large numbers waiting for assessments of need under the Disability Act 2005?

Minister of State at the Department of Health (Deputy Finian McGrath): I thank Deputy Murphy O'Mahony for raising this very important issue.

The Disability Act 2005 provides for assessments of need for people with disabilities. Any child thought to have a disability born on or after 1 June 2002 is eligible to apply for an assessment of need, which will detail his or her health needs arising from any disability. Since the Act's commencement in 2007, there have been significant year-on-year increases in the number of children applying for both assessments of need and disability services generally. Regrettably, these increases have led to the extended waiting periods experienced by children and their families.

In order to improve the assessment of need process and ensure that children receive interventions as soon as possible, the HSE has developed a new standard operating procedure for the assessment of need process. This measure will ensure that children with disabilities and their families access appropriate assessment and intervention as soon as possible while at the same time bringing consistency to the assessment of need process across all community healthcare organisations of the HSE. It is intended that the procedure will be implemented from quarter 1 of 2020.

In addition, the HSE disability services are currently engaged in a major reconfiguration of their existing therapy resources for children with disabilities into multidisciplinary geographically based teams. This is part of the HSE's national programme on progressing disability services for children and young people from birth to 18 years of age.

The key objective of this programme is to bring about equity of access to disability services and consistency of service delivery, with a clear pathway for children with disabilities and their families to services, regardless of where they live, what school they go to or the nature of the individual child's difficulties. Evidence to date from areas where this has been rolled out shows that implementation of this programme will also have a positive impact on waiting lists for both assessments of need and therapy provision.

An increase in the number of therapy posts has been identified as a priority requirement to meet current unmet need and projected future needs in children's disability services nationally. In this regard, last year's budget provided for the recruitment of an additional 100 therapy posts to help reduce the long waiting times for assessment and to support interventions for children who need them. The recruitment process for these posts is well under way. There were 63 in post by the end of the first week in November, and the remaining 37 are expected to be in post

before the end of the year.

Deputy Margaret Murphy O'Mahony: As the Minister of State knows, under the Act the assessment is supposed to start within three months of application and to be completed within another three months. This is not happening. Right across west Cork and indeed nationally I have heard of many cases in which the parents, who obviously know their children best, know what is wrong with their children but just need this official assessment done and an official diagnosis. Many people can afford to go private; many more cannot. Even for those who can, this diagnosis is often not accepted. It is therefore imperative that this list is cleared in order that parents get these official diagnoses. The diagnosis opens many doors, including those that will allow children access to special needs assessment, SNAs, so it is very important. The Minister of State will be aware that overdue assessments under the Act rose from 3,568 at the end of March to 3,768 at the end of June of this year. I recently received figures for the end of September showing 4,100 now overdue, so we have seen an increase of 15%. This is not acceptable, with respect.

Deputy Finian McGrath: I am conscious that timely access to assessments and therapies is imperative in a child's development. I fully understand that delays in accessing services are a source of great concern for children and their families. While not addressing all needs, it is important that the process has begun. I accept the Deputy's point that it is very important we get in early when it comes to these young children with disabilities. What are we doing? As I mentioned in my response, the recruitment process is under way. There were delays with trade union issues within the HSE. As I said earlier, however, 63 were in post by the end of the first week of November and we have been told that the remaining 37 are expected to be in post before the year end. This new resource will result in additional new therapy posts ranging from speech and language therapy to occupational therapy, physiotherapy, social workers and psychologists. I am confident that the initiatives I have outlined will have a significant positive impact on reducing waiting times for assessment of need over the course of the next year.

Deputy Margaret Murphy O'Mahony: What the Minister of State is trying to do is obviously not working. If there has been an increase in the number of overdue assessments in the past six months, there is something wrong. I acknowledge that the numbers went down in 2018, but this year they are increasing, and that is just not good enough. The Minister of State spoke of the importance of early intervention, and it is hugely important, but without this diagnosis people cannot get early intervention. This is cruel and if there is no early intervention, it can have a detrimental effect on the child as he or she grows up. I ask the Minister of State to put something in place for these children and their parents. We must remember that behind every child affected are parents and siblings who are all going through this torture together. I therefore ask the Minister of State to do something to reduce the numbers on this list.

Deputy Finian McGrath: I take this issue very seriously and take on board the point the Deputy makes. It is essential we put these early intervention services in place. As I said, though, the key issue is that the staff numbers have increased dramatically. We are trying to deal with this. We have also set up the health service reform programme, which seeks to have health and social care networks in place. The HSE is also establishing a total of 96 children's disability networks across each of the nine CHO areas. These networks comprise special multi-disciplinary teams to work with complex disability needs. Each network will have a children's disability network manager with specialised expertise in providing clinical disability services. The appointment of these network managers can now proceed following the recent Labour Court ruling. I am optimistic that this will improve the services. I accept the point that we must

act and hope to have these 37 new posts filled before Christmas.

Question No. 49 replied to with Written Answers.

Acting Chairman (Deputy Bernard J. Durkan): It has been agreed that Deputy Murphy O'Mahony will ask Question No. 50 on behalf of Deputy Michael McGrath.

Emergency Departments Waiting Times

50. **Deputy Michael McGrath** asked the Minister for Health the reason to date in 2019 more than 1,500 persons over 75 years of age have endured emergency department waiting times of more than 24 hours at Cork University Hospital, CUH. [48768/19]

Deputy Margaret Murphy O'Mahony: Why is it that to date in 2019 more than 1,500 people in the over 75 age group have endured emergency department waiting times of more than 24 hours at CUH?

Deputy Simon Harris: I thank the Deputy for turning up to ask this question. So far today, three Opposition Members who tabled questions have not turned up to ask them, which is interesting. In fairness, I am not criticising the Deputy, who is ably deputising for her colleague but there were three other questions that the Opposition never bothered to turn up to ask me.

Deputy Margaret Murphy O'Mahony: Deputy Michael McGrath has a genuine reason for being absent.

Deputy Simon Harris: There must be something important happening to which I was not invited.

The number of patients attending emergency departments has increased this year with the result that the hospital system is currently operating at close to full capacity. HSE figures show that for the first ten months of 2019 the number of patients attending Cork University Hospital increased by 3.5% and the number of attendances of patients over the age of 75 increased by 6.9% compared to the same period in 2018. This reflects increasing demand for unscheduled care, especially by patients in the 75 years and over age group. A number of factors may affect the waiting times for older patients. In particular, people in the older age category presenting to emergency departments are more likely to have complex needs and to be admitted than the population generally.

In preparation for the anticipated increase in demand over the winter period the HSE's winter plan was launched on Thursday, 14 November. The Government provided an additional €26 million to fund the implementation of the plan. Nine winter action teams, each aligned to a CHO and associated acute hospitals and hospital groups, have prepared integrated winter plans. These plans focus on demand management and reduction, staffing availability, timely access to the most appropriate care pathway for patients and appropriate timely discharge from acute hospitals. Each action team has now set out a range of initiatives it will undertake within its area to implement the plan. I am confident that with the immediate measures being undertaken under the winter plan and the strategic approach being taken by the Government, we will make progress in addressing the difficulties in emergency departments.

I share the Deputy's view that far too many people over the age of 75 are waiting far too

long on hospital trolleys. I have conveyed clearly to the HSE that it must prioritise the care of older people in our emergency departments. The action teams must put in place the necessary care pathways for frail, elderly patients. We have allocated €26 million in this regard.

I reiterate that my opening comments were not related to this question, which is being covered ably by the Deputy, but to three other questions for which there was no Member in the Chamber.

Deputy Margaret Murphy O'Mahony: I am glad that the Minister clarified that because Deputy Michael McGrath has a genuine reason for being absent. He left this question in my capable hands, I hope. Between January and the end of October this year, a total of 1,508 people aged over 75 endured emergency department waits of longer than 24 hours in CUH. These are some of our most vulnerable patients. The Mercy Hospital in Cork was not as bad as CUH but still another 450 patients aged over 75 had to suffer waits of more than 24 hours. This is not acceptable. What exactly is being done to address this? I seek more details from the Minister. He has explained a number of issues but I ask him to go into more detail. Does he believe it is acceptable to treat vulnerable older people in this manner? Is it not a form of elder abuse? Does he believe it is acceptable that this is happening? What communication has he had with the HSE on this matter? I seek specific details of his contact with the HSE.

Deputy Simon Harris: I am in daily contact, often several times a day, with the most senior members of the HSE, including the CEO and the chief operating officer, as well as with the CEOs of the hospital groups on occasion, the director of the acute hospitals and many others, along with senior members of my own management team. We engage several times a day on the situation in the acute hospitals, as one would expect at this time of year. That will continue and intensify through the Christmas and new year period. The Deputy asked a fair question as to what is happening now. We have provided €26 million to the Minister of State, Deputy Daly, for the nursing home support scheme to ensure a quick turnaround time of four weeks. We have also put in place more home care packages and more funding for transitional care. Regarding structural change, from January next under the new GP arrangement, there will be a structured chronic disease management programme for patients over the age of 70 for the first time. This means that older people who are currently being treated in hospital for a number of chronic conditions, including asthma and heart conditions, will be treated in the community instead.

Deputy Margaret Murphy O'Mahony: I accept that the Minister is trying hard but something is very wrong when the most vulnerable in our society have to wait so long in emergency departments. Many older people do not want to go into hospital because of the long waiting times. That is not good enough. Is he aware that the numbers are twice as bad as for the same period last year? This is not acceptable, particularly as there is no major flu epidemic at the moment. What will it be like if there is a major outbreak or crisis? With respect, what is being done is not working. There are too many people aged over 75 and too many people in general waiting on trolleys in Cork hospitals. I often raise the issue of Bantry Hospital with the Minister because I believe that providing more funding for that hospital would help to alleviate the long waiting times and the overcrowding in the city hospitals.

Deputy Simon Harris: I agree with the Deputy regarding Bantry Hospital. The Minister of State, Deputy Daly, is due to meet management of the hospital on 2 December. The Deputy is correct that we need to continue to make that hospital busier and to invest more in it, which is our intention. She is also correct that there is a need for more capacity in Cork generally. That is why we are funding a new elective hospital for Cork. I have received correspondence from

the hospital group on a proposed site for that hospital and I hope to be in a position to make an announcement on it early in the new year so we can get on with delivering this new hospital.

I do not find this situation acceptable. Nobody finds it acceptable that mothers, fathers, grannies and grandads or any other loved ones, but particularly frail older people, have to wait around in emergency departments on trolleys. We need to do everything we can to create alternatives to our emergency departments. That is why we are investing more in general practice. In the interim, while we are trying to implement Sláintecare, the ten-year strategic plan agreed by all parties in this House, we will invest more in social care supports to get people out of hospital quicker and back into their communities, something about which the Deputy is passionate. We will continue to focus on that.

Question No. 51 replied to with Written Answers.

Cancer Screening Programmes

52. **Deputy Bríd Smith** asked the Minister for Health his plans to investigate further the significant statistical difference between laboratories in terms of the number of slides reviewed as a percentage of their overall intake, as per the report on the 221 patient group laboratory audit results profile; the reason the 38 slides that showed no difference in grading were not removed from the total of 343 slides in the analysis; and if he will make a statement on the matter. [48816/19]

Deputy Bríd Smith: My apologies but I do not have a copy of the question. I ask the Minister to proceed.

Deputy Simon Harris: In fairness to the Deputy, we have now reached a position where four Opposition Members have failed to turn up to ask their questions. I do not know where they could be or what is more important than asking the questions they have tabled in the Dáil.

The Deputy's question relates to the statistical difference between laboratories *vis-à-vis* the number of slides reviewed as a percentage of the overall intake. She referred specifically to the 221 patient group laboratory audit results profile report. This report provides information as to which laboratories carried out cervical screening tests for the women in the 221 patient group. The HSE has been clear that the data presented in the report, which relate to 343 slides in total, represent a minute subset of the overall screening data for CervicalCheck, which has completed in excess of 3 million screening tests since 2008. We are talking about 343 slides out of more than 3 million. As such, while these data are accurate as to which laboratories were used for women within the 221 group, I am advised that they would not be statistically sound for the assessment of the performance of any of the laboratories.

It should be noted that the HSE engaged intensively with the patient representatives on the report and agreed its contents with them in advance of publication. I thank them for their work in that regard. The purpose of the report was to provide a summary laboratory profile report on the 221 women for whom the CervicalCheck audit found that a different interpretation could have been provided for their previous slides. The 38 slides to which the Deputy referred are part of the screening history of this cohort of women and the HSE has advised that there is no reason to remove these slides from the analysis. It should also be noted that in the report of his scoping inquiry, Dr. Scally has said he found no evidence of deficiencies in screening quality

in any laboratory.

Deputy Bríd Smith: I have asked similar questions to this one many times seeking more precise information on what happened with this group of slides, how they were examined and delved into. It strikes me that we should know what happened, what the rate of error is and what those errors are. I imagine the Minister would want to know that too. The Minister may not have the report in front of him - I am not saying he should - but table 4 is quite clear that the rate of error in some of the US labs is significantly higher than that of the Coombe laboratory, which is a native lab. I have long contended that we should be looking at why, how and if this happened. Errors in labs which conducted these tests, based in the US or elsewhere, have been clearly admitted and acknowledged. They have made serious financial settlements, not out of the goodness of their hearts but because women and their representatives were able to prove that there was a significant error in the testing. Perhaps we could have a further discussion on that table, which is on page 8 of the report.

Deputy Simon Harris: I do not have the report in front of me but I may have some of the material from it. This information was requested by women and their families, and by a number of Deputies, including, principally, the Deputy herself. The report was finalised in September following engagement between the HSE and the 221+ patient support group. The report was prepared by a group of four specialists with expertise in cytology, pathology and laboratory quality assurance. I am sure the Deputy has their names. The objective for the results profile was set out by the HSE CervicalCheck screening group and aimed to provide a summary laboratory profile, including overview of laboratory quality assurance, factors affecting the laboratory performance profile, and the laboratory profile specific to the 221 women audited by CervicalCheck. This report was not intended to be a clinical review. Additionally, it did not look at individual women's information and therefore did not report on the degree of change noted in the slides under consideration. It is noted in the report that a cytopathology review would be required to confirm that degree of change, which was not within the report's scope. The information in the report represents a very small subset of the overall data for CervicalCheck, which has completed in excess of 3 million screening tests. We are talking about just over 300 slides out of 3 million. I will have more to say about the Coombe and repatriation in a moment.

Deputy Bríd Smith: The Minister might look at the table to which I have referred later, but I am sure he and his Department have studied it.

Deputy Simon Harris: Yes.

Deputy Bríd Smith: The table shows that the rates of error in the Quest laboratories in Illinois and Teterboro, and the Clinical Pathology Laboratories, CPL, in Texas, were five, three and seven times that of the Coombe, respectively. I would not be alarmed if the difference was only 0.5% or so, and neither should the Minister be. However, he should be alarmed at this rate, compared to the rate in the Coombe. If we had included the 38 slides that showed no change in this analysis, would that have changed the statistical information? All or a significant number of those slides could have come from the Coombe. We knew from the get-go that the labs in America were substandard, that they were not ISO accredited at the time, and that each laboratory technician examined 100 slides a day as opposed to the 60 slides a day examined in the Coombe. We did not know whether the standard of education was the same as in Irish laboratories. When we outsourced this service, everything was at a lower standard in the American labs than in the Irish labs. We knew that because there were huge protestations from clinical laboratory technicians, professional organisations and politicians in this House. This report

gives us a glimpse into why that might have happened.

Deputy Simon Harris: I cannot agree with the Deputy's use of words such as "substandard", because I have to base my assessment on the reports and analyses that have been conducted. Dr. Scally found significant failures in Quest Diagnostics and MedLab not informing the scoping inquiry of all the locations used at the earliest opportunities. There were also issues relating to appropriate accreditation, which I accept. Those are clear findings. Crucially, Dr. Scally's report also stated that, on the basis of the information available to him, the use of additional laboratories did not result in a reduction in the quality of the screening provided to Irish women, and that there is no evidence to suggest deficiencies in screening quality in any laboratory. That is what I am taking from the report.

On the broader point, about which I know Deputy Bríd Smith is concerned, of whether we can do more in Ireland or repatriate our service, it is our intention to significantly expand those services and create a national screening laboratory in the Coombe. The move to HPV testing, as well as reducing the number of false negatives and positives, will provide an opportunity to do more here in Ireland.

Questions Nos. 53 to 55, inclusive, replied to with Written Answers.

Home Care Packages Provision

56. **Deputy Bernard J. Durkan** asked the Minister for Health the extent to which adequate provision has been made in respect of home care packages, with particular reference to the need to concentrate on home care, thereby alleviating the pressure on hospital bed spaces; if comparisons have been made to achieve best or most effective and efficient practice or both nationwide; and if he will make a statement on the matter. [48820/19]

Deputy Bernard J. Durkan: My question relates to a well-known subject. What provision has been made for home care packages to alleviate the burden on hospital beds and accident and emergency departments?

Deputy Jim Daly: This year's HSE winter plan was launched on 14 November 2019. Its aim is to ensure that service providers are prepared for the additional external pressures associated with the winter period. The plan is supported by an additional €26 million in winter funding, which is being used to relieve demand for emergency department services, and to support discharge and other initiatives to help hospitals deal with the challenges associated with winter. Specifically, the winter funding will support access to the nursing homes support scheme, home support, transitional care, aids and appliances and other local actions to both facilitate timely hospital discharges and reduce congestion in emergency departments over the winter period.

The Government is investing an additional €52 million in budget 2020 for home support services and next year, the HSE aims to provide over 19.2 million hours, which is 1 million hours more than this year's target. The investment is focused on enabling older people to remain at home and, as appropriate, provision of hours will also be targeted at times of peak demand at the beginning and end of the year to ensure more timely egress from hospital for older people.

The Programme for a Partnership Government commits to a timely review of the management, operation and funding of national home help services. In fulfilment of this commitment

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and to enhance the evidence base for the development of the statutory home support scheme, the Department has recently commissioned a review of the management, operation and funding of existing home support service provision. Focusing on the home support services currently funded and provided by the HSE, the findings of this review will ensure that the statutory scheme builds on emerging good practice. Additional funding has been provided in budget 2020 for the testing of the new statutory home support scheme. This investment is a vital step towards the development of the scheme in line with Sláintecare.

Deputy Bernard J. Durkan: I thank the Minister of State for his reply. Have comparisons been made between hospitals and community care areas throughout the regions as to the most effective and efficient method of delivering the services required by the public?

Deputy Jim Daly: A national committee is looking into the issue of delayed discharges, which would include this particular topic. Information will feed into that committee from each of the nine community healthcare organisations, CHOs. Best practice will always be identified and replicated across the system.

Written Answers are published on the Oireachtas website.

Message from Select Committee

Acting Chairman (Deputy Bernard J. Durkan): The Select Committee on Finance, Public Expenditure and Reform, and Taoiseach has completed its consideration of the Credit Union Restructuring Board (Dissolution) Bill 2019 and has made no amendments thereto.

Saincheisteanna Tráthúla - Topical Issue Debate

Data Protection

Deputy Declan Breathnach: I am grateful for the opportunity to debate the issue of community CCTV schemes. This was a much-heralded and welcomed scheme, which is not functioning properly or effectively and needs addressing and adjusting. I discussed this matter with the Leas-Cheann Comhairle and he concurred that the scheme is simply not working in Donegal and many other areas. The community-based CCTV scheme is governed by section 38(3)(c) of the Garda Síochána Act 2005 and the Garda Síochána (CCTV) Order 2006, SI 289/2006, both of which I have read. A difficulty with the legislation is that the local authority is specified as the data controller, with no other person or body allowed to take this role. Many local authorities contend it is not their role as local government to monitor or control CCTV, particularly in cases involving criminality. There is a perception that proposed new schemes encountered data protection difficulties and were unable to proceed.

The Data Protection Commissioner issued clear guidelines which clarify her position with regard to the application of data protection law to community-based CCTV schemes. That

guidance states that data protection legislation does not stand in the way of the roll-out of community-based CCTV schemes authorised by the Garda Commissioner. As long as the relevant local authority is willing to take on and deliver on its responsibilities as controller of the schemes, there is no legal impediment under data protection legislation to the scheme commencing. The nub of the problem is that some local authorities are unwilling or unable to take on that onerous role. I can see the logic in their stance.

Another issue is that CCTV under the sole monitoring responsibility of a local authority will not be monitored live. Several members of An Garda Síochána told me that the first 48 hours in the investigation of an incident is crucial. If a young person was abducted from a street in Dundalk and the Garda needed access to crucial CCTV footage, it would have to wait until the local authority opens on Monday morning in order to access it.

Although I do not wish to be parochial or solely focus on my constituency of Louth, all of the issues to which I refer are borne out there. Several applications are encountering problems, including in Moneymore in Drogheda, Ardee, my native Knockbridge, Dundalk, Blackrock and Monasterboice. They have all encountered the same basic deficiency and problem in the scheme. There are logical problems which need to be ironed out. The local authority has stated it is okay with the scheme but there is much uncertainty regarding the volume of schemes that may come on stream. How will the local authority record and store the amount of information which would be involved? Will it have the resources to put into this task?

In addition, every CCTV system must be calibrated. If a person is attacked outside a nightclub, there must be a maintenance contract with the provider of the CCTV and evidence it is properly calibrated in order for footage of an attack outside a nightclub, for example, to be admissible in court.

Minister for Justice and Equality (Deputy Charles Flanagan): I too wish to acknowledge the importance that many communities attach to CCTV and the sense of security it can bring. The key point is that these are community CCTV schemes, not Garda CCTV schemes. An Garda Síochána previously indicated to my Department that it uses CCTV in almost every criminal investigation, during major public events and sporting occasions, in the investigation of road traffic incidents and in many other areas which require it to take action. It considers that CCTV is particularly effective when the cameras are evident in a way which raises awareness among would-be offenders. I agree with the Deputy on the importance and value of this issue.

The law in respect of CCTV is longstanding. As the Deputy pointed out, community CCTV is governed by section 38(3)(c) of the Garda Síochána Act 2005 and the Garda Síochána (CCTV) Order 2006. This legal framework requires that any proposed community CCTV scheme must be approved by the local joint policing committee; have the prior support of the relevant local authority, which must also act as data controller; and have the authorisation of the Garda Commissioner. That is the legal basis for all community CCTV schemes regardless of how they are funded. These key legal requirements, including the legal requirement for local authorities to act as data controller, have not changed since 2006.

I wish to be clear that this longstanding statutory framework does not place an obligation on local authorities to take part in community CCTV. However, if a local authority decides it is not prepared to act as data controller for community CCTV, this prevents the scheme from operating in its functional area. In effect, the current legislative structure is an enabling one which empowers local communities and local authorities to establish a community CCTV system to

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which the Garda has appropriate access, provided they meet the statutory requirements, including that the local authority is prepared to assume responsibility.

It may be of reassurance for the Deputy to know that the Data Protection Commission issued a practice note in November 2018 confirming there is a legal basis for community CCTV and that the general data protection regulation does not introduce new barriers in that regard. It stated:

Data protection legislation does not stand in the way of the roll-out of Community based CCTV schemes that have been authorised by the Garda Commissioner. Once the local authority in the administrative area concerned is willing to take on and deliver on its responsibilities as a data controller for the schemes concerned, there is no legal impediment under data protection legislation to the scheme commencing.

According to information provided to me by the Local Government Management Agency and the County Council Management Agency on behalf of local authorities, at least 28 of the 31 local authorities are or have undertaken the role of data controller for specific community CCTV schemes within their areas.

On funding, there is maximum grant aid of €40,000 or up to 60% of the total capital cost. Earlier this year, I expanded the grant aid scheme to allow funding applications for extension or upgrade of existing community CCTV systems in addition to providing for new systems. To date, 22 schemes have been approved, amounting to grant aid of slightly more than €560,000. If the Deputy is aware of further groups in County Louth or elsewhere which wish to avail of the scheme, I ask him to advise them to check the website of my Department for the current regulatory framework.

Deputy Declan Breathnach: I am glad the Minister recognised this is a CCTV scheme for communities and not a scheme for the Garda. He allocated approximately €4 million to the scheme. Some 22 applications have been approved for funding totalling €566,000. The money allocated is not being spent in spite of the demand for schemes. I am here to support the Minister and the concept of community CCTV.

I suggest a simple change in the legislation governing the scheme so as to provide that a scheme must have the prior support of the relevant local authority and that the data controller may be the local authority or the local Garda Síochána by agreement. By inserting that into the legislation, the local Garda could, where practicable, act as the data controller of a community CCTV scheme, particularly in situations involving serious criminality such as may be the case in the Border area. It would end the confusion and allow for more live monitoring by An Garda, a function for which local authorities do not have the resources.

We need to provide the Garda with the necessary technology. The Minister stated it is not a Garda scheme. There is no money available for the Garda to put in overt or covert surveillance where it is needed. If the money allocated to the community CCTV scheme cannot be used - it is clear that it cannot - the Minister should divert some of it to the Garda, particularly in troubled areas. The current legislation is flawed, resulting in a low uptake of the scheme. On behalf of the many people in my constituency and beyond, I ask the Minister to give further consideration to this excellent scheme and to take on board my suggestions to allow us to deal with the myriad issues he is well aware of, particularly in my constituency and the Border counties.

Deputy Charles Flanagan: I only disagree with one issue in the Deputy's submission.

This is not a Garda scheme; this is a community scheme and it is important that it remains such a scheme. I am happy that the law is clear in this issue and the practice is that the majority of local authorities have also taken on board their role in the scheme. I want to ensure that all interested groups in both rural and urban areas have the opportunity to take advantage of the grant-aid scheme. If the Deputy is aware of groups in the Louth area or any other area, I encourage him to inform the groups of the practice guidelines on the website of my Department.

I want to ensure there is an appropriate volume of factually based information on the scheme. I would be obliged if the Deputy and other Deputies would share the information I have just imparted to all groups in order that we can ensure that people are fully aware of the scheme. However, it is not a Garda scheme; it is a community-based scheme. I would be reluctant to place on the Garda Síochána a greater legal or statutory obligation under what is a community-based scheme above and beyond its existing role and function in society.

Emergency Departments Services

Deputy Bernard J. Durkan: Late last night, I had occasion to visit Naas General Hospital in response to a call from a constituent whose child had been admitted at 5 a.m. yesterday. This child had previously been in the care of child and adolescent mental health services, CAMHS, and has difficulty getting a place. It is expected that there will be an announcement on an extension to the Lakeview mental health unit in Naas hospital shortly.

What I am about to describe applies to many other hospitals throughout the country. What I saw at almost midnight last night was chaotic. It was a sad reflection on all the work done by many people, including by the Minister and Minister of State, and by various people in this House who have raised this issue in respect of this and other hospitals. It was chaotic in the sense that patients who had been there for ten, 12, 14 hours or more - some were into their second day - were being manhandled onto trolleys in a narrow corridor.

Only one doctor, a registrar, was available. I do not know why that was. No bed was available, even though the parents of this child had made repeated interventions, all to no avail, with consequent stress on the patients. It is not possible to deliver an effective, efficient and workable service in the way the staff were trying to deliver last night. It was not fair to the staff, patients and the public, who expect more. It was not fair on the Minister and Minister of State.

I make this suggestion. I do not care what the cause is; it is time to do something about it. We have all gone down this route previously and raised this issue. Every time we are told of some difficulty or snarl-up, be it a lack of beds, space, accommodation or something else. We expect to deliver a reliable health service, and to deal with patients and emergencies. I do not know what would happen if an emergency occurred in a situation like that. However, it would not be possible to respond in the way that one would be expected to respond to an emergency.

I ask for an immediate review of the facilities at Naas hospital with a view to ensuring that day patients can get through the emergency department, ED, in a reasonably efficient, effective and reliable manner. There is nothing as bad as lack of confidence in a system. Without doubt there is a lack of confidence in the system. The staff are not able to resolve the problems. There is a requirement for an evaluation of the situation from above to put in place what is required to deliver the service. There is not much sense in telling me in a year or two that we will have the problem resolved. That will no longer work. I do not blame any of the Ministers personally,

but the time is up and we cannot wait any longer. Something needs to be done about it now.

Minister of State at the Department of Health (Deputy Finian McGrath): I thank the Deputy for raising this important issue. I know that for many years he has been a strong advocate for health issues, particularly for developing and supporting the services at Naas General Hospital.

The Minister for Health acknowledges the difficulties overcrowded EDs cause to patients, their families and front-line staff working in very challenging working conditions in hospitals throughout the country. For the first ten months of 2019, the number of patients attending hospital EDs nationally increased by 2.7% and the number of ED admissions increased by 1% compared with the same period last year.

In October 2019, the number of patients subject to a delayed transfer of care was 16% higher than the same month last year. The Deputy is, therefore, correct. Between January and October 2019, the number of patients recorded as waiting on trolleys at 8 a.m. in Naas General Hospital ED was 3,733, a decrease of 0.2% compared with the same period last year. As of last week, there were 21 patients with delayed transfers of care in the hospital compared with ten for the same week last year.

The HSE winter plan for 2019-20, launched by the HSE on 14 November, seeks to address the challenges of overcrowded EDs and the current high numbers of delayed transfers of care in our acute hospitals. The aim of the winter plan is to ensure that service providers are prepared for the additional external pressures associated with the winter period. The increased pressures include a prolonged holiday period, severe winter weather, seasonal influenza, the spread of norovirus and other healthcare associated infections.

Nine winter action teams, WATs, each aligned to a community healthcare organisation, CHO, and associated acute hospital and hospital group, have prepared integrated winter plans that will focus on demand management and reduction, staffing availability, timely access to the most appropriate care pathway for patients, and appropriate timely discharge from acute hospitals. These integrated winter plans have supported the development of a single overarching strategic-level winter plan for the HSE. The integrated winter plan for Naas General Hospital will be delivered by WAT 7, whose membership includes the CEO of the Dublin Midlands Hospital Group, the chief officer of CHO 7, and the CEO of Naas General Hospital.

The winter plan is supported by an additional €26 million in winter funding nationally. This funding will support social care measures and local WAT initiatives to improve patient experience times in EDs. Funding for social care will support access to the fair deal, increase home support hours, and provide additional transitional care to facilitate timely discharge from acute hospitals and free up beds for patients awaiting admission.

There has been a consistent increase in the number of staff in the HSE in recent years with approximately 10,000 more staff working in the HSE than in the same period three years ago. Naas General Hospital employed 747 whole-time equivalents, WTEs, in October 2019.

This is an increase of 13 WTEs since the same period last year. The Minister for Health is confident that together with the more immediate measures being undertaken under the winter plan and the strategic approach undertaken by the Government under Sláintecare, progress will be made in addressing the difficulties in the emergency departments. I accept the points made

by the Deputy and I will bring them back to the Minister.

Deputy Bernard J. Durkan: I thank the Minister of State for a comprehensive reply that, to be fair, deals with the issues that have arisen. The problem is how soon we can expect a resolution. Patients and their families always look to know how quickly help can come. I am not so sure that it will come quickly enough. I saw a number of people who were there at midnight last night and I could see that they were not pleased. They were upset. They had been there for a long time, including all day or from mid-morning the day before. In those situations, there is a need for an urgent response. The child in question, who was under the care of CAMHS, has been looking for a place and a proper programme for the past two or three years but it has not happened. It cannot happen because there is no bed available in Stillorgan or any of the other places tried by the parents. It is very sad to see the parents crying while waiting for some kind of action. It only affects us all when it comes to our own door.

The time has come to take an initiative in respect of this hospital. I would suggest an immediate review of the facilities there and the number of staff available, on call and ready to work at any given time, particularly over the remaining winter months, to preserve the good name of the hospital because the staff are good if given the chance. It is not fair to them, the patients and members of the public who might become patients and it is not fair for the Minister of State, who has to repeat this again and again despite the fact that he has the best interests of all concerned at heart. I ask that this initiative be taken ahead of the winter initiative with a view to identifying the immediate problems.

Deputy Finian McGrath: I agree with most of the points made by Deputy Durkan. I take on board his question about how soon this will happen. I agree with him that we need a reliable health service. I will bring his point about a review at Naas General Hospital back to the Minister. We cannot have issues like that affecting families in that situation. I understand the impatience and concern of many of these families who do not see things moving quickly enough. I commend the Deputy on his personal commitment and how he was there at midnight last night and saw at first hand what was happening on the front line.

Attendances at accident and emergency departments are growing year on year. The health service capacity review published last year was clear on the need for a major investment in additional capacity in both hospital and community - so there is already an agreement there - combined with widespread reform of the manner in which healthcare services are provided and their location. As set out in Sláintecare, moving care options for patients closer to their homes and into local communities is a key part of the solution. Improving timely access for patients is at the heart of Sláintecare. Building upon the progress made in recent years, the Sláintecare action plan 2019 published by my Department includes a specific work stream on accessing and waiting lists. In addition, many of the other service reforms included in the action plan will support timely access to care for patients in the coming years.

I also wish to clarify that there is no national recruitment embargo in the HSE. There is, however, a requirement for all HSE services to maintain or reach an affordable staffing level that is sustainable through 2019 and 2020 while prioritising the delivery of safe services within available resources. There has been an increase in the number of staff in the HSE, along with an increase of more than 250 doctors since the beginning of 2019. The number of WTE nurses and midwives has increased by almost 800 since September 2018.

The points raised by the Deputy are very serious. We need a review to see what is hap-

pening. The HSE has established a medical workforce and patient safety oversight group and workforce planning is incorporated in the Sláintecare action plan.

Audiology Services Provision

Deputy Brian Stanley: I wish to raise a very important issue with the Minister of State, which is the absence of any audiology service in the midlands. In Laois-Offaly alone, 1,383 people are waiting for hearing tests and treatment, of whom 315 have been waiting for more than a year. More concerning is the fact that 255 people have been waiting for more than two years, of whom 185 are children. Some children have been waiting for up to 156 weeks, three years, for an appointment. There has been no paediatric audiologist in Laois-Offaly since March 2019. Two posts are vacant. The only service is provided by an occasional visiting audiologist from the Dublin region, which itself is under pressure. The situation in Longford-Westmeath is not much better, as 273 people have been waiting for more than a year to be seen, of whom 132 have been waiting for more than two years. The service simply is not there. It is chronically under-resourced and is in crisis. It gives me no pleasure to stand up here and say this, which is why I looked for this special debate.

Everyone knows the importance of timely examination and appropriate interventions, such as hearing aids. It is important for everybody for quality of life but it is very important for children. Their education and development can be affected by not being able to follow what is happening at school, at home, in the playground or in the street around them. There are children in Laois-Offaly who have been waiting for up to three years for appointments while some children in Longford-Westmeath have been waiting for up to two years and six months. It is totally unacceptable that anyone must wait that length of time for an appointment. We need to realise that a quality of life issue arises in this regard and that there are issues in respect of child development and people's ability to function.

The Minister of State mentioned earlier that there is no embargo. There is a freeze on recruitment, so let us call it a freeze. We will not argue over words. If the Minister of State does not want to call it an embargo, we will call it a freeze. There is a freeze on recruitment imposed by the Government that is preventing HSE management from filling these posts, which have already been granted. I am asking the Government to lift the freeze on recruitment to allow audiology services in Laois-Offaly and the midlands to function. We must make an effort to get this service back on track. There are significant waiting lists there. I have raised this issue with the Minister.

Families in my constituency are coming to me because they cannot get audiology services. In addition, however, dental services for children do not exist in my constituency. My grandchild will be 14 in a few months' time. She has not yet been seen by a school dentist. There is no service in Laois-Offaly. If she lived over the border in County Carlow, she would have been seen four or five years ago. I was seen by a school dentist many moons ago in second or third class, along with the other children in the school at the time. Child psychology services are difficult to access, as are speech and language therapists. I could go on. We are putting loads of money into it and, yes, Sinn Féin argues for that. I know the Minister of State backs that and the taxpayer is willing to do that but the services are not there on the ground. I meet HSE management and it tells me about what it is doing internally and who is talking to who but no effort is being made to build services at the front line. That is the problem.

Deputy Finian McGrath: I thank the Deputy for the opportunity to address the issue of the difficulties and delays being experienced with audiology services in Laois and Offaly. Under section 67 of the Health Act 1970, the HSE is required to provide free audiology treatment and appliances to preschool children and children of primary school age, including those taught at home, who are referred from child and school health examinations, as well as to adult medical card holders and their dependants. Services for adult medical card holders include hearing assessments; hearing aid prescription provision; hearing aid management and rehabilitation; advice on assistive devices; and onward referral as required, for example, for medical intervention, assistive devices, communication supports and additional support.

Services for children include screening, assessment, investigations, treatment, habilitation and devices. This includes screening of babies shortly after birth, under the newborn hearing screening programme, to identify risk of hearing defects and speech and language therapy and referral of children with a hearing loss to the visiting teacher of the deaf services provided by the Department of Education and Skills.

The community audiology service for CHO 8, which includes Laois and Offaly, has experienced severe difficulty recruiting and retaining audiologists in the midlands. There is currently an allocated workforce of 6.6 whole-time equivalents allocated for the CHO, with 2.5 whole-time equivalent vacancies. Difficulties in recruitment and retention of staff have had a detrimental impact on waiting lists. There are currently 729 children aged up to 18 years and 654 adults on the audiology waiting list in Laois and Offaly. The longest waiting times for children aged zero to four is 156 weeks. The longest waiting times for children aged five to 17 is 140 weeks.

In March this year, the paediatric audiologist working in the midlands resigned and has not yet been replaced. In the interim, a 0.6 whole-time equivalent locum has recently been approved by the HSE and is now in post.

In addition, both the national clinical lead in audiology and assistant national clinical lead for audiology are providing clinical support to the service. The service continues to look at options of increasing capacity on a temporary basis through waiting list initiatives. This is something we are taking very seriously.

Deputy Brian Stanley: The Minister of State mentioned that the Government is looking to increase capacity in the short term. That is fair enough to clear a waiting list but there is a problem here. The Minister of State mentioned that there are 2.5 whole-time equivalent vacancies in CHO 8, and the great number of counties included in that catchment area, but there are two audiology positions missing in Laois. There is one visiting audiologist who comes from another area. That is what is happening.

The Minister of State has confirmed the figures that I got in reply to a parliamentary question to the effect that children aged zero to four are waiting up to 156 weeks for a hearing test. One can see the damage that is being done if a child aged between zero and four years of age is waiting 156 weeks for a hearing test and the delays that would be experienced if there is a problem with a child's hearing. Children between five and 17 years of age can be waiting for up to 140 weeks, which is almost three years. That is an absolute scandal.

I take on board the point the Minister of State made about the difficulty with recruitment of audiologists but the HSE needs to be focused on recruiting these people. How many are in

training? Are we encouraging people to go into training to become audiologists? If there is a shortage, what are we doing about it? I highlighted this matter in the Dáil over the past eight years. It takes roughly three to four years to train somebody in college. Have we been encouraging people to choose this as a career path? What are we doing to try to make it a career option for people so they will stay in these posts? This is a significant challenge.

We are putting more money into the HSE and the health service, there is no argument there, but we are not seeing the benefits at the other end. There are 10,000 more staff in the HSE than there were three years ago, and that is good, but where are they? What are they doing? The Minister of State said there are 800 new nurses and they will be useful but I suspect there is much existing dead wood in the system. There are roughly 110,000 people working in the HSE and yet we do not have a full-time audiologist in Laois-Offaly, among other gaps in service.

I want the Minister of State to take up the urgency of this matter with the senior officials in the Department and the HSE. Children cannot be left waiting three years for hearing tests.

An Leas-Cheann Comhairle: The Minister of State to give his response.

Deputy Brian Stanley: The development, future and education of those children are at stake here and it is important that the children in Laois-Offaly have the benefit of that.

Deputy Finian McGrath: I will, of course, take back the urgency of the issue to the Department and I have a particular interest in this area as Minister of State with responsibility for disabilities. I absolutely understand the urgency and importance of the issue and I will bring the Deputy's concerns to the Minister and the HSE.

There is an issue with recruitment and retention right across therapies. I have encountered a similar problem in speech and language therapy. We had a budget of €100 million. We have allocated €63 million of that and we are trying to slide in the next €37 million between now and Christmas. It has been difficult. There has also been one resignation in the Laois-Offaly area.

I take the Deputy's point that we need to focus on this issue and take on board the urgency of it and increase capacity. The Minister for Health, Deputy Harris, accepts that the situation in Laois-Offaly is far from satisfactory. Officials from the Department will continue to work with our counterparts in the HSE, exploring all opportunities to address the level of services in the Laois-Offaly area.

Direct Provision System

Deputy Fiona O'Loughlin: I want to raise a story that broke on Monday where 30 children in an emergency direct provision centre in Carrickmacross have been denied education for two months. This is absolutely shocking. Any time we have to deal with a child who does not have access to a school place is wrong. This raises many questions. When did the Department of Justice and Equality become aware of this? When did the Department of Education and Skills become aware of it? What type of monitoring is in place in the Department of Education and Skills for direct provision centres and, of course, those children in direct provision who are in emergency accommodation? Every child in direct provision has the same absolute right to education as an Irish citizen child.

I was in a school in Newbridge recently and was told about extra resources and supports

that were needed for four children that the school has had since May. This situation, where 30 children have been essentially told to watch television during the day, is not good enough.

Deputy Jim O’Callaghan: The Minister will be aware that, in 2018, regulations were introduced in respect of reception standards for people applying for direct provision. Regulation 17 expressly deals with the right of children who are in direct provision to have access to educational services in the exact same way as though they were Irish citizens. I would be extremely concerned if I was the Minister for Education and Skills and learned that there were 30 children who had not received education and had not been attending school for a period of over two months.

It is very important that the Department gets more involved in this matter. The Minister needs to seek answers as to why it is the case that these very vulnerable people, in particular the children, have not been given access to education. We have a responsibility to people who are coming into this country and seeking direct provision. It is an extremely challenging environment for people who are coming in, particularly if they do not have the language. They need the support of Government and the Minister’s Department to ensure that they are able to access education the same way that any Irish child can. I ask the Minister to look into this matter.

Deputy Anne Rabbitte: Nearly 2,000 children are in direct provision at the moment. It is regrettable that 30 of those children are failing to access education in Monaghan. I wonder if this problem has arisen because they are housed in temporary accommodation. Is that the problem behind it? If so, is there a way that the Departments of Justice and Equality and Education and Skills can ensure that, when we are relocating families to direct provision, we do not put them into temporary accommodation but instead put them into accommodation in one of the 39 direct provision centres where there is support from wraparound services?

I was listening to the Minister of State, Deputy Stanton, on Newstalk yesterday. He complimented how well the direct provision centre in Borrisokane, where wraparound services are in place, is working. It is unforgivable that a lady had to go on Newstalk yesterday and talk about her three children. In respect of one of the children, it concerns the early childhood care and education, ECCE, preschool services. It is not only a matter for the Minister’s Department. It is also a matter for the Department of the Minister for Children and Youth Affairs because that child could not access those services.

An Leas-Cheann Comhairle: I thank the Deputies for observing the time.

Minister for Education and Skills (Deputy Joe McHugh): I dtús báire, ba mhaith liom buíochas a ghabháil chuig na Teachtaí uilig fá choinne an cheist iontach tábhachtach seo a ardú. Ba mhaith liom mo fhreagra a thabhairt dóibh anois.

My Department engages on an ongoing basis with officials in the Department of Justice and Equality in respect of education issues arising from the provision of accommodation for asylum seekers and refugees. In addition, Tusla Education Support Service, TESS, which is under the remit of the Department of Children and Youth Affairs, assists with school enrolment and attendance for children residing in accommodation centres.

The International Protection Accommodation Service, IPAS, formerly RIA, of the Department of Justice and Equality has sourced temporary accommodation in Tracey’s Hotel, Carrickmacross, since mid-September. Some families with children of schoolgoing age have been accommodated in this location while the Department of Justice and Equality seeks more per-

manent accommodation for them in a dedicated accommodation centre under the system known as direct provision.

The priority for newly arrived applicants for international protection is to address their immediate needs, apply for accommodation, make an application for international protection, apply for a PPSN to ensure access to weekly payments from the Department of Employment Affairs and Social Protection, and ensure that they are linked with the HSE for medical care.

In line with the provisions of the EU directive, every effort is made to enrol children of international protection applicants who are residing in accommodation under contract to the Department of Justice and Equality, including emergency accommodation, in local schools as soon as possible. Schools enrol pupils in accordance with their respective enrolment policies. Following the receipt of an application for a school place each school must advise of the outcome of each application in writing.

In instances where difficulties arise in sourcing school places locally, the assistance and support of Tusla Education Support Service is sought, similar to the assistance given to all other families who reside in the community. TESS is responsible for assisting with school enrolment and attendance. Where necessary, school transport is arranged under the school transport scheme operated by Bus Éireann on behalf of the Department of Education and Skills.

Every effort is made to ensure that all children of schoolgoing age receive an education at the earliest possible date. I understand TESS is working with the families concerned to ensure that arrangements are being made for school enrolments for the children in the accommodation centre in Carrickmacross.

To update the Deputies, my Department has seconded an official to the Department of Justice and Equality to deal with any queries from schools that are enrolling children from accommodation centres. This official is also available to advise schools on specific queries on the range of supports available to schools and how to access supports. I want to further update the Deputies on this matter. Officials had contact from a post-primary principal earlier today who is happy to offer school places to the three post-primary age children. We are still waiting on feedback from the primary school principal but there is confidence that a sufficient number of places will be available in the local area for all the primary school children.

I take the point raised by the Deputies that there is a collective responsibility for this matter. While an official has been seconded from my Department to deal with it, the Department of Justice and Equality, Tusla and all of us are collectively responsible for it. If there are better ways to move more quickly on it, we would be interested in working as efficiently as possible in that regard. There is a requirement in a European directive to provide education within three months of arrival. I am of the opinion, having attended various camps in Jordan in recent years, that it is important to get as early an intervention as possible in terms of providing education.

Deputy Fiona O'Loughlin: It is a given that access to education and intervention is vitally important, particularly for vulnerable groups. While I accept that some measures have begun to be put in place since this news broke on Monday, we still do not know when the Department of Justice and Equality and the Department of Education and Skills became aware of it. They should have been aware of it. It should not have taken two months for this matter to come to their attention. Has the Department of Education and Skills been in contact with the families? One mother said on a radio station on Monday that she was told both by the direct provision

centre and the schools that they had to wait. The Minister might let us know the position on that. Is he aware of any other children in any of the direct provision centres across the country or any of the emergency centres who are waiting for school places? Also, Tusla is responsible for any child who is absent from school and not engaging with educational services. There are questions to be asked about Tusla's engagement with this matter.

Deputy Jim O'Callaghan: Ba mhaith liom mo bhuíochas a ghabháil leis an Aire. Tá a lán ceisteanna fós le freagairt. I thank the Minister for his answer. He is correct when he states that the different Departments are responsible but there does not appear to be anyone who has taken charge of it. That is what happened in respect of this Topical Issue matter. The Department of Children and Youth Affairs first looked at it. The Department of Justice and Equality then looked at it and now the Minister was left with responsibility for it. We need to ensure that these people who are coming here with their families are provided with a pathway for the provision of education for their children.

I had the opportunity yesterday to speak to people from my constituency who are operating a community sponsorship initiative for refugees coming into the country who have already been granted international protection. They are providing a pathway for those families and their children. There is a responsibility on the State to provide a similar pathway to ensure that when people arrive here they are not left to their own devices or expected to look for schools themselves when they have a language barrier. We need to ensure that we accept the responsibility we have for the children in the same way that we have a responsibility for our own children.

Deputy Anne Rabbitte: To continue on from where my colleague left off, it seems there is no collaboration on this Topical Issue matter, even in terms of trying to get it organised here this evening. That has played out in terms of what has happened in Monaghan. We are an open nation, and we are welcoming, but we have to lead from the top. We need to ensure that all Departments are working together and that there is this wraparound service.

The Minister spoke about the Tusla education support service, TESS. TESS is a pilot service. It is not up and running across the country. It is only being rolled out to 2,000 schools. The Minister is looking for the intervention of TESS but we can hardly get that service in many schools that need it. There is a very long waiting list for it to be rolled out. We need to ensure that we do not put families into temporary accommodation. We need to ensure also that there is a wraparound service for all those families, particularly in terms of early years education. In terms of the children who need to engage in the ECCE scheme, it is not just the Department of Education and Skills that has a role. It is about ensuring that the younger children have the same opportunities.

Deputy Joe McHugh: I take this issue in the vein in which it has been raised, which is a genuine call for more streamlining of communication in the first instance. When this question was presented to me today I was happy to take it because it is to do with education and young people. I reiterate that there is a collective responsibility but we want to get the intervention at an early stage also. One of the Deputies asked if the reason for this was because it was temporary accommodation. The problem was created because it was temporary accommodation but if there are actions we can take at an earlier stage or new ways of doing it we will look at them. We provide home tuition in some instances. Perhaps there is something we can do in that space.

I am prepared to work with my colleagues across the floor on this issue. Separate to it being raised here tonight and in the media on Monday, I asked my officials last week to arrange for me

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to go to one of the direct provision centres and meet with families and the young people. I am more than happy to do that and a date has been arranged to do so before Christmas. I am open to suggestions on this matter. I have a very close working relationship with my colleagues, the Minister of State at the Department of Justice and Equality, Deputy Stanton, the Minister for Children and Youth Affairs, Deputy Zappone, and the Minister for Justice and Equality, Deputy Flanagan. We will continue to keep this matter on the radar. At a major camp in Jordan that I went to, the families were all talking about the importance of education. They had to offer it primarily through their own families but they were emphasising its importance. Education is not lost on anybody in this country. We must ensure that we act where rights are not being respected.

Health Insurance (Amendment) Bill 2019: Order for Second Stage

Bill entitled an Act to amend the Health Insurance Act 1994 to specify the amount of premium to be paid from the Risk Equalisation Fund in respect of certain classes of insured persons from 1 April 2020; to amend that Act to specify the amount of the hospital utilisation credit applicable from 1 April 2020; to make a consequential amendment to the Stamp Duties Consolidation Act 1999; and to provide for related matters.

Minister of State at the Department of Health (Deputy Jim Daly): I move: “That Second Stage be taken now.”

Question put and agreed to.

Health Insurance (Amendment) Bill 2019: Second Stage

Minister of State at the Department of Health (Deputy Jim Daly): I move: “That the Bill be now read a Second Time.”

I am pleased to have this opportunity to address the House on Second Stage of the Bill. This is a short and technical Bill comprising six sections, all focused on the specific issue of health insurance. The amendments outlined in the Bill will ensure the ongoing sustainability of the private health insurance market and seek to keep health insurance policies at an affordable and equal price for all citizens, young or old, sick or healthy.

Health insurance in Ireland is provided according to four principles: open enrolment, lifetime cover, minimum benefit and community rating. Open enrolment means insurers in Ireland cannot refuse to provide cover to someone who might be a risky customer for them, and there are maximum waiting periods for pre-existing conditions. Lifetime cover means that once a person has health insurance, an insurer cannot stop cover or refuse to renew his or her insurance, except in limited circumstances, such as fraud. Minimum benefit means all insurance contracts must abide by regulations issued by the Minister for Health to make sure that everyone who holds health insurance has a minimum level of cover. Community rating means that health insurers cannot alter their prices based on an individual’s current or potential health status.

Perhaps the most important principle of health insurance, and the principle that is the central focus of this legislation each year, is community rating. This has the greatest effect on affordability of health insurance for those who are most likely to need health insurance coverage. Instead of risk-rating consumers, insurers set the price for each product according to their overall expected claims costs. This helps to keep health insurance affordable for older and sicker people, who might otherwise be priced out of the market.

Community rating is supported by providing cross-subsidies between insurers with different risk profiles. It is essentially a financial transfer mechanism whereby money flows from insurers with healthier members to insurers with sicker members. This is called risk equalisation. Without it an insurer with older and sicker members would be required to charge much higher premiums than its competitors to cover its claims costs. The risk equalisation scheme seeks to level the playing field for consumers, affording them a greater choice of insurer. Risk equalisation also aims to encourage insurers to compete on what services they can provide to their customers rather than simply trying to attract younger and healthier people, who are less likely to make health insurance claims.

The risk equalisation scheme was first introduced in 2013. Under the scheme, credits are paid to all insurers for their older and sicker members. These credits are funded directly by stamp duty levies on all health insurance contracts written, with all moneys held in the Risk Equalisation Fund, REF. In effect, the scheme redistributes funds between insurers to meet some of the additional costs of insuring older and sicker members. None of the stamp duties on health insurance contracts goes to the Exchequer. They are all redistributed from the fund to compensate for the additional cost of insuring older and less healthy people. The REF managed by the Health Insurance Authority, HIA, the independent regulator of the health insurance market.

In 2018 the fund redistributed approximately €732 million in premiums, out of a total of €2.85 billion in premiums paid. In 2017, the fund redistributed approximately €670 million of premiums, out of a total of about €2.5 billion in premiums paid. This reflects an increase in the number holding private health insurance from 2.17 million people in 2017 to 2.22 million people in 2018.

Legislation is needed each year to update the number of credits paid to insurers under the scheme and the amounts of stamp duty levied on health insurance contracts to fund the credits. As part of the process, the HIA carries out an annual evaluation of the market, focused on the claims costs that every insurer has paid over the year. Based on that analysis, the authority recommends the level of credits that should apply the next year. The Ministers for Health and Finance have considered and accepted the recent recommendations made by the authority for the stamp duties and credits next year.

This year's Bill seeks to amend the Health Insurance Acts to provide for a general decrease in the risk equalisation credits payable in respect of those aged over 65; a decrease in the stamp duties on non-advanced contracts and a slight increase on advanced contracts; and an increase in the level of hospital utilisation credit for day-case admissions. This credit is a proxy for health status and provides support in respect of less healthy people.

These changes are in line with the policy objective of the scheme to support community rating in the health insurance market in order that older and less healthy people can access health insurance at the same price as younger and healthier people.

Advanced contracts are held by more than 90% of the insured population and provide for greater coverage than those who have non-advanced policies. This Bill seeks to increase the stamp duty payable on advanced contracts by up to €5, representing a 1% increase in stamp duty, and comes after two years of no change. This is necessary to support more affordable policies for older and less healthy people. It is important to note that these stamp duties fund credits. The levies do not increase costs across the market. The scheme is Exchequer neutral in that it is neither a cost nor a benefit to the State. The stamp duty and credits make our community-rated health insurance system work because risk is shared across all the community of insured people and it ensures that older people and people with illnesses can access affordable health insurance just as younger, healthier people can.

I will outline the specific sections of the legislation. Section 1 defines the principal Act as the Health Insurance Act 1994.

Section 2 amends section 11C of the principal Act to provide for 1 April 2020 as the effective date for revised credits payable from the REF.

Section 3 amends Schedule 3 to the principal Act with effect from 1 April 2020, whereby the applicable hospital utilisation credits payable from the REF in respect of insured persons are revised.

Section 4 replaces table 2 in Schedule 4 to the principal Act with effect from 1 April 2020, whereby the applicable risk equalisation credits payable from the REF in respect of certain classes of insured persons are revised.

Section 5 amends section 125A of the Stamp Duties Consolidation Act 1999 to specify the applicable stamp duty rates for 1 January 2020 to 31 March 2020, and for 1 April 2020 onwards.

Section 6 provides for the Short Title, commencement, collective citation and construction of the Bill.

This Bill allows us to maintain our support for the core principle of community rating, which is a long-established and well-supported Government policy for the health insurance market. I commend the Bill to the House.

Deputy Margaret Murphy O'Mahony: Fianna Fáil will support this Bill, which is somewhat akin to the Finance Bill or the social welfare Bill, as it arrives in November every year. The measures within it are designed to support risk equalisation and to sustain community rating in the health insurance market so that older citizens and people with illnesses can afford health insurance and are not discriminated against in favour of younger, healthier people. We have always supported risk equalisation and community rating. There will be a small increase in the levy for advanced cover with reductions for non-advanced cover. The average annual health insurance premium increased from €935 in 2011 to €1,197 in 2018. The levy for advanced cover increased from €205 to €444 in that time. We welcome the reduction on the non-advanced levy. That is only reasonable as these plans are meant for entry level and provide less coverage. However, just 9% of insured people had non-advanced plans in 2018. The levy for advanced cover for adults will increase from €444 to €449 and for under 18s it will go from €148 to €150. Levies for non-advanced cover will reduce from €59 to €52 for under 18s and from €177 to €157 for over 18s. The increase in the advanced levy, while not large, does highlight one of the difficulties with the levy. Currently, the cheapest advanced plan is just over €700 and the most expensive advanced plan is more than €7,000 and they are both expected to

pay a levy of €449. Both these members could be aged over 70 yet the burden on one plan far exceeds the burden on the much more expensive plan.

Yet again, the report of the HIA, which always precedes the Bill, has not been published so we do not know whether the Minister followed its recommendation. Does this not leave the Oireachtas in the dark as to why the levies are as they are? This has been a recurring theme for years. The Minister receives the report of the authority in September or October and there is ample time to produce a redacted version that can be published with the Bill. Of course, a Fine Gael Minister is for the ninth year running legislating for something the party opposed in the past. The *Sunday Independent* once reported: “Fine Gael leader Enda Kenny has said he is opposed to the introduction of ‘risk equalisation’, the Government scheme that would see BUPA hand over €161 m[illion] in the next three years to its competitors, the State-owned health insurance company, VHI.” In 2009, Fine Gael again expressed fears that a levy of €160 would “make private health insurance unaffordable”. The party also claimed that a €160 levy was “anti-competitive and it is a means to prop up the State dominant player. VHI remains super dominant in the health insurance market”.

The 2009 Bill introduced a €160 levy. In 2019, the Government is providing for a levy of €449. The levy was effectively doubled by a former Minister for Health, Senator James Reilly. During his tenure as Minister there were consistent declines in the number of under 60s with health insurance while the number of over 60s increased. However, between mid-2017 and mid-2019 the market increased by more than 100,000 and now stands at more than 2 million. The proportion of the market that is aged over 60 continues to edge upwards. Although it fell slightly after lifetime community rating was introduced, it was 22.1% in June 2019, while in December 2010 it was less than 17%.

Since last year’s Health Insurance (Amendment) Act, we have been presented with a document that could have a significant impact on the health insurance industry, especially given the demographics of the market. The recent Dr. Donal de Buitléir report on removing private practice from public hospitals stated that it is difficult to predict with a high degree of certainty or accuracy what the full range of consequences for health insurance in Ireland might be if private practice is removed from public hospitals. Dr. de Buitléir anticipates that the number buying health insurance will decrease. For a start, the 10% of total health insurance policies that are currently classified as non-advanced plans could become defunct. These are less expensive plans that mainly provide a lower level of benefit in public hospitals. He also anticipates that it is very likely that if the health insurance market shrinks because of the removal of private practice from public hospitals, the market will also age. It can be anticipated that those more concerned about their health and their healthcare, namely, older people and less healthy people, will be more likely to retain their insurance cover, compared to younger or healthier people. He points out that a change in the demographic balance in the market would have implications both for the cost of premiums and for the stamp duty rate to sustain a community-rated market. Indeed, more broadly, and not connected with the removal of private care from public hospitals, in the coming decade, health insurance in line with healthcare overall may well experience significant increases in cost due to our ageing population and predicted claims inflation.

The risk of a shock to the health insurance market with the removal of private practice from public hospitals should be mitigated by the progressive and phased approach recommended for the removal of private practice. This approach lets demand for health insurance decline naturally in response to improvements in public care. Perhaps the Minister of State will outline in his reply what discussions he has undertaken with insurers on how an orderly transition can be

managed alongside the implementation of the de Buitléir report.

We will support this Bill because we are firm in our view that the principle of solidarity should apply in private health insurance, as well as in public health services. More than 2 million people in the country have private health insurance cover and almost 471,624 are aged 60 and over. Many have been paying for health insurance all their adult lives. They have an entirely fair expectation that we act to ensure fair play and risk equalisation for them in the health insurance market. That is the reason we will support the Bill.

Deputy Martin Kenny: When it comes to the political differences between the Minister and me, they are probably most acute when it comes to private healthcare. We see legislation of this sort every year and with each year we are reminded of the body of work that progressive parties have ahead of them to address the imbalance in healthcare and remove private healthcare from public hospitals.

The question of health insurance is fraught. On the one hand, it facilitates the skipping of queues and the bypassing of waiting lists while, on the other, it represents a large number of people who go without other things because they are afraid that without it they will end up waiting two years for a colonoscopy or some other procedure. The health insurance market exists because the Government champions it and because people are afraid of having to enter the public system and being left to wait for months or years for treatment.

The de Buitléir report stated that insurers said one of the main reasons people choose to buy private health insurance is to access healthcare services more quickly. We find ourselves where we are because successive Governments have driven as a matter of policy the privatisation and commodification of the health service. When I speak to those involved in healthcare, I am told that diagnostics is the hard part of healthcare and that is left to the public sector, and the easy part, namely, the treatment, when one has discovered what is wrong, is where the private sector steps in and does the part which is somewhat easier to cost. The taxpayer is paying for the more difficult end while the private end is taken up with the part where it can quickly make a profit. We must ask whether that is the best way to run the health service; I think it is not. We must also ask whether health insurance in this country is fair, given that much of the cover is driven by fear and it constitutes an additional burden to be carried by citizens, and given how much is contributed to the health budget by taxpayers. Private healthcare preys on the fears of people about the prospect of being ill and needing care and the inability of the public health system, for which they pay through their taxes, to provide them with that care. Then, the saviour to that is the private side of it coming in. There is something to be looked at and a close examination needed as to where vested interests play a part. Certain vested interests make a lot of money from the private side of it. They are the same people who are in charge of providing the public side of it and who are ensuring, many would say, that it does not operate as efficiently and effectively as it should in order that they can step in on the other side of it.

One group of people who must take out insurance and have no choice in the matter are international students. Recently, the Health Insurance Authority, HIA, made a decision that non-EEA students studying here on courses of more than one academic year are considered not ordinarily resident in the State for the purposes of the Health Insurance Acts. Because the Irish Naturalisation and Immigration Service requires these students to hold medical insurance, if either the HIA decision stands or the relevant legislation is not amended, then these students will be compelled to purchase community rated insurance which may not fit their needs. I wish to ask the Minister if he has any intention to keep the availability of non-community rated student

medical insurance for international students studying in this State and if he will bring forward amendments to that end on Committee Stage.

The Oireachtas deals with this Bill every year. It is about taking away the risk from insurance companies to equalise risk for certain policyholders. If only the Government was as quick to intervene in the market in other areas, we would have a much better country. While we will allow the passage of the Bill in order for older people and others to be protected, we do so with serious reservations about a health service that buckles under the weight of demand and we point out that fear is what drives many people to take out health insurance across the State.

Deputy Mattie McGrath: The purpose of the Bill is to specify the amount of risk equalisation credits to be paid from the Risk Equalisation Fund in respect of age, gender and level of cover from 1 April 2020, to make consequential amendments to the Stamp Duties Consolidation Act 1999 and to revise the community rating stamp duty levies required to fund the risk equalisation credits.

As I understand it this means that the Government is increasing the stamp duty paid by insurance firms on health insurance policies, which is the first increase in three years. As reported, the Government has said that the 1% increase of €5 in the stamp duty for policyholders with advanced contracts is not only necessary to support more affordable policies for older and less healthy people but also extremely modest, as the first increase in three years.

Why is this the first increase? Why is the increase that is being imposed on firms so modest? I am sorry I missed the Minister of State's opening speech but he might reply when he is finishing. We have seen the cost of insurance working group report on motor insurance that was supposed to provide greater clarity, certainty and transparency in respect of that sector. That has not happened by and large, as the evidence presented to the Committee of Public Accounts last week by insurance industry representatives made all too clear. Perhaps we need to think about developing a working group on health insurance.

Even Dr. de Buitléir, who signed off on the report on private practice in public hospitals, was clear that there is a significant problem about how we operate private health insurance in this State. He recently told the health committee that we are a complete outlier whereby 50% of people think they must have private health insurance, some of which is for non-advanced plans that only apply in a public hospital. Dr. de Buitléir went on to note that an international benchmark of almost 15% would be typical. Why are we at 50%? He said that we can get a high-performing public system with the Sláintecare programme and the private system can go off and supplement that or compete with it.

According to the Money Guide Ireland website, the health insurance market in Ireland is estimated to be worth over €2 billion in premiums each year. While we have a health budget of €17 billion, €2 billion is a savage amount of money, paid out of people's pockets. At the end of 2018 it was estimated that 43% of the population of Ireland had private health cover. The Money Guide Ireland website also notes that there seems to be strong loyalty or maybe just apathy about switching health insurance provider. It is very difficult for people to know if they are getting the same product or a different product or what they are getting for their money. We need to encourage people out of that apathy and encourage them to shop around more, but sometimes it is made so difficult and bureaucratic. I am sure the Minister of State knows it is bureaucratic and that he has health insurance. I have it. It is so difficult to move from the few that are there or to know if we are getting the same cover for the same bands of payment. It is

trick of the loop as far as they are concerned. It is a cash cow for them. I know some unfortunate elderly people who gave up paying recently. They could not afford it. Then they get sick. They are paying it all their life and might only be gone a month when something happens and they have no cover. As I understand it, the average number of years policyholders have been with their current health insurance provider is 14. That must count for something. Five years is loyalty. Ten years is extra loyalty and 14 is huge loyalty. Only 22% of people have ever changed insurance provider, a very small percentage. Maybe the insurance companies are too cushy and too blasé and have a cavalier viewpoint towards the policyholders. The attitude is they will pay up. Where else are they going to go? They need to have it. There is a fear factor and so on. There needs to be a whole review and examination of what is going on. Only 20% of people with health insurance, one fifth, said they regularly shopped around for lower prices or better cover or both, which is shocking.

I remember when the health insurance started with the VHI and so on. People were so glad to get it and so fearful. We can understand now, especially with the public hospitals and the queues out the door and the shocking figures. There was a new record again today in Limerick, which serves north Tipperary. It is shocking. Everyone is shocked except the Ministers. I am referring to the senior Minister, Deputy Harris, not the Minister of State, Deputy Daly. Another new record today for failure and absurdity and the amount of trauma and stress on patients. We are not really in the winter at all yet. Consequently, the Government will throw €25 million at a winter programme. The whole thing is archaic. That is why people are so frightened and why they keep paying the private companies and are afraid to even shop around.

The Money Guide Ireland website notes the average cost of a private health insurance policy in Ireland, according to a 2017 survey by the Health Insurance Authority, was €1,858 a year. Over 35%, more than a third, were paying more than €2,000 a year. These could be policies for a whole family but it is savage money. Some 38% said they had never made a claim on their health insurance policies. The insurance companies cannot say the premiums are going up because of the claims.

The Health Insurance Authority has a price comparison facility for private health insurance in Ireland. A search on the HIA comparison site in October 2019 for cover providing a private room in a private hospital showed up dozens of different health insurance price plans available for a single adult. Why is that? Visitors coming to our capital city are being charged extortionate rates for hotel rooms but this is a different matter. As I said, the HIA comparison for October 2019 for cover providing a private room in a private hospital showed up dozens of different health insurance price plans available for a single adult. Who would want to bring the family in there? For a single room, for a single adult, prices ranged from the cheapest at €910 per adult per year to the most expensive at €4,866 per adult. It is shocking money. The number of different plans and variations in levels of cover provided is mind-boggling. It must be easy for people to get confused by all the options available. One keeps getting options until one is out of options.

It is so sad, especially for elderly people who are not be able to go on the web or to google and check out the best value. It is unbelievable that they are charged that kind of money. The number of different plans, variations and levels of cover provided is mind-boggling. I reiterate it must be easy for people to get confused.

The lowest-priced plan shown was €910 for the Control 600 Connect from Laya Healthcare. This Laya policy has a €600 excess on each inpatient claim. Outpatient consultant visits

get €40 each, GP visits get €20 each and accident and emergency department cover excess is €20. One is paying the insurance where one must pay up “hello” money as well. The best option, if people can do it here, is not to get sick or go anywhere, because one is fleeced. The loyalty policy has a €600 excess on each payment claim. If one considers contributions to out-patient consultant visits and GP visits of €40 and €20 each, respectively, this compares to some GPs, who only charge a fee of €40 in any event. This is crazy.

There are also ongoing issues for the kind of insurance that medical practitioners require. There is a chronology to this since the establishment of health insurance and the VHI in 1957. A liberalised market was promised when the third life assurance directive was transposed into Irish law on 29 November 1994. It was supposed to force competition and reduce prices in the area of private health insurance. Like everything else, it is supposed to drive competition and better value but it does not happen. Why in this country do we celebrate Comóradh Céad Bliain na Chéad Dála, when everything is such a rip-off? We are promised all of this but do not get it. Do they take people for complete patsies and fools? There is no public service out there. I should not be knocking everything as there is a service, when one gets into the hospital, but trying to get into the accident and emergency departments is abysmal. It is a horrible, desperate experience. A new record was announced in University Hospital Limerick today, which serves half of my county. There is not a mental health bed in the whole of County Tipperary. The Minister of State is aware of this as he has tried his best but is unable to change it. That it is a sad reflection, but not on the Minister of State himself.

It is a reflection on those with their hands on the handlebars of power, the senior officials and the HSE. One would need a hammer and chisel to get it off them. They, the permanent government, are in charge and they do not care. Instead of serving the public, many of them are self-serving and are driving to ensure that they get promotion and positions for themselves. The Minister of State, saw that for himself in Clonmel, when he was with me last week, where we saw a hospital full of offices and another hospital that is closed but is full of offices. Of the 300 beds I mentioned that day, some 900 beds have been lost in Tipperary in the last 15 years. These facilities are all full of officials. The beds are gone, having been taken over and upgraded to a high standard, and still we do not have a single mental health bed. There is something rotten in the state of the HSE in this State in that regard. It is disgraceful.

A liberalised market was promised when the third life assurance directive was passed in 1994. The Health Insurance Act 1994 made provision for the establishment of the Health Insurance Authority but the body was not brought into existence until a long time later, in February 2001. Why did it take so long? Why are the people being treated like this by this Legislature? We were promised this authority in 1994 but the body was not brought into existence until 1 February 2001, a long time later. Who was in charge? The Minister of State was not here, nor was I. What is going on? I believe this to be deliberate policy, not of the legislators, current or past, many of whom were just passing through at the whim of the public, who elect us. Thankfully, they have elected me. I have to ask why it took this length of time for this body to be appointed when it was promised with the legislation.

The 1994 Act was amended by the Health Insurance (Amendment) Act 2001, providing for, among other things, an enhanced role for the HIA, with more responsibility than envisaged under the 1994 Act. I welcome that. The HIA is funded by a levy imposed on private medical insurers but this, like everything else, is passed down to the punters. He who pays the piper calls the tune. That is the way it should be but it is not what happens, it is just passed on.

The role of the HIA includes acting as a registrar of medical insurers and undertakings and vetting new market entrants. It is also involved in consumer protection and provision of information and provides advice on matters of medical insurance to the Minister for Health. The HIA receives returns from medical insurers every six months and on that basis, makes recommendations to the Minister regarding risk equalisation, which is what the Bill before us deals with and which I hope this Bill will do. I do not understand why insurers cannot see that these increases are creating an even bigger mess. The drop-out rate from health insurance is enormous. Why would it not be? All is not well and I appeal to the Minister of State to do what he can to sort it out.

Deputy Michael Collins: I am happy to have the opportunity to speak on this Bill this evening. I have spoken many times in this Chamber on the issue of health, health insurance and the two-tier system that we have in this country. I have raised over and over the situation of people who are experiencing long delays in the health system. There has been an unprecedented increase in healthcare funding but I have to ask why people are waiting longer than ever to see doctors, to get treatment and to get diagnostics.

To date, Deputy Danny Healy-Rae and I have taken 47 buses to Belfast to enable people to avail of medical procedures such as simple cataracts, hip and knee operations through the cross-border healthcare directive. These people have been left to fend for themselves and find alternatives to the public healthcare system where they must travel long distances for simple procedures which, with adequate funding could have taken place in Bantry General Hospital or Cork University Hospital. There are numerous people in my constituency who have been waiting for years for a hip replacement on the HSE public waiting list but who, due to the enormous levels of pain they are experiencing, are forced to pay up to €15,000 or more to get the operation done privately. This is €15,000 people do not have to spare.

In 2017 an RTÉ “Prime Time Investigates” programme showed how one poor lady was forced to sell her life supply of jewellery to get her procedure done under private health insurance. I am sure there are many more cases in which people have had to beg and borrow to raise the funds. This is ludicrous and the biggest reason for the two-tier system is because of the incompetence within the HSE. The two-tier system enables those who can afford it to access alternative paths to what is seen as being a more comprehensive, better quality and faster service. This is hard to justify on grounds of equality.

I recently spoke with a lady from Bantry who had an appointment in a Cork hospital. She had to take time off work and go through the public health system because she cannot afford the high premiums of health insurance. This lady had an appointment at 1 p.m. She had to fast for six hours before the appointment. She was not seen for hours after her scheduled appointment and was not out of the hospital until 6 p.m. This poor woman was unable to have something to eat from the moment she woke in the morning and then was left waiting for hours after the scheduled time. This is a crazy practice. If a person is having to fast for the day, they should at least be seen at the scheduled time.

I welcome stricter regulations around private health insurance. Insurers in this industry are happy to put “extras” on to the bill for the simplest of reasons. They can totally exploit their customers and take advantage of their urgent and poor health conditions. This is not good enough. Like the motor insurance industry, I am in favour of legislation coming before the House to put stricter limits on the private health insurance sector in order that nobody can be left without care and that nobody be put in such a situation where their standard of living is

diminished for long periods of time.

It is very important too that we take adequate measures to support ill or older people from paying huge premiums to health insurers. In line with this, I urge the Government to introduce free medical cards to all adults diagnosed with cancer. The Minister of State must make this a priority. Over the past few years, I have come across numerous constituents who have been diagnosed with cancer and who are struggling greatly to pay for their medical bills, many of them being just over the income threshold. At a time when they are at their weakest and trying to fight this awful disease, they are burdened with trying to fill out paperwork and prove their eligibility for a medical card. This causes extreme stress and undoubtedly interferes with their recovery.

Minister of State at the Department of Health (Deputy Jim Daly): I welcome the opportunity to contribute to the debate on this Bill. To recap, the main purpose of this Bill is to specify the revised credits and corresponding stamp duty levies to apply on health insurance policies from April 2020. Deputy Murphy O'Mahony asked how the removal of private health-care from public facilities would impact on the private health insurance market. Deloitte produced a report on that. It is difficult to ascertain what impact it would have because much of it would entail confidence-building measures and whether people would have more confidence in the public health system if it operated more efficiently without private practice. Some policies are very limited and only add basic enhancements to public service and public hospitals. It is difficult to ascertain but Deloitte's report is available on the Department of Health's website if the Deputy wants to look at that.

Deputy Margaret Murphy O'Mahony: I thank the Minister of State.

Deputy Jim Daly: Deputy Martin Kenny mentioned the issue of students. The High Court upheld the decision by the Health Insurance Authority that students may purchase community rated products from the three open market insurers.

Deputy Mattie McGrath made a few comments about stamp duty and so on. He also asked about policies. I remind people, as the Deputy referred to, that the Health Insurance Authority offers comprehensive information on its website for people who are trying to choose an appropriate policy.

The Bill allows us to maintain our support for the core principles of community rating, which is a long-established and well-supported Government policy for the health insurance market. The Bill will ensure that we can continue to provide the necessary support to ensure that the costs of health insurance are shared across the insured population.

Question put and agreed to.

Health Insurance (Amendment) Bill 2019: Referral to Select Committee

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

That the Bill be referred to the Select Committee on Health pursuant to Standing Orders 84A(3)(a) and 149(1).

Question put and agreed to.

Migration of Participating Securities Bill 2019: Order for Second Stage

Bill entitled an Act to make, in the public interest, provision with respect to the contingency that a substitute securities settlement system, compatible with the law of the European Union, may be required, on or after 30 March 2021, for the securities settlement system commonly known as “CREST”; for that purpose to enable issuers of certain securities to avail themselves of the procedures hereafter provided whereby such a substitute securities settlement system will, by virtue of the operation of this Act, become available in respect of those securities and to provide for related matters.

Minister of State at the Department of Finance (Deputy Patrick O’Donovan): I move: “That Second Stage be taken now.”

Question put and agreed to.

Migration of Participating Securities Bill 2019: Second Stage

Minister of State at the Department of Finance (Deputy Patrick O’Donovan): I move: “That the Bill be now read a Second Time.”

The Migration of Participating Securities Bill comprises 17 sections and provides a legislative mechanism to facilitate the migration of Irish securities from their current central securities depository, CSD, Euroclear UK, to another European Union based CSD. On behalf of the Minister for Finance, I would like to provide Deputies with some background information on the CSD migration project and the reasons for bringing the legislation forward. Central securities depositories are specialist financial institutions that hold securities and facilitate trading between market operators. CSDs are a vital and systemic part of financial market infrastructure that enables the efficient trading of financial instruments such as shares by allowing ownership to be easily transferred between parties.

Most countries have a domestic CSD traditionally associated with their stock exchange. However, due to the close historic links between the Dublin and London stock exchanges, the Irish market relies upon a CSD based in the United Kingdom called Euroclear UK, which operates the CREST settlement system. Once the United Kingdom becomes a third country, under the relevant European legislation, the Central Securities Depository Regulation, Euroclear UK will no longer be able to passport its services from the UK into Ireland. In December 2018, as part of its Brexit contingency measures, the European Commission adopted a decision granting equivalence to UK CSDs until March 2021 in the event of a hard Brexit. As a result, Euronext Dublin, formerly the Irish Stock Exchange, announced in October 2018 that it would transfer the settlement of trades in Irish equities and other exchange-traded instruments to Euroclear Bank Belgium, a CSD based in the Eurozone. Most European CSDs operate what is known as an intermediated holding model. In order for Irish issuers to migrate to one of these alternative

CSDs, the title of the participating securities must be transferred from the current holder to the designated CSD or its nominee. It is important to note that while the title will be held by the CSD's nominee, the ultimate investor who remains the owner of those shares will continue to be able to exercise voting rights and participate in corporate actions through the intermediated chain of holding.

Since the beginning of the migration project, officials from the Department of Finance, the Department of Business, Enterprise and Innovation and the Central Bank of Ireland have been engaging intensively with stakeholders across the Irish market. One outcome of that engagement was a request from issuers and the Irish legal community for a legislative mechanism to facilitate migration by providing for the transfer of title to the migrating securities by operation of law. In the absence of an alternative legislative mechanism, issuers would instead have to rely upon a scheme of arrangement under Part 9 of the Companies Act 2014. To effect transmission of legal title to securities to a CSD in this manner would involve all of the relevant issuers having to pursue individual schemes of arrangement through the High Court. This would be a time-consuming, expensive and uncertain option for issuers. On 17 July 2019, the Government approved the drafting of the general scheme of the Migration of Participating Securities Bill to facilitate the migration of Irish issuers. Since that time, the Departments of Finance and Business, Enterprise and Innovation have been working with all interested stakeholders, and the Office of the Attorney General and the Office of the Parliamentary Counsel, on the proposed legislation.

The legislative mechanism, as provided for in the Migration of Participating Securities Bill 2019, will allow for a more orderly migration of the market from Euroclear UK ahead of the March 2021 deadline. An early enactment of this Bill will also facilitate the holding of the necessary shareholder votes during the upcoming 2020 annual general meeting season, avoiding the need for separate extraordinary general meetings to be called. It is important to note that the availability of the legislative mechanism does not preclude issuers from deciding to use an individual scheme of arrangement to migrate, but it does address a number of the identified risks, provides certainty and reassurance to the market and increases the likelihood of a successful migration for each issuer. In addition, it would also give the market confidence that an orderly migration can be completed by the deadline.

I will now turn to the Bill and some of its key provisions. Section 3 provides for a definition of “migration” and that a reference to “migration” is to be interpreted as the title to those migrating securities becoming and being vested in the nominated central securities depository, or a body nominated by that central securities depository with respect to its operation, as a central securities depository for the purpose of recording those securities in book-entry form and the settlement of trades in those securities. This section also provides clarification that the provisions of the Companies Act 2014 will continue to apply to those issuers that have migrated, and nothing in the Act shall operate to divest security holders of their relevant rights and interests in the participating securities.

Section 4 sets out the conditions that an issuer must satisfy in order to consent to migration of its securities and that migration as provided for in this section will have effect notwithstanding the Companies Act of 2014 or any provisions in the participating issuer's constitution.

Section 5 sets out the conditions that must be complied with in order for an issuer to consent to migration including: passing a special resolution specifying the CSD to which the securities will migrate; the name of the member state in which the designated CSD is authorised; if appli-

cable, the nominated body to which the title to the securities will transfer; confirmation that the CSD is authorised in a particular member state; and certain conditions that must be met in order to name a CSD in the special resolution, including that the issuer has notified that depository in writing of its intent to migrate to it, that the depository has provided a written statement to the issuer with regard to its obligations under Article 23 of the CSD-R, that the securities have been accepted for admittance by the depository and that, if not already in place, the CSD will have obtained authorisation to passport its services into Ireland on and from the date migration will take effect.

Section 6 sets out further conditions that an issuer must comply with in order to consent to migration, in particular the content of the circular that must be issued to the issuer's members with the notice of the meeting to vote on the special resolution, including: an explanation of the proposed migration and its impact on the members; an explanation of the options available to those members that do not wish to have their shares subject to the migration; an explanation of the options available to those members that currently hold their shares in certificated form that wish to have their shares included in the migration; a summary of the relevant laws in the member state in which the CSD is authorised; a list of the documents related to the migration and where they can be accessed or otherwise inspected; and a recommendation from the directors of the issuer on the merits of the proposed migration, including a timetable of key dates in the process and any other information considered relevant to migration.

Section 7 provides that an issuer or its officer that defaults in complying with the provisions of sections 5 and 6 shall be guilty of an offence. Section 10 provides for the necessary filings to be made by an issuer in order to confirm that it has complied with the requirements of the legislation and is ready to migrate, including a filing with the listing authority and a statement provided by the directors of compliance with the legislation in the form of a sworn affidavit. The listing authority must maintain a list of issuers that have completed their filings and publish the list on its website. An issuer or its officers that default in complying with these provisions shall be guilty of an offence.

Section 11 provides for the disapplication of certain provisions of the Companies Act 2014 that are not relevant to a CSD in the conduct of its function. For the purposes of migration, section 94(4) of the Companies Act 2014, requiring a written instrument of transfer, and section 99(2) of the Companies Act 2014, requiring an issuer to issue share certificates to the CSD, shall also not apply. This section further disapplies section 18 of the Competition Act 2002 and section 8(3) of the Irish Takeover Panel Act 1997 so that the transfer of title to the CSD for the purposes of migration does not trigger statutory change of control provisions in those pieces of legislation.

Section 12 provides the listing authority with the relevant powers to set, by order, the live date on which the title to those participating securities will transfer. The listing authority may also set dates past which it will no longer accept further filings and it may vary the dates set in the relevant orders, if necessary.

Section 14 provides the Minister with the necessary powers to make regulations prescribing anything required by the Bill to be prescribed, which includes a prescribed form for the purposes of section 10, and requires that such regulations be laid before the Oireachtas, whereupon they may be annulled by resolution within 21 days.

Section 15 provides that no liability will attach to the listing authority in fulfilling its obliga-

tions under section 12 or any other function it may carry out under this Act.

Section 16 repeals section 4 of the legislation on 30 March 2021, which is the date set down in the European Commission's equivalence decision for UK-based central securities depositories in the event of a hard Brexit. This will mean that the other provisions of the legislation will remain in effect after 30 March 2021 but it will not be possible for an issuer to avail of this migration mechanism after the cessation date as it would not be able to consent to migration without the provisions of section 4 being in effect. The Minister may extend this date if the Commission extends its equivalence decision to a later date, subject to the approval of the Oireachtas.

The Leas-Cheann Comhairle will forgive me if I am not able to answer table quiz questions on what I have just read into the record of the Dáil, but I commend the Bill to the House.

Deputy John Brassil: I welcome the opportunity to speak on this Bill. Since the UK's decision to leave the European Union in May 2016, there has been an almost constant sense of upheaval and uncertainty. We have already seen the Article 50 deadline extended twice and, in both instances, a no-deal Brexit was very much on the table. Today, we still live with the uncertainty of Brexit. The UK is going to the polls in just a few short weeks and the Government that results will dictate the course of Brexit. If, by the end of January 2020, the deal as has been currently negotiated is passed, the UK will have left the European Union. What will commence then is the work on putting in place a free trade agreement between the UK and the EU. This will not be a simple task and the deadline enshrined in the agreement of the end of 2020 will not make matters easier.

Notwithstanding the political uncertainty surrounding Brexit, the uncertainty felt in the business community has already had a real impact. While it has been said many times that uncertainty is bad for business, it cannot be underestimated. Businesses that otherwise would be in a position to invest, to grow, to create jobs and to expand into other markets are reluctant to do so because of the Brexit uncertainty. In the financial sector, it is no different. In the struggle to bring certainty to an uncertain situation, comprehensive changes are often needed, such as the one behind this Bill.

Brexit has not gone away, nor will it go away for some time. In order to bring political certainty and to provide the Government with the stability to negotiate Brexit, Fianna Fáil extended the confidence and supply agreement to cover a fourth budget. That budget, presented in October, came at the most uncertain of times, when a no-deal Brexit was a distinct possibility. Thankfully, on that occasion, that scenario was avoided. While we have given the Government the space to protect Ireland from a no-deal Brexit, we have been critical of the Government's preparation for Brexit. The Government was far too slow in hiring extra staff to deal with customs checks, it was too bureaucratic in rolling out vital funding for SMEs in the agrifood sector and it gave very little clarity on what would happen in a no-deal scenario. This lack of preparedness, I believe, added to the uncertainty in the economy. Earlier this year, the Withdrawal of the United Kingdom from the European Union (Consequential Provisions) Bill 2019 was passed with the support of the Fianna Fáil Party. This legislation follows on in that vein.

The financial services sector in Ireland is a huge part of the economy. Like any economy around the world, Ireland needs a fully functioning, efficient and trustworthy stock exchange. For Irish companies to grow and compete on a global scale and to access vital funds, they need to be on the Stock Exchange. Before Brexit, Ireland enjoyed an economic sweet spot. We were

attractive to US firms and investment funds, were part of the European Union and had a crucial historical connection to the financial services sector in London. After Brexit this changed significantly.

One of the many changes was to how our Stock Exchange works. Each stock exchange requires a CSD to function properly. These institutions enable the efficient trading of securities on the Stock Exchange. It is critical for the functioning of any stock exchange that these mechanisms are in place, work effectively and provide confidence. Without confidence, stock exchanges simply do not work.

Due to Ireland's historical connection to the financial centre in London, the Irish Stock Exchange, now called Euronext Dublin, availed of Euroclear UK, which is a central securities depository in the UK. When the UK becomes a third country following Brexit, under European legislation the Irish Stock Exchange will not be permitted to use a central securities depository in the UK. It is for this reason that Euronext Dublin, the Stock Exchange in Ireland, announced last year that it will no longer use the depository in the UK but will move instead to a similar institution in Belgium. In order to facilitate this move, this legislation is required. This transfer will involve the migration of highly sensitive functions and information, and such a move needs to be properly authorised by shareholders in advance. The Bill lays out the ground rules for this move and sets out the company obligations needed in advance of it. Companies need to issue circulars to their shareholders in advance of the passing of a special resolution. The Bill outlines what information needs to be contained in the circulars and outlines the penalties if companies do not comply with the legislation.

I have a number of broad points to make on the Bill and the wider financial services sector. First, I must question why it has taken this long to bring this legislation forward. The decision by the Euronext Dublin Stock Exchange to move to the Euroclear Bank Belgium was taken in October of last year. Perhaps this has to do with resources, but why were these provisions not included in the Withdrawal of the United Kingdom from the European Union (Consequential Provisions) Bill 2019 earlier this year?

Second, was consideration given to the establishment of one of these CSDs here in Ireland? Typically, each country with a stock exchange has a domestic CSD and there is no need to look beyond the country's borders. Here in Ireland we have relied for many years on London, and now we will rely on Belgium. I will ask a simple question. Would it not be preferable to have our own CSD here in Ireland? We would not have to rely on other countries if this facility were present in Ireland. Perhaps the Minister of State could address this in his response.

Third, I wish to raise the issue of the international financial services sector in general. Since the establishment of the IFSC in Dublin in the 1980s, this sector has grown from strength to strength. Ireland is home to among the biggest financial services companies in the world and plays a crucial role in the global financial world. Earlier this year the Government published its updated roadmap for the industry, which I welcome. The industry has been seeking legislation governing limited partnerships for a number of years now. The limited partnership model is preferred by many North American private equity funds, and at present we appear to be at a distinct disadvantage in attracting these types of funds to locate here. Fianna Fáil welcomed the publication of the Investment Limited Partnerships (Amendment) Bill 2019, yet since then it appears to have fallen off the radar. The Bill passed Second Stage in September but has yet to see the light of day in the finance committee. Passing that legislation would be a great boost for the sector in Ireland and could lead to substantial jobs growth in Dublin and throughout

the country. Perhaps the Minister of State could provide an update on the legislation in his response.

Fianna Fáil will support the legislation before the House tonight. It is crucial for Ireland Inc. to have a seamless and smooth transfer to the new system. We look forward to engaging constructively with all parties to get the legislation passed in a timely manner in order that companies can make the arrangements required to move to Euroclear Belgium.

Deputy David Cullinane: I am sure the Minister of State will agree that this is not the most important Bill that will come before the House in his time - that is for sure. It is a highly technical Bill which seeks to make a contingency provision for the transfer of the settlement of trades in Irish equities and other securities from CREST in London to Euroclear in Belgium as a result of the uncertainty surrounding Brexit. I will speak briefly on the substance of the Bill.

While acknowledging that the Bill is technical in its provisions and that we in Sinn Féin would rather focus our attention on people's priorities and not on the interests of big finance, we recognise that this is a contingency provision to respond to the change brought about by Brexit. CSDs allow the transfer of securities and financial instruments through electronic book entries in a central register rather than through physical delivery. These CSDs exist in every EU member state for the ownership transfer of securities, except in Ireland. As one might predict, Ireland has relied on a CSD based in London. This CSD is operated by Euroclear, which uses a settlement system known as CREST. Like so many things, these CSDs are subject to EU rules and regulations; and like so many things, Britain's exit from the EU will call into question Ireland's reliance on the CSD in London. Because of this, the Irish equity market has had to rethink its reliance on the London CSD and has been able to rely on this Government's high regard for its interests.

In October 2018 Euronext Dublin announced it would transfer settlement of trades in these securities from CREST in London to a CSD based in Belgium. This raises the question, why are we not setting up our own CSD? It also raises the question, if we leave or Belgium leaves the European Union, where will these security settlements then move? I question why we cannot set up our own CSD on the Dublin Stock Exchange. Perhaps the Minister of State could address this issue later. Because of Brexit uncertainty, the European Commission has allowed a temporary equivalence for CSDs located in Britain to allow the Irish market to continue using the current system until March 2021 in the case of a crash-out Brexit. As a result, the Irish market must move elsewhere before March 2021, and Belgium is the destination. Following the decision to move its settlement to Euroclear Bank Belgium, I understand a White Paper was published in May to set out a new model for the market. I also understand that the paper was based on legal advice provided by Arthur Cox. I congratulate Arthur Cox on another injection of public money into its coffers.

As I said, this is a highly technical Bill on an issue that concerns the settlement of securities trading. We look forward to scrutinising the Bill in greater detail on Committee Stage. For now, I ask the Minister to address my concerns about the fact that the CSD for the Irish market will move to Belgium and will not be based on the Irish Stock Exchange.

Minister of State at the Department of Finance (Deputy Patrick O'Donovan): On behalf of the Minister, Deputy Donohoe, I thank both Deputies for their contributions. Deputy Cullinane is right: this is a very technical Bill. One could appreciate that from the introduction given to it.

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To respond to Deputy Brassil's comments - and much of this can probably be dealt with in more detail on Committee Stage by the Minister - the Brexit Act the Dáil passed dealt with the eventuality of a hard Brexit. There was a specific provision in the Act that the CSD could continue in the UK under that legislation. However, this legislation deals with much longer-term provisions that are needed now that we know that the United Kingdom will no longer be a member of the European Union. Furthermore, it is important to point out that the legislation has been drafted as quickly as possible, given the request industry made.

To respond to Deputy Cullinane's point about CSDs, this is a commercial entity, not a Government-established entity, so it would not really be up to us to establish it. I was not interrupting Deputy Cullinane when he was speaking; I was just checking this with my officials. No provider came forward with a view to looking at the Irish market. This can be discussed further on Committee Stage when the Minister for Finance, Deputy Donohoe, will be able to provide a greater level of detail but I presume the issue is scalability. Ireland is small and historically we have hitched our wagon to the UK. Again, this is a market-led solution. Providers are also subject to European legislation that enables them to operate within the European Union and to provide services via the Union in what could be described as a passport-type situation.

The deadline is tight. This must be completed by March 2021 in accordance with the European Commission's contingency planning. That timeframe is challenging and the co-operation of Members of this and the other House will be very welcome in that context. I believe I have answered the questions posed by Deputies Brassil and Cullinane. If they have further questions or require a greater level of detail, I am sure the Minister for Finance will oblige on Committee Stage.

Question put and agreed to.

Migration of Participating Securities Bill 2019: Referral to Select Committee

Minister of State at the Department of Finance (Deputy Patrick O'Donovan): I move:

That the Bill be referred to the Select Committee on Finance, Public Expenditure and Reform, pursuant to Standing Orders 84A(3)(a) and 149(1).

Question put and agreed to.

An Bille um an Naóú Leasú is Tríocha ar an mBunreacht (Ceart chun Sláinte), 2019: An Dara Céim [Comhaltaí Príobháideacha]

Thirty-ninth Amendment of the Constitution (Right to Health) Bill 2019: Second Stage [Private Members]

Deputy Michael Harty: Tairgim:

“Go léifear an Bille an Dara hUair anois.”

I move:

“That the Bill be now read a Second Time.”

At the outset I would like to thank my office and in particular my Institute of Public Administration intern, Mr. Manfred Lau, for his excellent research assistance in drafting this legislation and accompanying materials and Dr. Charles Larkin, my policy advisor. The purpose of the Thirty-ninth Amendment of the Constitution (Right to Health) Bill 2019 is to insert a new subsection into Article 40 of our Constitution. This is a bold, ambitious and progressive proposal which challenges current thinking on health provision and places a right to health protection in our Constitution. It proposes to insert a new subsection, 40.3.4^o into the Constitution as follows:

- i. The State recognises the equal right of every citizen to the highest attainable standard of health protection; and the State shall endeavour to achieve the progressive realisation of this right.
- ii. The State shall endeavour, within its available resources, to guarantee affordable access to medical products, services, and facilities appropriate to defend the health of the individual.
- iii. The health of the public being, however, both individual and collective, the State shall give due regard to any health interests which serve the needs of the common good.

The purpose of this Bill is to give constitutional status to every citizen’s right to health. It places an obligation on the State to realise this right progressively within its available resources and it gives equal priority to individual and population health needs. It puts a legal obligation on the State to be transparent in decision making and emphasises the principles of reasonableness and proportionality in any legal judgments. This Bill does not introduce any revolutionary ideas on health. It only reflects how we as a society and as a Government have come to acknowledge the superior benefits of universal access to health services. It is clear that the means test system is plagued with critical faults including unacceptable waiting times, weak Government accountability, no consensus on funding and neglected community and local care among many other issues. These faults were identified by the Oireachtas Committee on the Future of Healthcare, which published a report in 2017 detailing a strategic plan to reform the health system. Out of that plan arose Sláintecare which aims to give new life to Ireland’s health system by instituting a universal, single-tier health and social care system where everyone has equal access to services based on need and not ability to pay. Sláintecare expresses the universal aspiration to enjoy access to affordable, high quality health services.

Health is an internationally recognised human right. Two thirds of global constitutions contain some form of provision for health. Without good health, our citizens cannot participate in Ireland’s democratic institutions. Without good health, they cannot exercise the right to vote, to assemble, to worship, or the right to free expression; nor can they fully enjoy the rights and merits granted by the family, by education, or by private property. The State has as much of a duty to protect the health of the public as it does to protect other fundamental rights enshrined in Bunreacht na hÉireann. This Government has clearly voiced its agreement with the goals of

Sláintecare. Ireland prides itself on being an international leader when it comes to the UN and EU sustainable development goals, including goal No. 3, which aims to ensure healthy lives and promote well-being for all at every age. Yet in the domestic setting there exists no fundamental, constitutional protection for the right to health. Health inequality is detrimental to well-being and can be a killer when inequality is extreme. The symptoms of this lacuna are manifested in the obstructed development of health policies. While the efforts of the Dáil and of Government in this area are commendable, difficult issues persist. Hospital waiting times remain at an all time high. There is a lack of bed capacity for acute care and soon the same will apply to elective care. Many permanent consultant posts and nursing posts lie vacant and the exodus of our health professionals continues unchecked. Sláintecare has been subject to a painfully slow process of implementation. Moreover, the budget forwarded by the Government in October failed to reach the necessary scale to implement Sláintecare's long-term changes. These criticisms do not prove that the Department of Health is not committed to the goals of Sláintecare but they do demonstrate that we have a long way to go before those goals are realised. There is always the concern that the State will simply sit on its promise to the public to deliver substantial and fundamental health reform and not do so. This Bill goes back to that promise and gives expression to national sentiment. It endorses the needs of the public and upholds the obligations of the State. In jurisdictions such as India and South Africa it has paved the way for health reform via the courts and the legislature by being framed as both a policy anchor and a legal right. As a policy anchor, it generates new legislative initiatives. As a legal right, it protects the needs of individuals. Constitutionalisation of the right to health works beyond the domain of the courthouse by acting as a driver for institutional reform and new health policy. A legal right grants a legal foothold from which reform can issue.

I will clarify several aspects of the language of this Bill. It states that every citizen has an equal right to the highest attainable standards of health protection, rather than healthcare or health. We believe health protection is a more specific term than good health, and is a more inclusive construct than healthcare. The right to health protection is institutional, structural, societal and corporate. It cannot guarantee good health in and of itself, but encompasses interventions including healthcare and the environment in which good health is promoted. In everyday usage, it may be referred to as "the right to health", but these distinctions are crucial in delineating the legal scope of the proposed provision. This Bill also acknowledges that public health is both individual and collective. This means that collective health is not merely an aggregate of individual health factors, such as the total number of illnesses or injuries. While those are a part of the picture, public health represents more than that, including mental well-being, a work-life balance, clean air and water, sexual health promotion, a balanced diet, and traffic safety. It may not be the responsibility of the State to oversee each of these elements with the same dedication as with individual health interests, but the State must give them due regard insofar as they impact the common good.

An obvious benefit of this Bill is the ability to challenge State action or failure to act on to the right to health via the courts. This Bill is intended to be fully cognisable by the courts. It is modelled after the South African constitutional provision and the provision in the United Nations' International Covenant on Economic, Social and Cultural Rights, to which Ireland is a signatory. The South African court found its own reasonable standard of jurisprudence for the right to health, by which it was able to protect and enforce women's and children's access to antiretroviral treatments in at least one case. This decision spearheaded social movements to address and treat the country's massive HIV and AIDS crisis. It is hoped that Ireland's courts can come to similar health protection resolutions if this amendment to the Constitution is passed.

It has been suggested the constitutionalisation of a right to health would only lead to unrestrained litigation. In other words, individuals would sue the State over personal health claims, expecting courts to grant immediate relief, the waiting lists would simply transfer from the hospital to the courtroom, and nothing would be resolved. I respond to that claim by highlighting the deliberate language of this Bill, which states: “the State shall endeavour to achieve the progressive realisation of this right”. It further states: “the State shall endeavour, within its available resources, to guarantee affordable access” to healthcare. The first condition of progressive realisation acknowledges the practical limitations to fulfilling a universal right to health, which is in practice already a goal of this Government. Nobody is made instantaneously healthy because a hundred words have been tacked on to an 80 year old document. While not instantaneous, the right to health will be realised with progression over time. It is not an excuse to drag one’s political feet, but an immediate obligation to constant improvement by all means. The second condition, which stipulates that the State must work “within available resources”, achieves a similar effect. It is already acknowledged that the health system is in need of expansion, and that a run on the courts would only drive it into further deficit. Therefore, this Bill would place public health protection high among the budgetary priorities of the State, such that its available resources are sufficient for significant progress, year by year, in the protection of public health.

A constitutional right to health is not just another avenue for litigation; it is also a key tool for public policy and for redirecting the political conversation. When an initiative such as Sláintecare is backed by a constitutional mandate, there are no more excuses for delays or negligence. The priorities remain the same even with a change of Government. Armed with this amendment to the Constitution, we can ask what is being done to fulfil the constitutional mandate, whether Sláintecare is on track to deliver by 2029, and what more we can do to progressively realise our State’s duty. Litigation is not always necessary to instigate change. It is only when the failure of the State has reached a point of disproportionality and irrationality, and when the political process has failed the people, that the people have every right to take their adversity to the courts and bring the Government to account.

The right to “the highest attainable standard of health protection” is a fundamental and personal right. Decades have shown that a two-tier health system, based on one’s ability to pay, is not equitable and does not work. The arguments behind the Constitution’s lack of a right to health are not as compelling today as they were in past decades. This Bill does not violate the separation of powers. Separation of powers only has its basis in the Constitution, the same as any legal or political doctrine, and the preamble of the Constitution clearly aspires to attain true social order and champion the Christian values of justice and charity. Therefore, a constitutionally informed interpretation of the separation of powers understands that the Judiciary also has a role in protecting certain socioeconomic rights, such as the right to health. The Constitution has made explicit one other socioeconomic right, namely, the right to free primary education for children.

The right to health establishes accountability for State actions, gives a political and democratic voice to the marginalised, and preserves a crucial value of our State’s fundamental law. When it becomes apparent that Bunreacht na hÉireann is lacking a fundamental provision, its amendment process provides a way to affirm the nation’s foundational political and social values. The right to health belongs among our highly cherished fundamental and personal rights, and I expect that if this amendment proceeds to referendum, the public will voice their agreement with it. I look forward to a positive debate on this Bill.

Deputy Michael Collins: I am happy to have the opportunity to speak on this Bill. The right to health is a fundamental human right. According to the World Health Organization, health is a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity. For the last number of years the health service has been in crisis. People are waiting long periods of time to be seen by consultants and outpatient clinics while their conditions worsen. Elective surgeries are being cancelled because of excessively long waiting lists and overcrowding in accident and emergency departments. In County Cork, overnight accident and emergency departments were closed in Bantry and Mallow as part of the reconfiguration of services. This left many people concerned that Cork city did not have the necessary additional capacity, and it is now clear that Cork city's hospitals are unable to handle these extra numbers. People say that hindsight is 20:20, but the cows in the field could have told the Minister that those closures would lead to such a situation. Counties Cork and Limerick have the longest waiting times in the country, and the numbers of people waiting on trolleys recently are record breaking. This is not good enough. I have no doubt that these waiting times have caused the deaths of many vulnerable people.

People throughout west Cork, from Mizen Head, Bantry, Castletownbere and all areas in between must wait a ludicrous amount of time for ambulance services to Cork University Hospital, CUH. When they get there, the ambulance service team have to wait to admit them because of the overcrowding in accident and emergency departments. The ambulance services then fail to meet the turnaround times recommended by HIQA and the HSE. This in turn causes even longer waiting times for people relying on the ambulance services. These problems are not caused by the hardworking staff, who are being worked into the ground because this Government is making no real effort to improve their situation. Nurses and midwives are the lowest-paid graduate professionals in our health services, which is not acceptable. It is no wonder that the health service has difficulty recruiting and retaining nurses. People are leaving the country in droves and are looking to improve their standard of living by travelling to Northern Ireland, Wales or the Continent.

8 o'clock

I have taken 47 buses to Belfast with Deputy Danny Healy-Rae and people availing of medical procedures such as cataract, hip and knee operations there. I will be booking another five or six trips in the next few weeks because the demand is so high. It is unfortunate that these 15-minute procedures cannot be carried out in Bantry, Mallow, or anywhere else in County Cork.

People are being left to go blind on the Minister's watch. I invite him to accompany us on one of those trips. He will see first hand how people are suffering because they cannot access a 15-minute procedure in their own county. It is very sad. The Government has turned its back on those people, but Ministers are congratulating each other on the expensive hole in the ground which they are funding.

I welcome the introduction of Sláintecare but it is not working on the ground. The lack of community care, as evidenced by the embargo on new home help hours and the scarcity of step-down facilities, has led to many people remaining in acute hospitals for excessive periods even when medically fit for discharge. This, in turn, is causing significant overcrowding in emergency departments.

Ireland has an ageing population. The increasing proportion of elderly and dependent people, particularly in rural Ireland, will lead to greater demand for home help hours. How can we expect to meet future demand for home help hours when we cannot meet current demand?

Demand is projected to increase by between 38% and 54% by 2030. The Government needs to look at providing better home care arrangements. It must do so now rather than wait until the crisis worsens.

Carers provide more than 6.5 million hours of care per week in Ireland. On average, they care for their loved ones for almost the equivalent of a 40-hour working week. Almost 9% of them provide full-time, 24-hour unpaid care without a break. Many must wait months from the time of their application for payment. That is outrageous. Many carers give up employment to care for a loved one, yet they are expected to survive without money until their payments finally come through. In some cases, the payment never comes through.

The area of mental health has been neglected and is in crisis. We need to address it urgently. The Mental Health Commission has declared that without investment and major change the level of care provided to vulnerable and distressed individuals will continue to be unsafe and substandard. The Government needs to address this situation at a grassroots level by appointing mental health advisers to support the implementation of a nationwide programme in primary and secondary schools on mental health promotion and well-being. There is an ongoing problem in this area. The lack of out-of-hours and inpatient services means that children are being admitted to adult mental health facilities, which is unacceptable and cannot be justified. I am particularly concerned by the waiting times for children and adults to see a consultant. These people and their families are distraught about the amount of time they must wait for a referral. Emergency response times to child and adolescent mental health issues should not be greater than 72 hours. We need 24-7 access to mental health services. Mental health issues do not take place on a 9 a.m. to 5 p.m. schedule. The current services are totally inadequate. The Government needs to fully realise its commitments and adequately invest to improve the mental health of adults and children and to look after the people working in this area.

The Government has let down people with intellectual disabilities in respect of waiting times for assessments and delivery of services. Some children are waiting up to a year and a half or more for an initial assessment and may have to wait another six months for the service to be delivered. Under the Disability Act, children born after 2002 have a statutory entitlement to an assessment of their needs within a six-month period. The Government is failing in its duty to these children under the Act. When children with intellectual disabilities turn 18, their transport to training facilities is withdrawn and they are given a free travel pass. However, many of them are incapable of using these travel services unaccompanied due to their disability. As a result, their parents or carers must drive them many miles to a training centre, which puts a huge burden on families.

There are waiting lists of up to two years for a child with autism to be assessed. There are no supports such as speech and language therapy for those awaiting an assessment.

The Government and previous Fine Gael and Labour Party Governments have presided over a shocking devaluation in our health service. I call on the Government to provide a legal right to health within the Constitution in order to protect our most vulnerable people.

Minister for Health (Deputy Simon Harris): I move amendment No. 1:

To delete all words after “That” and substitute the following:

Dáil Éireann declines to give the Thirty-ninth Amendment of the Constitution (Right to Health) Bill 2019 a second reading in order to further consider the issues raised in the

Bill, to allow for the supporting structures already in place around improving access to healthcare due time for implementation, noting the priorities set out in the Sláintecare implementation plan and the need to adequately and appropriately plan the move from the current system of limited eligibility to universal access, having regard to existing and prospective resources, workforce planning and service delivery arrangements; and noting that the Sláintecare Programme Implementation Office have a dedicated eligibility and entitlement programme of work, that the Bill would be considered as part of this work, that this consideration would include the recommendations of the constitutional convention on economic and social rights, and that they would report on this within 6 months to the Joint Oireachtas Committee.”

Before I address the Bill, I wish to correct certain remarks. Deputy Collins referred to the national children’s hospital as a hole in the ground. That is not the case. Some 1,060 children have already received outpatient appointments at the first part of the hospital. Rather than invite me to Northern Ireland, he should accompany me to the site at St. James’s Hospital to see what he referred to as a hole in the ground.

Deputy Mattie McGrath: I will go with the Minister.

Deputy Simon Harris: The ignorance of referring to it as a hole in the ground is breathtaking.

Deputy Michael Collins: If the Minister comes with me to Northern Ireland he will see where the ignorance really lies.

Deputy Simon Harris: I seek the protection of the Acting Chair.

Deputy Mattie McGrath: He is goading us.

Acting Chairman (Deputy Catherine Connolly): The Deputies should try to resist.

Deputy Simon Harris: Deputy Collins referred to a definition provided by the World Health Organization, WHO. I am sure he and certain of his colleagues also understand its position on women’s reproductive rights and the right to choose.

(Interruptions).

Acting Chairman (Deputy Catherine Connolly): The Deputies should allow the Minister to speak.

Deputy Simon Harris: I am allowed to comment politically in the House as I wish.

I am grateful for the opportunity to speak on the Bill. I very much appreciate Deputy Harty’s intention in bringing it forward. I fully accept his bona fides and I share his ambition, as do all Members, to bring about universal healthcare through Sláintecare. I wish to make clear to the Deputy and the House that I have an open mind regarding the embedding of economic and social rights in the Constitution. Any comments I make in my contribution, even those critical of the wording of the Bill, are intended to be constructive and advance this debate because through the Bill, Deputy Harty is challenging us to consider whether we should ask the people of Ireland to insert these rights, whatever the wording may be, in Bunreacht na hÉireann. We need to carry out a significant body of work to arrive at the answer to that question. I am willing to engage constructively and keep an open mind on the matter.

New politics and the make-up of this Dáil is often criticised in the media and political discourse. One of the big successes of new politics and the minority Government has been that all sides of the House worked together on the Sláintecare report. Deputy Harty was a member of the committee and played an invaluable role on it. We now have a joint unified vision of the type of health service we wish to create. That vision is not mine or Deputy Harty's but, rather, is owned by us all. There has never previously been universal agreement in the Oireachtas on the direction in which we should travel. There will be more talk about universal health insurance or the model changing if the Minister changes. Rather, we share one vision.

I very much respect the motivation behind the Bill but I am advised that it requires serious consideration. That is no fault of the Deputy. The Bill was published last week and happens to have moved to Second Stage this week. In light of the significant impacts it could have on the State if ample time is not given to genuinely reflect on its provision, I have tabled a reasoned amendment which I discussed with the Deputy. It seeks to postpone the Bill for six months, during which time the Sláintecare implementation office of my Department which is considering the issues of eligibility and entitlement will consider the Bill in the context of its work. Consideration would also be given to the proposals of the Convention on the Constitution on this issue. Several NGOs, including Amnesty International, have put forward suggested wording. We would use the six months to consider all the issues and report back to the Joint Committee on Health, which is chaired by Deputy Harty. That would keep the issue alive and give a timeline to carry out what is a very significant amount of work. I hope the amendment will be accepted in that vein. No Deputy wishes to insert wording into our Constitution which could have unintended consequences. That is not the purpose of the Bill.

The Oireachtas Committee on the Future of Healthcare heard from diverse stakeholders and received many submissions before formulating its final recommendations. We now have its ten-year reform plan with unprecedented cross-party consensus and support for delivering a universal health service in Ireland. We should not forget that Sláintecare, to which we have committed, is a programme for reforming our health and social care services. Eligibility and entitlement, which are to the core of the Bill, formed a key part of the discussions and final recommendations. Although the Sláintecare report called for universal entitlement to a broad package of health and social care services, the committee recommended that this be achieved through primary legislation and acknowledged the need for phased implementation, with entitlement and waiting times being phased in over a period of five years. This approach recognises the need to build capacity in tandem with rolling out entitlement. Although there is wide-ranging agreement that Ireland should move in the direction of a universal-single-tier health service - God knows it is overdue - it is acknowledged that this goal presents several challenges and a significant amount of work. We need to give careful consideration to how we bring that about.

I am glad to highlight some of the work under way to achieve the Sláintecare vision of a universal-single-tier health and social care service where access is based on need, and not ability to pay. I hope the reforming agenda on which we are embarking is evidenced by our implementation plan, the new programme office, the reforms we have agreed with GPs and the publication of the de Buitléir report, which outlines that we wish to pay our consultants more and we wish for them to undertake public practice rather than private practice in public hospitals. I genuinely hope we are embarking on that agenda together and that it will continue through the lifetime of this Dáil and into the next.

In theory, a constitutional right to health sounds positive and I have no doubt it is intended as such. However, the scope and limitations of the right to health which the Bill sets out to

guarantee have not been explicitly determined. I make these comments constructively and wish to put forward a few counterpoints. There is a lack of clarity on what an individual's right to health and healthy conditions would look like in practice. Although Deputy Harty has carried out a significant amount of research on developments in other jurisdictions, it is not as simple as transposing them into an Irish context.

I welcome and share the Deputy's overarching view of health under a banner of "health protection", which is intelligent wording. This would account for wider socio-economic factors and the importance of health promotion. We frequently talk about illness and its management, when the protection of someone is at the core of the right we want for all our citizens. However, we have a body of work to do for us to form a more coherent understanding of what a constitutional right to health protection would guarantee. In the absence of that, we could create problems down the road.

The Bill seeks to put only the right to health into the Constitution. Therefore, we would be making a conscious decision to elevate the right to health above other important social needs. When the Constitutional Convention and a number of NGOs looked at this, they took the view that we should insert a number of socio-economic rights into the Constitution-----

Deputy Mattie McGrath: One at a time.

Deputy Simon Harris: -----rather than inadvertently leading to a diversion of limited resources from other crucial areas.

In any informed debate we will need to consider, as I am sure the people would need to consider in the context of a referendum campaign, the profound impact putting any words into our Constitution can have on the workings of this place, on our democratic process. The proposed amendment would create unprecedented pressure on the effective separation of powers. I heard and note the Deputy's comments in this regard. We have a system of checks and balances which ensures power cannot be overly concentrated with the Legislature, Executive or Judiciary.

If the Deputy's proposed amendment was to be incorporated into the Constitution, the Government, the Oireachtas, and perhaps I, as Minister for Health, would give up responsibility for making decisions on how resources are allocated in the health sector. While Deputy Mattie McGrath might be happy with that-----

Deputy Mattie McGrath: We could be asking but the Minister would be probably missing.

Deputy Simon Harris: Rather than the Minister of the day, the Government of the day or the Oireachtas of the day, including Deputy Mattie McGrath, voting on a budget matter, we could run the risk of judges making decisions on how to allocate health resources. I am not saying I am fully convinced by all these arguments but I am putting them out to highlight the issues we need to tease through in any discussions we have. Any Government decision could easily be challenged in court. Our negotiating position on pricing with drugs companies could possibly be totally undermined with unknown resource implications. What other unforeseen repercussions could the Bill have for how we plan and deliver health services for people in Ireland?

We also need to adequately consider the complex issues that arise with the necessary revenue to provide for any ensuing expenditure. Any of the Deputies present could find himself or herself as Minister. Many Deputies have been Ministers in the past and others will be Ministers in the future. Of those present, I think only Deputy Kelly and I have been Ministers but I am

looking into the future. This Bill would transfer to the Judiciary, which is unelected, the power to make decisions affecting the allocation of resources.

The proposed amendment creates the potential for significant diversions of resources into the handling of court cases, creating uncertainty about the state of the law while cases are processed. I believe our health service is better off when resources are allocated to essential health projects for the patients who rely on them.

I know Deputy Harty shares the view that a fundamental tenet of our democracy is that the people of Ireland have their voices heard on what their policy priorities are in each election, with our health service rightly being a key area of ongoing public attention. We remain accountable to the people. This amendment could compromise our power as elected officials to roll out health policy in a way that maximises the potential of the limited resources available.

In the interest of having an informed debate and moving this process forward, I want to put on record some of the views that could be articulated should this issue be taken further. We need to avoid any potential adverse and unintended consequences or rushing the Bill, which I know is not the Deputy's intention. We have seen this in the past. We do not want to put well-intentioned words into our Constitution only to find unintended consequences. Before embarking on any significant process of constitutional change, we need to tease out these issues.

Six months of hard work by my Department in the context of our Sláintecare implementation and our work on entitlement and eligibility, especially considering how this work dovetails with the good work of the Constitutional Convention in reporting to the Joint Committee on Health, would enable us to decide how best to proceed with this matter.

I acknowledge Deputy Harty's sincerity on this and the amount of work he and his team have done on it. I do not intend in any way to attempt to kill off this discussion tonight because it is a discussion our citizens want us to have. It is a very legitimate debate to have. However, I suggest we need to do some work to get this right and to report back to the Joint Committee on Health in six months. That is why I moved my reasoned amendment.

Deputy John Brassil: I compliment Deputy Harty on this Bill and his invaluable work as Chairman of the Joint Committee on Health. I welcome the opportunity to speak on the Bill.

Fianna Fáil's priority is to put in place permanent and sustainable improvements to our health service. For us the focus must be on what needs to be delivered and what is deliverable. We are committed to a strong public health service where the impact of public expenditure is optimised. We want quality services to be as close to people as possible and where all can benefit from new opportunities for improved care.

A public health system funded from taxation is more progressive as it ensures that health-care can be prioritised for the most vulnerable and those who cannot afford to pay for their care. We accept the good intentions and motivations behind the Bill and given the current crisis that patients are enduring in our hospitals, it is understandable that people might wish to amend the Constitution. However, more debate is required and we accept the reasoned amendment put forward by Government.

Action, not constitutional amendments, is what is needed. We need investment, reform and real political commitment to ensure we have the health service that people deserve. The sentiments expressed in the wording of the proposed amendment are entirely in keeping with what

Fianna Fáil believes we should be doing in health policy. We are committed as a party to the realisation of economic, social and cultural rights for all citizens in the State. We should all strive towards that goal. We recognise that many people are living at the margins of society due to poverty and social exclusion and that this has an impact on health outcomes. The failure of the Government to deliver on health provides a powerful argument for a constitutional amendment, for those failures are many and widespread.

The latest waiting list figures show that 178,320 have been waiting over a year for an outpatient appointment. Some 10,262 people had waited for more than a year on the inpatient day-case list in Irish hospitals last month. This contrasts sharply and very unfavourably with the National Health Service, NHS, in Britain where the waiting times for consultant-led treatment show 1,233 waiting more than 12 months.

A total of 13,466 people aged over 75 have waited on trolleys or on chairs in emergency departments across Ireland since the start of the year. The patient experience survey published yesterday showed that only 2,347 people, representing 30% of those who responded, reported waiting less than six hours in an emergency department before being admitted to a ward. The HSE recommends that the time spent in the emergency department should be less than six hours. The large majority, that is, 5,580 people, said that they waited more than six hours before being admitted. Of those, 331 people reported waiting 48 hours or more before they were admitted to a ward. Those 331 people sat on chairs or in beds on corridors for more than two days, which is shameful.

The pressure on the system in hospitals has resulted in a severe deterioration in ambulance turnaround times with paramedics being delayed in hospitals, preventing them from getting to new cases. The number of bed days lost so far in 2019 as a result of delayed discharges stood at 197,160 at the end of October. That is almost 200,000 bed days that could have been used to treat patients.

Figures issued by the Irish Nurses and Midwives Organisation show that for only the second time ever, the number of people on a trolley has surpassed 100,000. Frighteningly, this also includes almost 1,000 children. A total of 17,463 children are on a waiting list for hospital appointments. Shockingly, 30,600 of these boys and girls have been waiting for over a year.

On Monday, there were 85 people on trolleys in University Hospital Limerick, breaking the daily record, the highest figure ever recorded in an Irish hospital in a single day. This morning, it was reported that the country's three main children's hospitals have begun postponing elective procedures due to mounting pressure on the system ahead of the peak winter months.

With all this happening, it is entirely understandable that some would argue for constitutional change. However, at this juncture we do not regard this Bill, which would explicitly enshrine health rights in the Constitution, as the appropriate mechanism to address these issues. As Fianna Fáil has pointed out previously in this Chamber, Bunreacht na hÉireann, our 1937 Constitution, makes only limited reference to economic, social and cultural rights which are, by and large, referred to in Articles 40 to 44 of the Constitution. However, the courts have recognised that personal rights are not limited to those expressly set out or enumerated in the constitutional text.

Changing this to explicitly enshrine health rights in the Constitution is not the problem *per se*. The issue is how we define such rights and also the limits of such rights, while also having

in place effective and efficient methods for the enforcement of those rights that this Bill would enshrine in the Constitution.

A fundamental issue that arose during the debates on this matter at the Constitutional Convention was whether enshrining socio-economic rights would mean handing over decisions on the allocation of Exchequer resources from the Oireachtas to the Judiciary. This is a key question and requires further investigation. Another element would be the implications such a move would have for our court system. Would it result in a significant increase in the number of cases being taken against the State? What are the unintended consequences of enshrining such rights in the Constitution, including the financial burden that it could place on the State? Would it take responsibility for the allocation of resources from the Government and responsibility and power from the Oireachtas and, in particular, the Dáil for which people vote freely at election time? While laudable in principle, this Bill does not have specific definitions or clear proposals. Before such a change should be introduced, we need a thorough and careful analysis of what such a move would mean for the individual, society and the State as a whole. While economic, social and health rights should be viewed as more than an objective or noble ideal, the practicalities and consequences of embedding such rights in our Constitution cannot be discounted or neglected.

Deputy Mary Butler: I compliment Deputy Harty on his work in bringing forward this Bill and I welcome the opportunity to speak on it. Fianna Fáil's priority is to put in place permanent and sustainable improvements to our health service. The focus for us must be on what needs to be delivered and what is deliverable. We are committed to a strong public health service where the impact of public expenditure is optimised. A public health system funded from taxation is more progressive as it ensures that healthcare can be prioritised for the most vulnerable and those who cannot afford to pay towards their care. As my colleague has just said, we accept the good intentions and motivation behind this Bill but we believe more debate is needed. We accept the reasoned amendment put forward by the Government.

According to new figures from the HSE, the number of bed days lost as a result of delayed discharges stood at a shocking 197,000 at the end of October. This calls for direct intervention. The figures are shocking and serve to support the calls my colleagues and I have been making about the urgent need for investment in step-down care and home supports. The monthly average has surged from 17,500 in the first three months of the year. As we all know, January, February and March are traditionally the worst months of the year in hospitals but the figure has surged to 19,700 per month. That the situation has deteriorated so badly over the spring and summer is very worrying and should act as a wake-up call. If the monthly average continues, 236,000 bed days will be lost in 2019, which would be an increase of almost 15% on last year. The numbers are truly shocking. At the centre of all of this are people - those who are being kept in hospital unnecessarily because the Government has failed to provide the supports needed to allow them to be cared for either at home or in their community.

A delayed discharge occurs when a patient deemed suitable for discharge from hospital by a doctor or consultant cannot be discharged because the step-down facilities are not available or are inadequate. This can involve the non-availability of home care supports, slow access to the fair deal scheme when approved or lack of community beds for respite care. The latest figures I have seen show 734 cases of delayed transfer of care. I accept some of these are complex cases and need specialised care that is not always available. However, more needs to be done. I was in University Hospital Waterford last Monday week where there were 21 cases of delayed discharge or delayed transfer of care. On the same day, 22 people were on

trolleys. There is definitely a correlation between the number of people we cannot discharge from hospital in a timely manner and the number of people on trolleys. We need a centralised, co-ordinated approach to delayed discharges. Each hospital group should have a task force established specifically to identify where issues are occurring and to design a plan to ensure timely access of step-down care for these patients. We could vastly reduce overcrowding and the number of patients on trolleys if the Government got serious about and put a new focus on delayed discharges. While there is a system in place in the hospitals, if we got serious about delayed discharges, it would certainly help on the accident and emergency side. Older people want to be in their own homes with the correct wrap-around supports instead of languishing in a hospital bed simply because the correct step-down facilities are not available while hospitals and medical staff throughout the country struggle with continuous overcrowding and patients lying on trolleys, some for more than 24 hours. Planning for this winter should have begun much earlier in the year. We now have a plan that is only being rolled out in mid-November. I have grave concerns that despite the additional funding, the situation in our hospitals will get worse rather than better this winter.

We are facing a winter of discontent in respect of people waiting on home care supports. I received figures during the summer showing that the waiting list for home care supports was in excess of 7,300. The figures are enormously disappointing as they show the extent of the unmet need nationwide. The importance of home care supports cannot be underestimated. Without them, people are forced into lengthy stays in hospital despite being well enough to be discharged or moved into a nursing or retirement home. While the figures are deeply worrying, they are not surprising. Clear issues emerged over the summer with vulnerable people being unable to access home care supports. I accept that the budget for home care supports is substantial. The question that needs to be asked is whether we are getting value for money. Is the money following the patient? I stand open to correction but I understand that the budget for 2019 was €453 million, which is a substantial budget for home care supports. An increase of 1 million extra hours was announced in the budget for 2020. However, 100% of home care supports in Dublin are outsourced to private and voluntary providers. I received information that reveals high levels of outsourcing across all geographical areas, with 100% of home support hours in Dublin being outsourced. Unsurprisingly, demand for home support hours is high as more people are choosing to be cared for at home if the option is available to them. However, the HSE appears to be failing to cope. We already know that new applications have been restricted, which is a regressive and potentially detrimental measure, and now information supplied to me reveals that over half of all home support provision has been outsourced to private and voluntary providers. Private care can be more expensive than delivering the services through the HSE and these figures raise serious questions about value for money. The State already forks out hundreds of millions of euro a year on agency nursing and now it has emerged that the HSE has adopted a similar practice for home support hours. For example, in community healthcare organisation, CHO, area 5, which covers Waterford, where I live, and Cork, the figure is 26%. The figure in CHO area 4, which covers Donegal, is 19% while in CHO areas 6 and 9, the figure is 100%. I have the list here. The figures vary from 19%, which is the absolute best, all the way up to 100% in two areas. We are spending a huge amount of money. Are we getting value for money? Would it be worth looking at this to see whether it is the best value we can get and whether money follows the patient? We might then be able to do something about the 7,300 people who need supports.

Our population is living longer and we should be putting plans in place to cope with the demands that are coming down the tracks. As previous speakers stated, we need to shift to a more

community-based healthcare service, as outlined in Sláintecare, rather than forcing people into hospitals and creating blockages in the system. Home support packages are a key requirement to ensure that people can stay in their homes for longer with the correct wrap-around supports.

I cannot talk about the right to health without mentioning the lack of cardiac care in the south east. Cardiac care at University Hospital Waterford, which serves 500,000 people in County Waterford and the south east, is time-restricted. The service is available from Monday to Friday between 9 a.m. and 5 p.m., with no service available outside these hours. I accept that, working with my Oireachtas colleagues in Waterford and the south east and the Minister, we have made progress and I am pleased that the planning application for the second permanent catheterisation laboratory was submitted at the end of November. We still have to go through several procurement stages and I hope to see the project completed within 18 months. This is only part of the problem because we also need a commitment from the Government to extend the hours to a 24-7 service. I understand that a minimum of seven consultants is necessary for this. We currently have four posts, with a fifth advertised. Access to cardiac care should not depend on where someone lives. When I stay in Dublin tonight, I can have access to a number of the 21 cath labs located in Dublin if I need it. However, if I need access in Waterford any night of the week, the only option available to me and many other people is to take an ambulance to Cork. We know that all the hospitals are bursting at the seams. Once again, geography, post-code and address determine what care a person receives. This is simply wrong, unacceptable and should not happen. I am, therefore, happy to support Deputy Harty's Bill, which states: "The State recognises the equal right of every citizen to the highest attainable standard of health protection; and shall endeavour to achieve progressive realisation of this right."

I thank all healthcare workers, including nurses, doctors, consultants and all the auxiliary staff, who work in our hospitals and are tonight working hard while we are here speaking about the issue. Confidence in the health service is, unfortunately, at an all-time low. Staff are under pressure. They work hard and should be complimented on that. By working together, we should be able to improve the situation but if we could improve transfer of care from one end of the hospital, we would be able to increase capacity in emergency departments.

Deputy Caoimhghín Ó Caoláin: Ar dtús, cuirim mo bhuíochas in iúl don Teachta Michael Harty as ucht an Bille tábhachtach seo a chur os ár gcomhair. Caithfidimid bealach nua a fháil chun an fhadhb seo a réiteach.

Sinn Féin fully supports this Bill. It wants the right to health protection enshrined in the Constitution and, consequently, to have all future legislation framed with this fundamental right as the baseline. This debate is one of those occasions in this Chamber when we will learn a great deal about the Government's outlook on, and attitude to, healthcare provision. Who should it serve? Should it be public or private? At what point are a person's basic rights violated due to a lack of healthcare? Who would stand up, as a Minister, and deliver a speech arguing against a constitutionally-enshrined right to healthcare based on need? Has the Minister done so? We will have to go over his address again to be sure.

We have heard many arguments as to why this Bill will not work, among them that the Government may be open to legal challenges that may be time-consuming and costly. If the recommendations of the Sláintecare report were to be implemented in full, there would only be the remotest chance of a constitutional challenge from any citizen. If the goal of the Government was to achieve the very modest aims set out in the schedule of this Bill, the doomsday scenario of backlogs in courts and bureaucratic nightmares would dissipate like a puff of smoke.

The recent budget presented an opportunity for the Government to show that it is real about implementing Sláintecare. We now have an implementation plan and an office associated with it to ensure that key target dates are met. That is what we are told. The Government committed an additional 6.3% current funding for the health service which is far below the level of funding needed to deliver current services and any additional or new services scheduled to come on-stream. Sláintecare itself recommended that the current health budget needed to be increased by at least 7% per year.

The Minister for Health has stated his support for Sláintecare. Why, when everything appears to be in place, are targets not being met? What is missing? Is it political will? If that is the case, we need some mechanism stronger and more enduring than unchecked political goodwill. Put simply, this Government cannot be left to itself to implement a plan for universal access to healthcare.

My party colleague, Deputy Eoin Ó Broin, has tabled a Bill seeking a referendum to enshrine the right to a home in the Constitution. His motives for doing so were very similar to those of the proposers of this Bill. This was in response to ever-growing numbers of people and families homeless and with housing waiting lists increasing in every local authority area across the State. We also stated that this was not a silver bullet for housing. Similarly, tonight's Bill is not, and will not be, a panacea for our difficulties regarding healthcare capacity. The right to healthcare protection is denied to so many, especially in a timely way, and should rightly be seen as a failure of the State.

It is more distressing still when some of our youngest citizens are failed in this manner. Postponed and delayed surgeries and drug treatments have, in many cases, had lasting negative impacts on the lives of Irish children. As was referenced earlier, figures were released today that show the true picture of the numbers of children waiting to be seen. There are in the order of 86,000-plus children waiting to see a specialist in hospitals across the State, many for essential surgery. Some 46,000 of these are seeking access to services and procedures in the three main children's hospitals. I understand that postponing surgery is sometimes done due to how dangerous things have become in these hospitals for both patients and staff. However, cancelled surgeries will increase the numbers on these waiting lists, as well as the length of time that children have to wait.

Hospitals are crippled due to a lack of nurses and consultant doctors across a range of specialties. The unions representing front-line medical staff have been raising this issue for years but it has not been addressed. The Government has rolled out the usual lines, including that the flu is responsible for the pressure on hospitals; how often have we heard that? We have had eight years of Government led by Fine Gael, which has had control over the health services for all of that time with the most recent four budgets agreed with Fine Gael's colleagues on the opposite side of the Chamber in Fianna Fáil. Despite that, we hear voices from both parties expressing surprise at the flu and winter-related illnesses arriving each winter. How can they keep saying that? It is absolutely pathetic.

A new departure is needed. Fianna Fáil cannot claim, as it did during Private Members' business last week, that it stands ready to take the radical action needed to safeguard the public health system. I, and many others, will never forget that the current Fianna Fáil leader and aspiring Taoiseach was the Minister for Health who dealt the deadly blow to services at the once proud Monaghan General Hospital. The people of Monaghan should never forget that fact.

If members of whatever political persuasion are serious about the need for a new dispensation in healthcare, they will vote in favour of the Bill. Let us see, and let the people see, where we all stand on this most fundamental issue. I, and my Sinn Féin colleagues, will give the Bill our wholehearted support.

Deputy Martin Kenny: As Deputy Ó Caoláin has said, Sinn Féin will give the Bill our wholehearted support and would like to compliment Deputy Harty on bringing forward this proposal to put healthcare into the Constitution as a fundamental right that people deserve in life. There should be a structure in society to keep people healthy.

One of the founding documents of democracy was *The Republic* by Plato. In it, he wrote about health and justice as two of the fundamental things that any society should be able to provide for its citizens. That is exactly what we need to be able to do and it is more than appropriate that an entitlement to healthcare be in the Constitution.

There has been some talk of legal issues. I read the digest and much of it was about the legal nightmare that the Bill could create. The reality is that, if the Bill is worded properly, that will not be the case. As Deputy Ó Caoláin referenced, if the Sláintecare model is implemented in full, as has been committed to by all in this House, we have nothing to fear by putting healthcare as an absolute right in our Constitution.

The difficulty is, of course, that currently people's experiences around the country are negative when it comes to delivering healthcare for all. A recent example only came to my notice today. In the Sligo, Leitrim and Donegal areas of the north west, people are waiting to see a counsellor under the primary care model and, at the moment, that waiting list is growing out of control because the budget that was in place for it has been spent and there is no budget to continue it. People are being referred by GPs for counselling but those referrals are not being processed. We have a major problem in that area alone but it is an example of problems in many areas.

An aspect of healthcare that often goes under the radar is community mental health services. That is a primary right that people should have and it should be deliverable within the context of the type of legislation before us. An example in that regard is the clip on YouTube by Leah Cull, which the Minister said he would watch, about health services. She lost both her brother and her father because of the failure of the mental health services in the north west. Those failures are what drives people like Deputy Harty and many of us to come into this House and say that the right to health should be a constitutional right for every citizen, that every citizen should be protected by the State and to ensure that it is delivered. No Government can hide behind statistics, a lack of money or a problem with this, that or the other. The Government must not hide from its obligation to its citizens to provide healthcare for them.

The Government amendment will kick this issue six months down the road.

Deputy Simon Harris: No.

Deputy Martin Kenny: We all know where we will be in six months; we will be on the other side of a general election. That is the reason this amendment has been tabled. I am disappointed that Fianna Fáil has said it will support the Government amendment. It is saying the same thing, namely, people have a right to health but not yet. The time has come to make that an absolute right for everyone in our society. For that, I commend this Bill and congratulate Deputy Harty on bringing it forward.

Deputy Alan Kelly: I congratulate my fellow mid-west Deputy on this Bill. It is an issue he fundamentally believes in as a practising doctor. The Labour Party will support his Bill on the basis that we should allow it go forward to the next Stage for discussion and to see where we can go with it. As drafted, it is not in any way perfect. I presume the Deputy understands that but I fundamentally agree with the principle of the Bill. I am always nervous about the manner in which we bring forward amendments to the Constitution in particular. We will need to do so carefully but the principle of doing this is right. We should do so, as other speakers, and particularly the last two speakers, stated.

We have a long-standing reluctance to constitutionalise socio-economic rights in this country. We have changed tack on that to some degree in recent years but this is a fundamental change, which I would welcome. Those rights tend to deal with issues such as health, childcare and housing. Those issues are sometimes controversial. People with different philosophies may not agree that they should be enshrined in our Constitution. We should never have to use the Constitution to secure basic rights such as the right to health. Such rights, in any civilised society, should be natural; they should just exist. One would expect the Government, with relatively bountiful resources, to be able to provide such basic services to our citizens. Unfortunately, and I am jumping out of the realm of party politics, collectively, as a body politic and as a society, we have numerous examples over many decades of our failure in this area. The rest of the EU is able to provide adequate services to their citizens. Unfortunately, I look with some jealousy at how that is done. Collectively, we may be able to improve on that and Deputy Harty's Bill will inspire us to do that.

On the specific issue of health, the EU Charter of Fundamental Rights states: "Everyone has the right of access to preventive health care and the right to benefit from medical treatment under the conditions established by national laws and practices." We all accept that. The Minister referenced other parts of the EU charter and I agree with his sentiments. Likewise, Article 12 of the UN International Covenant on Economic, Social and Cultural Rights states: "The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health."

These treaties, to which Ireland is a signatory, affirm that good health is a prerequisite to public activity and private freedoms. That is what we are discussing. It is about reaching a baseline whereby everyone is equal and everyone is protected and can participate at that level. By inserting that in the Constitution in the appropriate way, having discussed it, we would end up doing that.

Despite espousing these values on paper, Ireland remains the only western European country not to provide universal health coverage in primary care. That is despite repeated Government promises and a clear pathway laid out in the cross-party Sláintecare report. As the Minister will be aware, I am passionate about Sláintecare. I spent 11 months on it. I fully endorse it, as does Deputy Harty. Sláintecare is our future. It is an across-politics future. In many ways it is the embodiment of what this constitutional change would mean because if Sláintecare was in place, we would all benefit from it. We would all benefit from the charters to which we signed up, and we would all have universal access and a standard of care that citizens should enjoy.

Collectively, we need to ensure that the ten-year programme of work is ramped back up to where it should be because where we are now, unfortunately, is tokenistic. I refer to the volume of money being put into it, the milestones that have not been met, the resources that need to be put in from a strategic point of view, the front-loading that will have to come in the next couple

of years in respect of achieving certain infrastructure. Those milestones will not happen. That is unfortunate. It is a failure on all of us but, as the person who his holding the shovel, it is a failure on the Minister. That is worrying and embarrassing for us.

Because of the impact of the past 48 hours in dealing with the most horrendous situations I have every dealt with as a Member in respect of healthcare, I want to plead with the Minister for one last time. I had no intention of doing this until about an hour or two ago. I plead with him to put in place a specific plan for University Hospital Limerick for the coming months because people are going to die. I have intimated this previously but not as clearly as this. Consultants are saying that catastrophic events will happen. In many ways, the inspiration behind Deputy Harty's Bill is his experience of his own work in the mid-west. However, we have never seen the situation this bad. There are short-term solutions. I guarantee I will support the Minister 100%. We need a specific plan for the mid-west. What is happening has never been seen before in this country. There are historical reasons for that. They are not all the fault of the Minister. I refer to TEAMWORK, the Hanly report and all the issues in Nenagh and Ennis hospitals that should never have happened before the infrastructure was in place. The Minister of State who is sitting beside the Minister knows the history, given his own family connections in the area. I will not lecture the Minister. I beg him to please put a team together to specifically look at this issue. I refer to the volume of people in that hospital tonight and the trouble they are in. A number of consultants and people I have spoken to at senior levels are at a loss as to how they can prevent people from suffering and, unfortunately, dying unnecessarily over the coming months.

Deputy Maureen O'Sullivan: Cuirim fáilte roimh an díospóireacht anocht. It is very opportune coming after the many debates and discussions we have had on health recently, including Deputy Pringle's motion last Tuesday on personal assistance.

Today we have so much knowledge and awareness and we know what to do, why we should be doing it and how to do it, but the problem is implementation. We have theories, visions and principles that sound lovely. Deputy Harty's comprehensive briefing outlined today that the Department of Health's strategic objectives allude to supporting people to lead healthy and independent lives. Sláintecare sounds so lovely, as do "universal single-tiered health and social care system" and "equal access to services". There is a wonderful phrase, "based on need and not ability to pay". When we move to the questions of accountability, goals and timeframes in which to achieve goals, however, there is a totally different scenario. Every Deputy knows the reality of this. We are all being contacted about it. My most recent case in this regard was raised by a married couple in my constituency. The man has been diagnosed with a rare disease. The couple's problem is the lack of clear information from the HSE, the consultant and the registrars. The word the couple used about the attitude towards them was "patronising". The couple does not want to be bumped up the list; they just want clear information on their current situation. That is not taking from the excellent care patients get in the system. There are examples of best practice but they are not universal.

We live in a democracy. Equality is supposed to be the cornerstone but citizens and other residents are not treated equally. This is what Deputy Harty's Bill is trying to address. The inequality begins long before the person gets to the doctor, hospital or clinic. We have the statistics and reports that show that one's socio-economic background has a major impact on one's health and life expectancy. This is very evident in parts of my constituency. The Bill is trying to address that by focusing on equal rights, affordable access and the common good. This is connected to the point on healthcare and healthy conditions. The reality is that there are so many living in unhealthy conditions, overcrowding, dampness and unhygienic conditions, not

to mention the particular health needs of certain groups, such as Travellers in certain types of accommodation and rough sleepers.

An example I know so well concerns people with an addiction who want to take the first step towards recovery. If they have private health insurance, they get quicker access to residential treatment. Without it, it is a different matter. We are aware that the projects in the inner city are doing so well. The Minister for Health, Deputy Harris, was in SAOL recently. Soilse, Crinan and Chrysalis are all on reduced budgets that have not been restored. The Recovery Academy has a wonderful event every year on Merrion Square. It is so uplifting and positive. Once one person gets into recovery, the knock-on effect on the family and community is unbelievable. There is a payback for others who are trying to get into recovery.

Sláintecare and the strategy require something like Deputy Harty is proposing in order to turn the visions and objectives into reality. It is incredulous that we are having this discussion in a country that is relatively wealthy, that has a thriving economy and that has a relatively small population. It is unbelievable that we have not got it right for everyone. Constitutionally enshrined rights to health and to realise the vision are required.

The Bill has been crafted carefully to prevent punitive legal proceedings. Transparency is central. The onus is on the State to explain its inactivity. It is really about being proactive, not reactive.

Deputy Thomas Pringle: I fully support the Bill. It is worthwhile. Rights to health, to education, to life and to live life to the full are what all citizens should be demanding. The State and Government should be ensuring everybody has these rights. I proposed economic, social and cultural rights twice in the Dáil. My Bill was to enshrine rights in the Constitution. Dr. Harty's Bill is along the same lines. I welcome that. It could be expanded to include all economic, social and cultural rights but since the Government will probably not accept it, my point will not make any difference. It is very encouraging, however, that many members of the Opposition are putting forward Bills to have rights enshrined in the Constitution. There is no doubt that citizens need them. Deputy Maureen O'Sullivan highlighted in her contribution the need to have these rights protected across the board.

Fianna Fáil and Fine Gael will not enshrine these rights in the Constitution because they want to control budgets and how people access services. They want to make it a political gift to give rights to people and extend services to them. It should be within the gift of this Parliament to give everybody what I propose.

In their day-to-day work, Deputies note that even the Head of State pushes for citizens to have health insurance. I believe this is a crime and that the €1.5 billion spent on health insurance could be put into health services to create health services for everybody. I do not believe I should use my tax to supplement other people's health insurance. My tax should be supplementing a health service that everybody can rely on. Nobody tries to break down the detail for people. How many people feel threatened or under pressure to have health insurance in this State? They do not realise the reality. In the past year, a number of people came into my constituency office complaining about health insurance, saying that if they wanted access to treatment, they would have to have health insurance. People do not have to have health insurance. If one has a medical card, the maximum cost will be the cost of seven or eight days of hospital care. All one's treatment will be free. That message has to go out very strongly to all citizens. The contention of politicians and health insurance companies that people must have

health insurance is basically a scam. People have healthcare and entitlements, and they should be allowed to proceed on that basis.

In contributions in the Dáil today, Deputies referred to information provided by the Irish Cancer Society indicating people cannot obtain medical cards because they believe their income is too high. The medical card is based on income, not illness. That is reality. No matter how ill people are, they have to go through the whole process of showing their income is over the limit. Only then is the illness considered. In a normal society in which people are treated fairly, medical cards would be given on the basis of illness. This should happen.

Deputy Seamus Healy: I am sharing my time with Deputies Eamon Ryan and Shortall.

I welcome the opportunity to speak on this Bill. I confirm my support for it. It is particularly important when we think of its background, including the chaos in our health services, the overcrowding, long waiting lists, the lack of mental health services, dysfunctional disability services and, of course, the two-tier health system in which ability to pay trump's access to medical services based on medical need. Also part of the background is the unanimous agreement on the Sláintecare report.

The Bill, as Deputy Pringle implied, is similar to a Bill he and I introduced in 2014, namely, the Thirty-fourth Amendment of the Constitution (Economic, Social and Cultural Rights) Bill 2014. I welcome Deputy Harty's Bill as it is necessary. It is well-intentioned and I will certainly be voting for it but I do not believe it goes far enough. As Deputy Pringle said, economic, social and cultural rights should be enshrined in Bunreacht na hÉireann. I refer, in particular, to the rights to work, to have just and favourable conditions at work, to form trade unions, to join a trade union of choice, to social security, to the widest possible protection and assistance for families, to an adequate standard of living, to adequate food, clothing and housing, to the highest attainable standards of physical and mental health, to education, and to take part in cultural life.

It is almost 30 years since Ireland ratified the International Covenant on Economic, Social and Cultural rights, in 1989, yet these rights have still not been enshrined in our Constitution. In fact, since 1989 the UN committee responsible for implementation has written to the Irish Government on a number of occasions asking that its measures be implemented. They should be implemented urgently.

Deputy Eamon Ryan: I commend Deputy Harty on introducing this Bill which the Green Party is supporting. The primary reason for that is because we want to see the implementation of Sláintecare and we see this Bill as a step towards achieving that objective. I am following UK politics at present and it seems that one of the few things that can be agreed upon over there is the huge achievement of introducing the National Health Service. I see the full implementation of Sláintecare as providing a similar radical step change in the way the health system and society works.

I read the Minister's speech and he argues that Sláintecare is being implemented and it takes time, which I accept, but our assessment is that we are not seeing the step change on a scale and form that we agreed unanimously in this House under the committee chaired by Deputy Shortall and involving others. We need something to unlock that. I understand the Government's concerns about ending up with a system that is completely managed by the courts but, to be honest, that fear is exaggerated. The courts themselves recognise that there is still an execu-

tive function in terms of managing the allocation of resources. The courts cannot decide to the nth degree on how a particular budget is allocated, but it would allow patients to seek recourse under the Constitution in cases where the system was not delivering. It would move from being a system that is run by the healthcare professionals themselves, not first and foremost in the interests of providing healthcare for all.

I agree with what Deputy Pringle and other speakers have said. Our dual system is not working where a large percentage of people have private insurance that would be unnecessary if we were to manage to make the leap and achieve a universal healthcare system. We support the Bill which will send a clear signal that we as a people are going to change the way our health system works through the implementation of Sláintecare.

Deputy Róisín Shortall: I commend Deputy Harty on bringing forward this legislation. I know he has put a lot of work into it and he has gone out of his way to bring everybody else on board in terms of briefings. The Bill is an important piece of work which very much replicates work that has been done by other Members in recent times, in particular Deputy Pringle.

There is a very strong desire on the part of many Members of this House to take a rights-based approach to the provision of services. In an ideal system, there would be a recognition of the principle of equality and the importance of treating all citizens equally and fairly. Unfortunately, that is not what we have seen since the beginning of this State. Whichever of the main Civil War parties has been in government, neither of them at any point has set out a course of action in government to uphold people's right to equality and access to services.

One might say, politically, that should be the ambition and the determination of any civilised modern government but, unfortunately, we have not seen that kind of approach to the rights of individuals at any stage within this State by ruling parties. For that reason, at this point, and in the area of health in particular, there is no excuse given that we now have the Sláintecare plan, an agreed all-party plan for a universal single-tier health service. The plan is there and, in theory, all parties have signed up to it yet we are not seeing it implemented. The only way that we can approach this, if we are serious about having the kind of fair, universal single-tier health service that responds to people's needs for health and social care, the same kind of service that is available in every other European country, is that we would expect all Governments and parties to be enthusiastic and active on its implementation. Unfortunately, that has not happened and because of the failure of this Government and the other Civil War party to take a rights-based approach to the provision of healthcare, which is one of the most fundamental public services and one of the most fundamental rights that any civilised society can have, I believe we have no choice but to pursue the constitutional route. I wholeheartedly support the approach taken by Deputy Harty. The Social Democrats are proud to support this Bill.

Deputy Carol Nolan: It is a national scandal that our health service is becoming a crumbling mess due to the lack of urgent intervention by the Minister for Health. That is extremely unfair to patients and the hard-working nurses, doctors and consultants in hospitals. The fact that there are now thousands of children waiting more than a year for hospital appointments and healthcare is upsetting and distressing for many families. It is adding to their distress that operations in three main children's hospitals have been postponed and the fact that 117,000 people are awaiting healthcare treatment, hospital appointments and procedures, which includes 30,000 children waiting for more than one year. That is unacceptable and must be addressed urgently.

Elderly people are also being failed by the health system. They are forced to lie on hospital trolleys day in and day out. Up to the end of October this year, 13,466 people aged over 75 years have endured emergency department waits of more than 24 hours. That is one third more than in the same period last year.

The actions that need to be taken by the Minister for Health are recruitment, increased bed capacity, step-down facilities and home help hours made available and fairly distributed among the regions. Currently, many elderly people and people with disabilities are trapped in hospitals while they wait for the allocation of home help hours. That is escalating the crisis in hospitals. A total of 2.5 million home help hours must be made available urgently within the system because it is chaotic. It is unfair to the well-being of elderly people who are suffering on trolleys and within hospitals waiting for services.

People in Laois and Offaly are being badly failed by the Government and the Minister for Health as there is a chronic shortage of home help hours. Every day of the week I am guaranteed to get a few phone calls on the need for home help hours for people who badly need them.

The Minister for Health must step up to the plate and address the very serious deficiencies in the health system. Capacity must be built before we devise any type of policy. Currently, the basics are not in place. I worry that we have not addressed recruitment or bed capacity. People are being sold short and are being treated unfairly. There must be more focus on investment in GP services, including the funding of chronic disease management and the expansion of GP out-of-hours services. The chronic shortage of GPs in rural communities, which is an issue I have raised on the floor of the Dáil, must be addressed urgently before we talk about any other policy. We need to get the basics right and fill in the gaps first.

It was highlighted today on Midlands 103 radio station that cancer patients are not being given any financial supports. Medical cards have been raised already. Recent research by the Irish Cancer Society found that cancer patients are spending an average of €756 every month. The research also found that those patients are also at the loss of approximately €18,000 in earnings every year. Such a huge burden on those patients is unacceptable. I ask that something be done because it is unbelievable that is happening in 2019 to the most vulnerable and sick people.

Another issue in our health service is the unacceptable uncertainty that exists in terms of hospital services. I was only contacted earlier in the week about Portlaoise hospital. It has been brought to my attention by many people in Laois that there are still no assurances regarding the accident and emergency department at Portlaoise hospital. It was raised a number of years ago and they still have not been given any assurances. I hope the Minister will also get back to me on the maternity unit at Portlaoise hospital, as uncertainty also hangs over it. I understand the Minister for Health will visit Portlaoise very soon. I call on him to give the people fairness and to be honest with them. He should give them the assurances that their services are going to be protected going forward in Laois. This is unfair. It has hung over the area for the last few years.

Deputy Mattie McGrath: I salute the work of my colleague, Deputy Harty, who has been a serious, dedicated and passionate advocate of health reform in this State since his election five years ago by the good people of Contae an Chláir. Deputy Harty has made clear that he understands the purpose of this Bill. In the main it is an attempt to strengthen the rights of citizens and in particular those who are sick or ill, the weakest of us, to ministerial and Government accountability if the right to healthcare protection is violated. Who knows better than a GP who

sees them every day of the week? It is a principle I strongly agree with.

I welcome the Minister of State, Deputy Finian McGrath, if he can listen to me a minute. The Minister, Deputy Harris, has left the building obviously. Unfortunately, as we know the issue of accountability in all Departments, not just in health, is more noticeable by its absence than by its presence. I only said it here last week to the Minister, Deputy Harris, when I asked what it would actually take for him to resign. I am not talking to the Minister of State but am repeating what I said to the Minister, Deputy Harris, last week. What disaster will be sufficient in order to make him resign and say to himself that he is not up to this job. He is clearly not up to the job or any other job either.

This Bill is complex at the constitutional, the political and the economic level. I accept entirely that there are consequences which need to be teased out, but not rubbished or buried for six months and the Minister buying six months. He told us earlier, that he wanted to engage and everything. He knows he will not be in the job. I know he will not be in the job and Deputy Harty knows it as well. The fact that there are difficulties and the issue is complex should not deter us from investigating if the Bill or the principle behind the Bill has merit. I think it has. I might not agree with everything Deputy Harty has in the Bill but it needs discussing and appreciation and respect. That is why I would have liked the Bill to go forward to Committee Stage or for greater pre-legislative scrutiny, where some of the main areas of tension could be resolved or explored in a reasonable and forensic manner. That is the least we would expect for the Chairman of the Oireachtas Joint Committee on Health, the man who led the campaign for Sláintecare. But no. Throw him under the bus. The Government does not want him.

Speaking to the general thrust behind the Bill, I will simply say that we urgently need a radical and profound cultural shift in this State in terms of how we hold those in positions of power accountable. They are not accountable by any shape, make or form. At present those who fail to deliver or even actually hinder the delivery of healthcare protection are almost anonymous. They hide behind the Minister. We know the Minister and we know the Government and we can hold them to account, both individually and collectively. We can place motions of no confidence in them although many might not vote for it. We had it in the Minister, Deputy Harris, who should have been voted out of office. Even if they are successful, how does that help the person denied access to vital care? Many have died waiting. The Minister of State knows that. How does that help the child who has been denied access to life saving medication or treatment and those conditions that may be irreversible? It does not. We have to be totally sanitised for a minute and examine that. Removing the Minister will hold him accountable and that is a good thing politically, but it does not advance the rights of citizens to greater levels of healthcare.

That is what I think has motivated Deputy Harty in his presentation of this Bill. His experience as Chair of the Oireachtas health committee has given him valuable insight into the systemic failures of our health system and how it continues to deny what should be a right of access to so many desperately ill people. We need greater accountability. We need to act and protect and vindicate the rights of most people. The Bill has the potential to kick-start a valuable conversation in that regard and I commend Deputy Harty for bringing it forward.

I do not commend the Minister, Deputy Harris. Tá sé imithe anois. He just could not be scathing enough. I at one stage just interrupted briefly to comment. He went back to the referendum about the eighth amendment. Is that going to be his only mantra for the rest of his life, wherever he ends up? It will not be in here, I am sure. The people of Wicklow will tell him. They will banish him to wherever but that is up to them. I will not say that. He is the most

inept, useless, toothless and fruitless Minister for Health that ever came into this House. He knows nothing but worse than that - none of us knows a lot. I am not saying-----

Acting Chairman (Deputy Bernard J. Durkan): Personal, Deputy.

Deputy Mattie McGrath: It is not personal.

Acting Chairman (Deputy Bernard J. Durkan): It is personal.

Deputy Mattie McGrath: It is factual. You talk to the people-----

Acting Chairman (Deputy Bernard J. Durkan): Sorry, Deputy-----

Deputy Mattie McGrath: You talk to the people lying awake on the trolleys. It is not personal.

Deputy Finian McGrath: This is outrageous.

Acting Chairman (Deputy Bernard J. Durkan): I do not need to talk to people, Deputy. I am going to call you to order.

Deputy Mattie McGrath: Are you listening to me?

Acting Chairman (Deputy Bernard J. Durkan): I am listening to you. I want to tell you Deputy, you are out of order. You are using the House to personally attack somebody. You are not entitled to do that. You are out of order. Resume your seat, Deputy. You will resume your seat. You are out of time as well. You are out of order, not for the first time in your life. That was a disgraceful carry-on.

Deputy Finian McGrath: It is outrageous.

Deputy Mattie McGrath: The Acting Chairman should not be interrupting me.

Acting Chairman (Deputy Bernard J. Durkan): I call the Minister of State, who has ten minutes. There are no more speakers.

Minister of State at the Department of Health (Deputy Finian McGrath): I thank all the Deputies who have contributed to the debate in a very positive and constructive way. I would like to particularly thank Deputy Harty for bringing forward this Bill and this issue for debate, as it has provided us with an important avenue for discussion on our own ambitions for health. I would also like to acknowledge all of Deputy Harty's work as Chair of the Oireachtas Joint Committee on Health and as a member of the Committee on the Future of Healthcare, which was so central in the direction of travel for health provision and planning through the Sláintecare report.

While there is no doubt that the Bill we are discussing this evening is very well intentioned, I do not believe it is the appropriate way to drive progress in this area. The Private Members' Bill before us seeks to embed a right to health in the Constitution. I respectfully suggest such an action would leave us open to many inadvertent and unintended consequences, ones which cannot be foreseen at this juncture. Further thought should be given to this issue in a measured and informed manner, with all options fully understood and considered. There is the additional point that to pass this Bill would be to disregard the significant consideration that has already been given to this topic through the aforementioned forum of the Oireachtas Committee on

the Future of Healthcare, with its final recommendations on this issue proposing a universal single-tier health and social care service guaranteed on a primary legislative basis. This is something that I strongly support. Additionally, while I appreciate the desire to deliver on this aim as quickly as possible, the Sláintecare report equally emphasised that such a shift requires a phased approach to implementation, so that we all can be assured that we have adequate capacity and ability to deliver this.

For these reasons, the reasoned amendment declines to give the Bill a reading on Second Stage for the various reasons I have outlined, as opposed to disagreeing with the overall principle of what the proposer of this Bill is trying to achieve. As the Minister, Deputy Harris, said earlier, we can look forward to working with all Deputies in the House on the underlying principle of the Bill, that of driving our health service forward and closer to the vision of Sláintecare. I ask the House to allow the programme of work on eligibility and entitlement that is currently ongoing time to manifest its aims, with the assurance that the issues debated here tonight will be considered through the Sláintecare programme implementation office and that it will provide a report to the Joint Oireachtas Committee on Health within six months.

Deputy Michael Harty: I thank the Acting Chairman. I acknowledge what the Minister said at the beginning of his contribution, which was that the speed of progress of this Bill has been rapid. It was introduced on First Stage last Wednesday and it is being debated on Second Stage tonight, which is lightning quick compared to what normally happens in the House. I accept that the Government has not given ample time to consider the ramifications of the Bill, much as I agree with its sentiments.

The legislation challenges accountability for the progression and the progressive realisation of health by placing a right to health in the Constitution, which is an important right that should be in the Constitution. It would be added to the right to primary education, a socio-economic right that is already in the Constitution. There is, therefore, a precedent in the Constitution to provide a socio-economic right. There should also be a socio-economic right to health.

The Bill also proposes some safeguards to prevent excessive rushing to the courts regarding this constitutional right to health protection. It requires transparency from the Government in progressing a realisation of the right to health. It is a fundamental proposition of the legislation that there would be transparency. It gives the Government the opportunity to be transparent on how it will realise the progressive right to health.

Within this constitutional amendment, there is the proviso that any right to health should be within available resources and that is an attempt to prevent people rushing to the courts but it also enshrines within the Constitution the principle of “for the common good”. These are all protections against a rush to the courts. It places on the courts a requirement that there should be reasonableness and a proportionality to any judicial case taken on the vindication of people’s rights to health. I believe I have inserted in the constitutional amendment protections against such an excessive legal action.

A number of arguments were put forward in opposition to this. The first opposing argument essentially claims the goals of the amendment are being achieved by Sláintecare. As stated previously, if the State is on track to fulfil its goals as this is laid out in the Sláintecare report and the 2019 action plan, it would satisfy this amendment’s provision for progressive realisation. There is no additional burden on the State to speed up the transition from the current health system to one of universal access but only for the State to continue this endeavour within its

available resources. If the Government wants to show a commitment to a universal single-tier needs-based health system, it should accept this constitutional amendment for what it is: an expression of modern Ireland's fundamental principles. Any other reaction to this Bill would be an attempt to avoid accountability and responsibility.

The progression of Sláintecare has shown that there is no strong accountable mechanism in place to ensure the timely delivery of its objectives. The Bill proposes a constitutional imperative on the Government to drive change forward. It is also important to note that Sláintecare has been thwarted by a lack of resources by this Government in not providing necessary funding to enable structural reform of the health system, as outlined in the Oireachtas report. Only €25 million has been specifically allocated to the Sláintecare implementation office to implement change. This is a fraction of what the Sláintecare report proposed to drive health reform forward.

The second opposing argument states that a constitutional and legal right to health would violate the separation of powers. There is no violation of the separation of powers on two grounds. First, separation of powers is justified in a constitutional democracy only by constitutional principles and the Constitution clearly gives the State an obligation to uphold a commitment to social justice and inclusion in its preamble. It is, therefore, more constitutional to acknowledge the role of each branch of government, including the Judiciary, in achieving the "dignity and freedom of the individual", "true social order" and "Justice and Charity" by protecting certain socio-economic rights. This is recognised in the Constitution with Article 42.4 stating, "the State shall provide for free primary education." The case law in this regard plainly achieved the protection of this socio-economic right within the traditional and constitutional bounds of authority endowed upon the Judiciary.

Second, the language of the amendment is deliberately designed to facilitate the restrained jurisprudence seen in right to health cases decided by the South African Supreme Court so as not to violate the separation of powers. The South African provision was drafted by a student of Trinity College Dublin and South Africa, like Ireland, has a British constitutional legacy, being one of the only states with such a legal origin to have a constitutionally enforceable right to health. South Africa's landmark cases enabled the courts there to judge the reasonableness and proportionality of its government's health policies without forcing the rearrangement of government resources. Only when its government failed to address South Africa's HIV crisis, visible to the public and the international community, did the court as the last institution of appeal, mandate that treatment be made available when it was well within the government's resources, and where its refusal to make this treatment available was clearly unreasonable.

It is not within the realm of the courts to interfere in the political process of resource allocation, but it is very much a power and duty of the courts to make sure as to whether a person's rights are being protected or violated. Opponents of this Bill on the grounds of separation of powers have not shown how this amendment would result in anything other than the acceptable jurisprudence found in South Africa, or in the long-established judicial attitudes of Ireland's rights to education cases, or in the creative remedies put forward by recent cases such as the *NVH v. the Minister for Justice and Equality*, or *PC v. the Minister for Social Protection*.

I see no valid reason to reject this Bill. Public opinion on health policy is not what it once was. It is no longer the case that a universal, no-means-test health service represents the "socialisation of medicine"; it represents the shared vision of all parties of the Oireachtas for the future of health protection.

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The views and vested interests that led to the downfall of the then Minister for Health, Dr. Noel Browne, and the mother and child scheme in the early 1950s no longer hold the same sway. This era of almost 600,000 people on waiting lists and record-breaking numbers on trolleys vindicates this Bill. Noel Browne's Bill fell because the medical profession and the religious institutions opposed the socialisation of healthcare. The Minister of State, Deputy McGrath, will very much understand that point coming as he does from that background.

Sláintecare aims to do much more than provide free public health services for mothers and under-16s as proposed by Noel Browne. This legislation does not undermine Sláintecare; it strengthens it. If the State truly intends to reform our national health system into one based on need rather than the ability to pay, there is nothing to fear from a constitutional call to accountability, nor from putting the question to the people of a constitutional mandate to protect their right to health.

I thank the various speakers who supported this Bill, including Members of Sinn Féin, the Labour Party, Deputy Healy, Deputy Maureen O'Sullivan on behalf of the Independents 4 Change, the Green Party, the Social Democrats and Deputies Mattie McGrath and Carol Nolan. I understand, however, that Fianna Fáil will not support it and that the Government is putting forward a reasoned amendment. I am willing to accept the reasoned amendment rather than see this Bill be defeated on the floor of the Dáil, on condition that this constitutional amendment is discussed as part of the Government's constitutional convention on economic and social rights and that it would report back to the Joint Committee on Health within six months. I understand that six months may be the remaining length of this Government. Who knows what will happen? I sincerely hope that a report will be produced within six months that will take into account the genuinely held conviction that I have that there should be a constitutional right to health. By accepting its amendment, I fully expect that the Government will fulfil its commitment to produce a report in six months which will take into account the principles that I have proposed in the Bill. Rather than let it die, I am willing to accept that reasoned amendment.

Aontaíodh an leasú.

Amendment agreed to.

Aontaíodh an tairiscint mar a leasaíodh.

Motion, as amended, agreed to.

The Dáil adjourned at 9.35 p.m. until 10.30 a.m. on Wednesday, 27 November 2019.