



DÍOSPÓIREACHTAÍ PARLAIMINTE  
PARLIAMENTARY DEBATES

**SEANAD ÉIREANN**

TUAIRISC OIFIGIÚIL—*Neamhcheartaithe*  
(OFFICIAL REPORT—*Unrevised*)

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## SEANAD ÉIREANN

*Dé Céadaoin, 25 Eanáir 2017*

*Wednesday, 25 January 2017*

Chuaigh an Cathaoirleach i gceannas ar 10.30 a.m.

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*Machnamh agus Paidir.  
Reflection and Prayer.*

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### **Business of Seanad**

**An Cathaoirleach:** I have received notice from Senator Keith Swanick that, on the motion for the Commencement of the House today, he proposes to raise the following matter:

The need for the Minister for Health to recognise the role of the Institute of Community Health Nursing, ICHN, and to outline the funding his Department has given to the ICHN in the past five years and his plans for the recruitment of public health nurses and to support the ICHN into the future.

I have also received notice from Senator Neale Richmond of the following matter:

The need for the Minister for Health to outline the efforts made by the Government to secure the relocation of the European Medicines Agency to Dublin.

I have also received notice from Senator Máire Devine of the following matter:

The need for the Minister of State with responsibility for communities and the national drugs strategy to explain why the post of co-ordinator of the south inner city local drug and alcohol task force which is based in Ballyfermot has been removed without notice and to outline the steps that can be taken to reverse this decision in the interests of the local community and service users.

I have also received notice from Senator Tim Lombard of the following matter:

The need for the Minister for Transport, Tourism and Sport to make funding available for the completion of the western relief road in Carrigaline, County Cork.

I have also received notice from Senator Catherine Noone of the following matter:

The need for the Minister for Health to examine the high cost of car parking at many public hospitals, especially for long-term illness patients, and if he will consider providing car parking guidelines for hospitals nationwide, with the objective of reducing the cost for

long-term illness patients and their families.

I have also received notice from Senator Gerard P. Craughwell of the following matter:

The need for the Minister for Finance to establish a commission on taxation to review the structure, efficiency and appropriateness of the taxation system.

I have also received notice from Senator Robbie Gallagher of the following matter:

The need for the Minister for Health to make a statement on current ambulance response times in County Monaghan and confirm if there are enough resources in place to prevent further delays.

I regard the matters raised by the Senators as suitable for discussion. I have selected the matters raised by Senators Keith Swanick, Neale Richmond, Máire Devine and Tim Lombard and they will be taken now. Senators Catherine Noone, Gerard P. Craughwell and Robbie Gallagher may give notice on another day of the matters they wish to raise.

## **Commencement Matters**

### **Nursing Staff**

**Senator Keith Swanick:** I thank the Minister for attending to address my concerns about the Institute of Community Health Nursing. One thing of which we can be sure is that all of us wish to be healthy, live long and have a family with few medical concerns, but at one stage or another everyone here will use the health service, in some cases in an emergency and in others for longer term care. Therefore, we must develop, protect and care for health services, something at which we are failing miserably. Despite the economies that have been forced on us, we can be proud of the nurses and doctors who serve us so well. Their loyalty to us and their care should be mirrored by ours for them. The foundations of effective and economic care lie outside the walls of the high-tech hospitals and in the communities. Countless international studies by bodies such as the World Health Organization show that the highest quality and most equitable systems are based on the primary health care model, that is, the care we receive where we live.

My bias is not based on my profession as a GP in rural Ireland but on fact. Family doctors and public health and community nurses have a pivotal role to play. Every day they serve young mothers and their babies and care for the elderly who cannot be as independent as they once were. They are a resource, of which we can be proud and which we should nurture because they are our eyes in communities. For years they have been involved in the early detection of vulnerability and identifying problems such as neglect, child and elder abuse, post-natal depression and the risk of suicide. Community health nurses are generalists. The community is their client and their caseloads include people of every age group across the health-illness spectrum, including mothers and babies, schoolchildren and older people, as well as those with intellectual, mental and physical disabilities. They also provide care for and support those in need of palliative care, as well as their families. They work from local health centres or primary care centres and provide a range of services free of charge, including child health and school visits, visits to care for older people and provide care on discharge from hospital. They provide home

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and clinical care for adults who have a nursing need and hold a medical card. They co-ordinate respite care support services for carers and assess the need for special equipment. They knock on 10,000 doors every day, delivering services discreetly and effectively in a timely fashion.

Community nurses are supported by the Institute of Community Health Nursing, a small yet vibrant body, the funding of which is far from adequate. In fact, it is abysmal. The organisation seeks the development of the profession in order to research what is done in order that it may be done better and to be an advocate for those who often cannot make their own voices heard. The ICHN is severely struggling to keep services running with the limited number of public health nurses available. We are all aware that the population is ageing and the Government and the HSE are using this as a justification and reasoning when explaining the crippled emergency department crisis. The chronic ailments afflicting people can and should be addressed by public health nurses in the comfort of their own homes which afford them security and dignity. The waiting lists for older people to receive day care services and families to receive a respite care service when they need a break are a continual frustration and bottleneck in the system.

The key word and a solution is integration in the health system, with social services, hospitals, general practitioners and public health and community nurses working together, preferably through partnership arrangements, for the betterment of the health of the country. The problems we see in secondary care services will never be rectified until primary and community care services are adequately resourced.

**Minister for Health (Deputy Simon Harris):** I thank the Senator for raising this matter in the Seanad and the opportunity it gives me to outline my views on public health nurses and primary care services. I fully agree with the Senator who has been a strong advocate for primary care services for many years that if we are serious about breaking what is now an annual vicious cycle of overcrowding in emergency departments in acute hospitals, we must look at providing more services in the community and finally making real the phrase a decisive shift to primary care services. This has a number of elements, including the new GP contract and looking at the role of practice nurses. I absolutely believe the role of public health nurses is another element.

The Institute of Community Health Nursing, ICHN, was established in 1985. As the Senator knows, it is a professional and educational body representing community nursing in the Republic of Ireland. The ICHN has a history of supporting community nursing services through education, development and research and its professional development and collegial networks. Through its global and international networking forums and conferences, the ICHN demonstrates the impact of community nurses in practice. I am happy to state the Department of Health has supported the work of the ICHN through regular engagements on matters of mutual interest, attendance at annual conferences and contributions to publications. There is ongoing engagement with the chief nurse's office in the Department and the ICHN, as well as other units in the Department of Health.

I assure the Senator that I absolutely recognise the importance of recruiting and retaining nurses in the public health service. The programme for Government includes a commitment to expand the public health nursing service, which demonstrates how we value these services. There are 1,745 public health nurses, of whom 1,498 are whole-time equivalents, in the health service. This year 108 student public health nurses are in training. I am pleased to inform the Senator that a needs analysis is under way in the office of the nursing and midwifery directorate in the HSE to determine how many training places will be required this autumn. It is very important that we get this analysis and data correct. HSE management is committed to imple-

menting a range of initiatives that will support future recruitment and retention.

In recent years Ireland has made significant achievements in key outcomes related to the health and well-being of the population, be it with reference to cancer, chronic disease management, cardiac care and life expectancy. However, challenges still persist, especially in accessibility to timely and appropriate health care and the growth in the number of people reaching older age, as the Senator mentioned. All of these indicators point to the growing need for an enhanced role at community level health care that best meets the health needs of patients in the home or as close to home as possible. It must also mean new roles and structures being developed for community nurses and midwives. These will build on the new community health care structures already in place. With this in mind, new policies being led by the Department will recommend the development of integrated acute and community nursing and midwifery practice to enhance patients' access to appropriate health care services. As we develop these policies throughout the year, I will keep in touch with the Senator.

The shift in providing health care from a focus on hospital to primary and community care will play a real part in achieving the integrated care for patients for which the Senator advocates. The ICHN should continue to play a pivotal role in contributing to the development of these new policies and in supporting these professionals in education, development, research and networking through their professional development and networks.

On funding arrangements for the ICHN, the HSE has informed me it has provided funding for the institute in recent years. On foot of this debate, I have asked the HSE to provide the Senator and me with a report on the funding requirements and funding provided for the ICHN. I will revert to the Senator when I receive it.

**Senator Keith Swanick:** I thank the Minister for his response. It is welcome that there may be a review of funding for the organisation which does invaluable work. It receives a very small amount of money for the work it does. I thank the Minister for coming to the House to explain it.

## **EU Bodies**

**Senator Neale Richmond:** I thank the Cathaoirleach for accepting this Commencement matter and the Minister for coming into the House to take it. I have raised it previously and had a discussion with the Minister of State, Deputy Marcella Corcoran Kennedy, about it. I will not repeat the speech I made a number of months ago. I have tabled the matter to receive an update from the Minister. I know that the matter was raised yesterday on the Order of Business by Senators Colm Burke and Frank Feighan.

I would like feedback on the Minister's trip to London. I hope it was a success. What are the concerns the European Union may raise? An issue I would like the Minister to address is that at a meeting I had with a Commissioner prior to Christmas in Brussels, he stated no official application had been received from the Irish Government. Will the Minister give us an update on whether an application has been submitted and what is its make-up? What is the big pitch the Government is making to bring the European Medicines Agency to Ireland?

A number of difficulties were identified in independent reports the previous time I spoke in terms of accommodation and education facilities. They have moved on and we have seen

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the Government's Rebuilding Ireland strategy. I am confident, as I hope the Minister is, that it could address any concern about accommodation needs for the potential 900 employees who could move to Ireland. Concern about the lack of education facilities was also cited. Three schools in Dublin provide the international baccalaureate at various levels. A planning application was made in Dún Laoghaire-Rathdown to build a large international school in Leopardstown for up to 800 pupils. It would cover the full range of four to 18 year olds. The changes are happening rapidly in Dublin and throughout Ireland and will have a huge impact on any possible application.

I appreciate the Minister coming to the House and would appreciate any update he could give.

**Deputy Simon Harris:** I thank the Senator for raising the matter again. I also thank him for highlighting from an early stage in the House and in every possible forum his view that Ireland would be an ideal location for the European Medicines Agency. I have had a number of conversations with him about the issue and I am very grateful to him for his support for the Government's bid on behalf of Ireland to host the European Medicines Agency in Dublin.

The European Medicines Agency plays a very important role in the protection and promotion of public health through the scientific evaluation, supervision and safety monitoring of medicines for human and veterinary use in the European Union. As a consequence of Brexit, a decision will have to be made on a new location for the European Medicines Agency. In view of its important public health remit, it is absolutely essential the relocation be managed in a way that will ensure minimal impact on the vital work of the agency during the transition period and beyond. I cannot stress this point enough. While there is, rightly, a debate on the location, as a Minister for Health in the European Union, I strongly believe it is so important there be certainty as quickly as possible on the location and the overriding criterion must be minimising disruption of the vital work in the interests of patients in this country and throughout the European Union. The Government believes the decision should be made quickly once Article 50 is triggered and that it will be important to arrive at a solution that will maximise the retention of existing staff.

On 25 October 2016 the Government agreed to my request that Dublin should seek to be the new location of the European Medicines Agency. The Government also approved the establishment of an interdepartmental and interagency working group, chaired at senior level by the Department of Health, to prepare a bid to support relocation of the agency to Dublin. The group consists of representatives from the Departments of the Taoiseach, Foreign Affairs and Trade, Jobs, Enterprise and Innovation, and Agriculture, Food and the Marine, as well as the Health Products Regulatory Authority, HPRA, IDA Ireland, the Health Research Board, Enterprise Ireland and Science Foundation Ireland. The group will shortly undertake a consultation process with wider stakeholders, including importantly, representatives of the pharmaceutical industry, business and patients.

Work on a bid for Dublin is well advanced. The group has identified a number of factors which would make Dublin the suitable, ideal and best location. They include the use of the English language, a city and country which are safe, stable pro-EU environments, proximity to London in order that staff could either move or commute here and proximity to the Irish medicines regulator, the HPRA. There is also the strong record the country has in regulating medicines to an exemplary standard. The country's growing economy means that the spouses of EMA staff would have strong employment opportunities here. There is excellent air connectivity with

other EU capitals and internationally. There is a strong pharmaceutical and life sciences sector in Dublin. We have a depth and density of talent when it comes to available people. I met the European Commissioner for Health and Food Safety, Mr. Vytenis Andriukaitis, in October 2016 to discuss Dublin's suitability in the context of relocation of the European Medicines Agency. Following the meeting, I wrote to him to set out formally some of the reasons Dublin would be a suitable location. As the Senator mentioned, I travelled to the headquarters of the European Medicines Agency on Canary Wharf in London on Monday of this week to meet its executive director, Professor Guido Rasi. While the contents of the meeting are confidential, I can tell the House that it was a very useful information-sharing exercise. I had an opportunity to outline what Ireland was considering and explain why we believed Ireland would be a good location. I heard from the European Medicines Agency about its preparedness for relocation.

The crucial point is that disruption must be minimised because of the vital nature of the European Medicines Agency's work. There has been a wide range of informal contacts on this issue with individuals at home and abroad. I will visit Brussels on 6 February for a further meeting with the European Commissioner for Health and Food Safety and a number of other representatives of the Commission, including Commissioner Hogan, a number of Irish MEPs, Irish diplomatic representatives in Brussels, and stakeholders and business people representing Irish interests. Work will continue in the coming weeks and months to prepare the country's bid to have the EMA relocated to Dublin. Officials will use every possible opportunity to present the case for Dublin at home and abroad. With my team, I had an opportunity last night to brief the Taoiseach on the matter. I am delighted that he is fully supportive of the bid. I look forward to his continued support as we work on it in the coming weeks. The relocation of the European Medicines Agency to this city would be good for Ireland and Dublin. Most importantly from an EU perspective, it would be good for the workings of the European Medicines Agency. I will certainly keep the Senator and the other Members of the House up to date as the bid progresses.

**An Cathaoirleach:** Senator Neale Richmond must be pleased with that informative answer.

**Senator Neale Richmond:** I am enthused and ecstatic and very grateful to the Minister. Anyone who has ever worked in sales knows the importance of a strong pitch and a strong bid. I could mention many positive factors in recommending Ireland as a location, but the Minister has covered them well. I have a supplementary question about the actual formal process of application. Are we at that stage? When will we submit the official bid? I appreciate that meetings have been and will be held. This is a good and formal process. The Minister can be assured that I will continue to contribute whatever little support I can in the context of my activity within the European People's Party. When will the actual application be submitted and when will we learn the outcome? What can civic society and the private sector in Ireland do to contribute to the bid process?

**Deputy Simon Harris:** The Senator is right. We need everybody - Government personnel, officials of State agencies, diplomatic representatives and MEPs, regardless of their party affiliation - to get behind this great national challenge. It is in the interests of Ireland, Europe and certainly patient safety. We have a great track record. Ireland has an ability to be a wonderful home for the European Medicines Agency.

I had meant to refer to the international school. I thank the Senator for pointing out that a number of schools in this city already provide the international curriculum. While I do not wish to get involved in planning matters, the development of a further international school, wherever it may be located, would be in the interests of Ireland as a modern European country and Dublin

as an inclusive international capital city.

The Senator also asked about the process to be used in the relocation of the European Medicines Agency. The formal process in this regard and in dealing with many other Brexit issues will not commence until the Prime Minister, Ms Theresa May, triggers Article 50. It has already been outlined by Mr. Michel Barnier and a number of others that four baskets of issues need to be considered in the context of Brexit. The relocation of the two European agencies based in the United Kingdom - the European Banking Authority and the European Medicines Agency - is included in one of the baskets. While the decision will be taken by Heads of State and Government at European Council level, I expect the European Commission to set out criteria. While the profession of politics in which we are all involved is very important, it is also very important that this decision be health-led and result in the European Medicines Agency being relocated in such a way as to minimise disruption, best retain staff, enable the agency to get on with its job and provide certainty as quickly as possible. I hope the European Commission will provide criteria and guidance for the Council to consider. As far as I know, work is under way in the Commission with a view to being able to inform the Council at the appropriate time after Article 50 has been triggered.

**An Cathaoirleach:** I welcome my colleague from west Cork, Deputy Margaret Murphy O'Mahony, and her guests to the Visitors Gallery. I hope they will have an enjoyable visit to the Oireachtas.

### **Drug and Alcohol Task Forces**

**An Cathaoirleach:** I welcome the Minister of State, Deputy Marcella Corcoran Kennedy.

**Senator Máire Devine:** I welcome the Minister of State and thank her for coming to the House to address the lack of a co-ordinator post within the south inner city local drug and alcohol task force. I hope she has good news for me in order that the issue can be resolved today to the benefit of the community.

The staff of the task force had intended to be present for this debate, but they were unable to come because of the pressure they were under. I hope I will be passing on the good news to them immediately after the debate.

Two years ago, following the retirement of the long-serving co-ordinator of the south inner city local drug and alcohol task force, the co-ordinator post was removed without notice by the HSE. It should be noted that the co-ordinator post was filled by the sole staff member of the project. This unfair and apparently deceptive action has had a detrimental effect on the needs of the local community. The continuing failure of the authorities to provide an explanation, reason or rationale for this decision makes it all the worse.

For the past 24 months volunteers have been attempting to administer and co-ordinate the task force on a part-time basis. They have staggered and stepped. They have put in extra hours and many of their own resources, but the lack of the post has not been addressed. I applaud them for their work, in the absence of which the entire task force would have been stood down by this point. When some of the people concerned met one of the Minister of State's colleagues in September 2016, they were led to believe steps would be taken to recruit a co-ordinator within a reasonable timeframe, but that has not happened. I need the Minister of State to clarify a

number of points. Why was the post removed in the first place? Who made the decision? Will the Minister of State outline the steps that have been taken since the meeting with the group in September last year to ensure the co-ordinator post will be reinstated? Will she confirm that the post will be reinstated? What timeframe can we expect for the recruitment of a co-ordinator?

Some funding was provided on a piecemeal basis for the task force to support the work it was doing. This was like putting a Band-Aid over the gaping wound in the area. This money was stripped from other front-line services which cannot afford to lose any more money, having previously lost money which had been ring-fenced for various projects. Other task forces in the area have had extra staff supplied to them recently. I am not trying to act in a tit-for-tat manner when I mention that task forces which already had staff were given extra staff, while staff were removed from the south inner city local drug and alcohol task force. The addition of alcohol to the ambit of the drugs task forces some years ago placed an even more significant onus on one person whose job has been taken away. I appeal to the Minister of State who is responsible for the Public Health (Alcohol) Bill to reconsider this aspect of the matter in the context of that legislation. This has become an onerous job since responsibility for alcohol issues was merged with the work of the drugs task forces.

I am concerned that there is no one to lead the promotion of health, well-being, diversion, improvement and rehabilitation from the scourge of drugs and alcohol in communities. Will the Minister of State explain why the post of co-ordinator of this service which is based in Ballyfermot was removed without notice? Will she reassure me, the staff and the clients of the service that the post will be reinstated? I would like the issue to be addressed comprehensively because it is having a direct effect on my constituency and that of the Minister of State, Deputy Catherine Byrne, Dublin South-Central. I ask the Minister of State to outline her plan to resolve the matter. I am aware of her grá for the Public Health (Alcohol) Bill, as I mentioned. All of this ties in for the well-being of the country, especially communities that have been devastated by alcohol and drug issues.

**Minister of State at the Department of Health (Deputy Marcella Corcoran Kennedy):**

I thank the Senator for raising this issue and giving me the opportunity to update the Seanad on the current position on the post of co-ordinator of the south inner city local drug and alcohol task force. The Minister of State with responsibility for this area, Deputy Catherine Byrne, asked me to convey her apologies as she is unavoidably detained elsewhere.

I emphasise the Government's commitment and ongoing support, in line with the national drugs strategy, for initiatives to tackle the drug problem. Reflecting the Government's commitment to addressing the drugs and alcohol issue, an additional €3 million in funding has been allocated to the Health Service Executive this year for addiction services. The increased budget includes funding for a pilot supervised injection facility, more detoxification places and improved access to treatment services for those aged under 18 years.

I am very aware of the key role drug and alcohol task forces play in assessing the extent and nature of the drug problem in their areas. Task forces are also key players in co-ordinating action at local level to ensure there is a targeted response to the problem of substance misuse in local communities. Drug and alcohol task force co-ordinators are, in the main, employed by the Health Service Executive.

On the specific issues raised by the Senator, I am advised by the HSE that the co-ordinator post for the south inner city local drug and alcohol task force has not been suppressed. I un-

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derstand funding was made available by the HSE to fill this post on a three days per week basis from June to December 2016 and that, since January 2017, funding has been made available by the HSE for the post to be filled on a five days per week basis. I am pleased to learn that HSE addiction services has agreed to provide funding via a section 39 grant aid agreement on an ongoing basis for the south inner city local drug and alcohol task force to maintain this post. This funding will be paid to a voluntary organisation in the south inner city which has a hosting arrangement with the south inner city local task force. The HSE has informed me that it intends to review this arrangement on a regular basis in line with the conditions of funding. I hope this information will be welcome news to the Senator and others.

The Government is committed to putting in place a new national drugs strategy this year to provide leadership and a renewed response to address the drug problem. It is expected that the new strategy will build on the harm reducing approach of previous policies. The process of developing a new strategy has involved a wide-ranging national debate on our approach to the drug and alcohol problem, with more than 2,000 public submissions received on the issue.

The Senator also asked a number of specific questions which only the Health Service Executive is in a position to answer. I will ensure they are conveyed to the HSE when I return to my office and ensure it reverts to the Senator with responses. However, I expect the task force to have liaised with the HSE and have some understanding of the reason the decision was made. If that is not the case, I will ensure the Senator is given a response.

**Senator Máire Devine:** I thank the Minister of State for what appears to be good news, although my naivety has been bashed out of me a little by the nuances of the responses provided by politicians. The staff of the south inner city local drug and alcohol task force were not aware of the information the Minister of State has provided and believed the position in question had been suppressed or ignored. While they were reluctant to publicise the issue, they could no longer continue to struggle to cover this crucial area without staffing. I am pleased that funding has been found for a full-time post, although I am not sure the task force staff are aware that funding had been provided for a three days per week position. I would like to find out which voluntary organisation in the south inner city has the hosting arrangement to which the Minister of State referred. If she is unable to provide an answer, I will find out the information.

I congratulate and support the Minister of State on her stance on the Public Health (Alcohol) Bill which I acknowledge does not have much to do with the matter I raise. Nevertheless, the Bill addresses the well-being of citizens and I assure the Minister that it has my and Sinn Féin's full support.

**An Cathaoirleach:** While the Senator has strayed slightly *ultra vires*, I will allow her compliment.

### Road Projects Status

**An Cathaoirleach:** Cuirim fáilte roimh an Aire go dtí a alma mater.

**Senator Tim Lombard:** The matter I raise is the western relief road to Carrigaline, a town the population of which has grown by an astonishing amount in recent decades. Carrigaline which sits on the southern side of Cork city has been one of the five largest growth areas in the State in the past ten years, recording population growth of more than 20,000 in that period.

Unfortunately, this growth has not been matched by infrastructural development. While recent investment in schools has been greatly appreciated, one of the key issues facing residents is core infrastructure, specifically the road network serving the town.

Carrigaline lacks a western relief road to take pressure off the town's main street which is used by up to 18,000 vehicles daily. The lack of a second main street or western relief road has a major impact on the quality of life of its residents. Plans for a relief road were drawn up as the town developed. More than 15 years ago the relief road proposal was included in the county development plan and Part 8 planning permission was secured for the project some years ago. The design process has been completed and the project is now shovel-ready. All that is lacking is the money to ensure the project will proceed. The cost of the project has been estimated at between €6 million and €8 million. I acknowledge that an infrastructure fund is in place in Cork and that Cork County Council has applied to it for funding. However, we need to secure support from the Minister and his Department to press ahead with this key project.

A new relief road would change how Carrigaline functions. In terms of the spatial strategy, we have seen the overheating of Dublin and, in many ways, Carrigaline is overheating as a result of substantial population growth. We need to follow up on this growth by providing infrastructure. It is not feasible to have between 15,000 and 18,000 cars using one main street every day. All of the traffic modelling has been done and we know what the solution is. The planning process has concluded and we now need cash to ensure this infrastructure can be provided to enable the town to develop.

The county development plan contains significant plans to develop Carrigaline. One development at Shannon Park could provide more than 1,200 houses. This is on a scale seen primarily in Dublin. Key road infrastructure is needed because the construction of another 1,200 houses in the next five or six years without the construction of the relief road would, unfortunately, result in chaos. We must avoid such a scenario. I hope we can get the ball rolling and press ahead with the relief road because Carrigaline needs infrastructure.

**Minister for Transport, Tourism and Sport (Deputy Shane Ross):** I thank the Senator for giving me the opportunity to address this matter which is a priority for him and others in the region. The improvement and maintenance of regional and local roads, including the western relief road in Carrigaline, are statutory functions of the local authority in accordance with the provisions of section 13 of the Roads Act 1993. Works on such roads are a matter for the relevant local authority to be funded from its own resources supplemented by State road grants. The initial selection and prioritisation of projects to be funded from these moneys is a matter for each local authority.

Ireland has a particularly extensive road network, at approximately 99,000 km, and the maintenance and improvement of national, regional and local roads place a substantial financial burden on local authorities and the Exchequer. Given the cutbacks in State funding for regional and local roads during the recession, it was necessary to curtail the grants programme for major new regional and local road schemes and major realignment schemes to protect the funding available for the maintenance of the existing network. Analysis undertaken by the Department of the strategic framework for investment in land transport published in 2015 estimated, on a conservative basis, that expenditure of €580 million per annum was needed to keep the regional and local road network in steady condition. To avoid deterioration in the condition of the regional and local road network each year, 5% of the network needs to be strengthened and 5% needs to be sealed by way of surface dressing works. For the past few years only half of the

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required road pavement works have been undertaken on the regional and local road network. These are the difficulties we face in addressing this issue which I acknowledge is a source of huge concern for the Senator. The background is very bad, but I am sure the Senator will be aware that the position is improving and will improve further in the years ahead, particularly in 2019 and 2020, and in the context of the mid-term review which is due to commence soon.

Decisions on the transport elements of the capital plan 2016-21 were framed by the conclusions reached in the strategic investment framework for land transport. Based on the findings of the report, it is envisaged that maintenance and renewal of the road network will continue to be the main priority in the medium term. The bulk of the roads capital budget, approximately €4.4 billion, is earmarked for essential work, with a further €600 million allocated for implementation of the PPP road network, which is under way. My Department must work within the annual allocation set out in the plan. In that context, the capital plan provides for a gradual build-up in capital funding from a relatively low base to the levels needed to support maintenance and improvement works. While there will be an almost 9% increase in overall funding in this area in 2017, it will take some years to restore steady State funding levels for land transport. The focus will have to continue to be on maintenance and renewal of infrastructure.

Under the strategic grants scheme programme, my Department provided grant assistance for Cork County Council for the acquisition of land for the Carrigaline western relief road. As mentioned by the Senator, there is no grant commitment in place for the construction of the road. In that context, it was not possible to include a range of road upgrade projects in the capital plan, given the overall funding envelope available. On the possibility of additional funding within the plan period, the Minister for Public Expenditure and Reform is commencing the capital plan review. While there is a strong case for additional funding for the transport sector, the parameters for the review and the final decisions on allocations are matters for the Minister for Public Expenditure and Reform and the Government as a whole. I continue to emphasise to the local authorities the importance of prioritising expenditure on roads when allocating their resources.

**Senator Tim Lombard:** I thank the Minister for his response and honesty in what is set out therein. Realistically, funding for this road project is not a priority under any plan. However, it needs to be progressed. The mid-term review of the capital plan will be very important not only in relation to this key piece of infrastructure but also to other pieces of core infrastructure throughout the country. In terms of Brexit, taking into account the fact that Dublin could over-heat, we need to ensure the regions have proper infrastructure to allow them to develop. I hope the project will be re-examined in the context of the mid-term review of the capital plan. The knock-on effect on the regions of the inclusion of this and other core projects included in the capital plan would be positive.

I again thank the Minister for his response on the issue which I propose to raise again with the Minister for Public Expenditure and Reform.

**Deputy Shane Ross:** I thank the Senator for his contribution. He has made a very strong case which I will take into consideration. I will bear in mind the representations he has made in the context of the mid-term review of the capital plan.

*Sitting suspended at 11.15 a.m. and resumed at 11.30 a.m.*

*Seanad Éireann*  
**Order of Business**

**Senator Jerry Buttimer:** The Order of Business is No. 1, statements on the health service, to be taken at 12.45 p.m. and conclude not later than 2.30 p.m., with the contributions of group spokespersons not to exceed eight minutes each and those of all other Senators not to exceed five minutes each and the Minister to be called on to reply not later than 2.25 p.m.; No. 2, Knowledge Development Box (Certification of Inventions) Bill 2016 - Committee Stage (resumed), to be taken at 3 p.m. and adjourned not later than 4.30 p.m., if not previously concluded; and No. 27, Private Members' business, non-Government motion No. 16 re junior cycle reform, to be taken at 4.30 p.m., with the time allocated for the debate not to exceed two hours.

**Senator Catherine Ardagh:** Yesterday's edition of the *Irish Independent* contained a report by Niall O'Connor on the help-to-buy scheme announced by the Government last October. It is of great concern to me that I have been inundated with queries in my constituency office from first-time buyers who are seeking to purchase properties built by contractors who have not registered with the Revenue Commissioners. The grant under the help-to-buy scheme is unavailable to them on the basis that the contractor has not registered. It is completely unacceptable that they find themselves in this position. Yesterday morning the Revenue Commissioners published a list which included 13 contractors who had registered. By yesterday afternoon 17 contractors in the entire country had registered. I find it extraordinary that the Government has not introduced a mandatory requirement for contractors to register with Revenue in order to assist and protect first-time buyers. The requirements to be met by registering contractors are published on Revenue's website and include evidence of tax compliance, the contractor's VAT details, an up-to-date tax clearance certificate, details of the contractor's address, planning and land holdings.

At a time when house prices are rising fast and so many are desperately trying to put the necessary deposit together to buy their first home, the Government is failing first-time buyers badly. It is well and good to announce feel-good schemes in an effort to generate positive publicity, but it is evident from queries to my office and from the Revenue Commissioners who have confirmed the details that the scheme mentioned is not working. I ask the Minister for Housing, Planning, Community and Local Government, Deputy Simon Coveney, and the Minister for Finance, Deputy Michael Noonan, to attend the House to explain why it is not working and there is no mandatory obligation on contractors to register. There are serious faults in the legislation which they need to iron out. They must explain to first-time buyers that they will not receive the grant if contractors are not registered. Many first-time buyers are not aware of this.

Earlier this week the Environmental Protection Agency, EPA, raised concerns about air quality levels in Dublin as 13 of the monitoring stations in the city had reported the lowest air quality rating. High levels of air pollution have been linked with lung and heart disease and can have severe adverse effects on the health of the most vulnerable in society. The EPA has warned those suffering from ill health to avoid strenuous physical activity outside. Low air quality is linked with local pollution sources such as road vehicles and home heating emissions which combine with the cold. I call on the Government to take the issue of air quality more seriously. Low air quality poses a serious threat to the health of the most vulnerable in society.

**Senator Gerard P. Craughwell:** There is a problem in Border counties, of which I was only made aware last week. When a person living in the Republic suffers trauma or an emergency and is shipped to the nearest hospital, where it is located across the Border, he or she

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will be treated on arrival, but he or she must pay for treatment. I refer to a person brought to Altnagelvin or Craigavon hospital. Form E111 does not cover a person for medical procedures where he or she is brought to the hospital in an emergency. If on a visit to Enniskillen I have a heart attack and I am brought to hospital, I will be treated for free. It will cost me nothing, but if I am living on the Republic side of the Border, have a heart attack and I am brought to the nearest hospital across the Border, I will be treated as a paying patient. It is an anomaly in the system which must be dealt with as a matter of urgency. As we head into Brexit, I have no idea where we are going with respect to cross-Border medical care.

I have complimented the Leader on the way he runs the House and continue to believe he does an excellent job. However, I have a huge issue with the amount of time allocated for statements on something that was an emergency three weeks ago, namely, the state of the health service. I am not so sure it is beneficial to the Minister to be here today when we could deal with Private Members' business to facilitate the passage of legislation several Members want to introduce. In saying that I am not being critical as there are times when the making of statements is really important. However, the medical crisis has been hammered to death and I am not sure the making of statements here today will help to get one person off a trolley. In fact, the Minister would probably be better employed in doing something to get patients off trolleys rather than having to listen to Senators talk about geographical constituencies which we do not represent in this House. As such, it might be something the Leader and the Committee on Procedure and Privileges could discuss in the future. While there are times when the making of statements is vital, the time to make them is not after the event.

**Senator Rose Conway-Walsh:** I want to talk about the tracker mortgage scandal. I commend Deputy Pearse Doherty and other Sinn Féin Deputies for moving a motion calling for a full and urgent redress scheme for the 15,000 victims affected by the theft of their money by the banks. We need an overhaul of white collar crime legislation in order that the bankers responsible will be held to account. In addition, an unspeakable wrong has been done to the individuals and families who lost their homes and those who endured the stress of being hounded by reckless and unsupervised bankers who were fully aware that they were demanding money under false pretences. During our questioning of the banks at the Oireachtas Joint Committee on Finance, Public Expenditure and Reform, and Taoiseach, the banks told us that they had made a mistake; therefore, they all made the same mistake at the same time. The evidence points to a deliberate and calculated plan to implement this practice across the board. The scale of the theft can be seen in the fact that AIB and Permanent TSB have made provision for sums of €190 million and €145 million to refund those who were overcharged. One can only imagine the impact on the people affected in this amount of money being taken from them, all the things they had to do without and all of the other bills that went unpaid. Where was the Central Bank in all of this and why did it not act sooner?

I fully support the Sinn Féin motion which calls for the Central Bank, An Garda Síochána and the Office of the Director of Corporate Enforcement to co-operate, with a view to establishing if individuals, as well as corporate entities, can be held accountable for their part in this scandal. From the start, the scandal has been shrouded in secrecy on the part of the banks, the Central Bank and those appointed to conduct the review. There have been no criteria, no openness and no information. It is all being done behind closed doors. Why is the Bank of Ireland stating staff with tracker mortgages are not eligible? Customers still do not know where they stand. Some people have received letters, while others have not. It is past time for some honesty, accountability and transparency. The arrogance and foot dragging of the banks are dis-

graceful. I guess that this is the reward we get for giving the bankers a gentle slap on the wrist wrapped in €64 billion of citizens' hard-earned money and that of those yet to be born. Perhaps the Icelandic approach would have resulted in a change in behaviour on the part of the bankers. Will the Leader to ask the Minister for Finance to come before this House to debate the issue of tracker mortgages and, in particular, commit to a strict deadline for issuing compensation.

**Senator Frances Black:** I wish everybody a belated happy new year. I know that I am a month behind, but it is my first time back.

I received a telephone call yesterday from the mother of a lovely young lad called Shane O'Farrell who was killed in a tragic road traffic accident in County Monaghan on 2 August 2011. He was 23 years of age and had completed a law degree in UCD and a master's degree in law in Trinity College Dublin. He was just about to start work at the European Parliament. He was killed in a hit and run accident by a foreign national in breach of bail conditions, who had 42 convictions and was known in three jurisdictions at the time. Shane's family believes his death was preventable. To date, 59 complaints have been submitted to the GSOC inquiry into his case and the O'Farrell family has received no response. The case has been with GSOC for four and a half years, yet there has been no result. That is completely unacceptable. It is unjust that the family must go without answers. The difficulty the family have experienced through losing an only son is horrendous. It is disrespectful to leave them with no response on Shane's case. The delay is causing ongoing trauma for them. The man in question is known to Interpol. His convictions include convictions for road traffic offences, drug offences and theft, to name but a few. At the time he killed Shane, he was on bail from the Circuit Court in Monaghan, Dundalk and Cavan, as well as the court in Newry. He continually reoffended and breached his bail conditions. From reading the files on the case, there appear to be irregularities in the interactions between gardaí and the accused. The O'Farrell family believes there were multiple failures on the part of An Garda Síochána before and after Shane's death and question decisions made by the Director of Public Prosecutions. They believe a statutory investigation is the only way their questions will be answered. Will the Leader ask the Tánaiste and Minister for Justice and Equality to hold a statutory investigation into Shane's case?

**Senator Kevin Humphreys:** Today's edition of *The Irish Times* carries a report on bogus marriages. I compliment An Garda Síochána and the public servants in the Department of Social Protection who introduced the Civil Registration (Amendment) Act 2014 that allowed An Garda Síochána to tackle this issue. Not only has it reduced the number of bogus marriages in Ireland but it has also had a positive effect for women from Portugal and eastern European countries who were being exploited by being trafficked into Ireland to participate in bogus marriages. It was a very good job of work on the part of the previous Government. I had the honour of bringing that legislation through this House and the Dáil and it has proved itself to be a job well done.

Air pollution, particularly in Dublin, was mentioned. Bogus marriages were dealt with through a strategy and proper legislation. The issue of air pollution represents the opposite where policy change has encouraged an increase in the number of diesel cars on the roads, particularly in cities. This has significantly damaged the health of people living in urban areas. We now have highest number of registrations of diesel cars in Europe. Over 50% of all new cars are diesel and they are not really suitable for use in Dublin. Many European cities are now looking at banning such cars. I am disappointed that the Fianna Fáil-Green Party Government did not carry out the proper research when they encouraged the increase in the number of diesel cars on the roads. This is damaging the health of many citizens. The Department of Finance's

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proposals were published prior to the last budget and stated we should look again at this issue and bring forward policies to reduce the number of diesel cars to improve health and undo the damage caused by the Fianna Fáil-Green Party Government.

**Senator Maria Byrne:** I congratulate Limerick woman Ruth Negga on her nomination for best actress in this year's Oscars. Even though she was born in Ethiopia, all her family live in Dooradoyle in Limerick. The Malone family are absolutely ecstatic about her nomination. Ruth has always said she is from Limerick. Her mother was a nurse in Ethiopia when she met her father and Ruth lived there for a number of years, but she always comes back to her Limerick roots and family. The fact that so many Irish people have been nominated for Oscars and that Ruth has been nominated for best actress has inspired me to ask the Leader to ask the Minister for Arts, Heritage, Regional, Rural and Gaeltacht Affairs to come to the House to debate how we can enhance film production in Ireland. Troy Studios in Limerick is based at the old Dell plant, has 350,000 sq. ft. of studio space and is the second largest studio outside Dublin. Shannon Airport makes it very accessible. As this is an area Ireland is trying to enhance, I ask the Leader to bring the Minister to the House for a debate on the film industry and how we can help it.

**Senator Terry Leyden:** Will the Leader invite the Taoiseach to come to the House to discuss Brexit? Today's edition of the *Irish Independent* carries an article that talks about a Brexit "shambles". I cannot understand why a country as affected by what happens in the United Kingdom does not have a dedicated Brexit Minister and Department. I suggest the Departments of Finance and Public Expenditure and Reform be amalgamated. The United States only has a finance Department, as has the United Kingdom. Mr. Michel Barnier, the former French Foreign Minister, was appointed as the European Union's chief negotiator for Brexit. The Prime Minister, Mrs. Theresa May, will now have to seek the approval of the House of Commons and the House of Lords to invoke Article 50 and then the negotiations will commence around the end of March. Mr. David Davis, Secretary of State for Exiting the European Union, is leading a new Department, but we, in Ireland, have no dedicated Brexit Minister. When we negotiated the Single European Act, we had a dedicated Minister and Department. We are sleepwalking through the crisis.

I met Mr. Frans Timmerman, the first Vice President of the European Commission, on Monday last in Malta at a meeting of the Conference of Parliamentary Committees for Union Affairs, COSAC. I mentioned the possibility of relocating the European Medicines Agency to Ireland, which was also the subject of a Commencement matter earlier today. The view expressed by Mr. Timmerman was that we should take our place in the queue. Senator Frank Feighan and others are pushing for the agency to be relocated here from London and I fully support them in that regard.

We need both a Minister and a Department that are committed to the necessary day-to-day discussions and negotiations. Who is leading the negotiations in Ireland? Is it the Department of Foreign Affairs and Trade? Is it the Minister of State at that Department with responsibility for European matters, Deputy Dara Murphy, or is it the Taoiseach? The Prime Minister, Mrs. Theresa May, is not the main negotiator in Britain; Mr. David Davis is charged with that task. The President of the European Commission is not the main negotiator in the European Union; that job has been given to Mr. Michel Barnier. This issue must be considered very carefully, given that trade between the United Kingdom and Ireland is worth €1.2 billion per week and we share a 499 km border. This is the greatest crisis in the 100 years of our existence as an independent republic. I appeal to the Taoiseach to consider this issue now and set up a dedicated

Department with a dedicated Minister in order that everyone will know to whom to go in the context of Brexit. I do not know to whom I should go to discuss Brexit related issues. Brexit is not just an issue for the Government. It will also impact on future Governments. If I were the Taoiseach, I would appoint the Minister for Finance, Deputy Michael Noonan, as our main Brexit negotiator and give responsibility for finance to someone else. Brexit is the most important issue and he is the one Minister who has gravitas and enjoys respect within the European Union.

**Senator Paul Gavan:** I again refer to the forthcoming elections in the North. I refer, in particular, to a comment made by the Leader in the House yesterday. While I acknowledge that he is a politician who has taken a genuine interest in the North for some time, I take issue with his characterisation of the election in the North as potentially one of orange versus green.

**Senator Jerry Buttimer:** I did not say that.

**Senator Paul Gavan:** The Leader did say it.

**Senator Jerry Buttimer:** No, I said I hoped it would not become that. That is what I said.

**Senator Paul Gavan:** Let me be clear. When Sinn Féin talks about the election in the North and when it calls for a Bill of Rights for all citizens, that is not a green card but a progressive politics card. When we call for equality proofing of budgets, that is something on which everyone should be able to agree. When we call for full equality for the lesbian, gay, bisexual and transgender, LGBT, community and women, we are engaging in progressive politics in the true sense. Of course, Sinn Féin has a vision of an all-island republic, but, to be fair, should every party in this Chamber not have such a vision? At the weekend we had the Towards a United Ireland conference at which the very well respected Unionist commentator, Mr. Alex Kane, asked where Fianna Fáil, Fine Gael and the Labour Party were in terms of their vision of what a united Ireland would look like because we had not heard from them. They were not my words but those of a respected Unionist commentator. I appeal to everyone in this Chamber not to engage in stereotypes regarding green versus orange-----

**Senator Jerry Buttimer:** The Senator should have heard his colleague yesterday.

**Senator Paul Gavan:** Let us be clear - he certainly did not do that. I am proud to stand behind Sinn Féin's vision of progressive politics and a progressive new Ireland. I would welcome constructive engagement and debate on the issue, but to date, none of the conservative parties has had anything constructive to state in that regard. Where are their policy documents on a united Ireland? This project is well under way and in the aftermath of Brexit, it is more likely to move more quickly than some might think. Let us have a debate on it. Let us call in the appropriate Minister - the Taoiseach - to have a debate on where we all stand on a new Ireland and progressive politics in every county.

**Senator Ray Butler:** I wish everybody good health for the coming year.

Yesterday I heard a lot of talk about the rural and social development fund. I welcome the sum of €60 million that has been earmarked for rural Ireland. I wish to talk about the area I know best, namely, retailing in rural towns and closed shops. There are three major issues that need to be addressed in that regard, namely, planning, parking charges and rates. The local authorities must start listening. The development of out-of-town shopping centres has been detrimental to rural town centres. Most of them have free parking spaces for up to 500 cars. In

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the middle of rural towns, however, where family-run businesses are trying to survive, we have parking charges. Planning permission is granted for free parking on the outskirts of towns, but parking charges are imposed in town centres. In England there was a similar situation 15 or 20 years ago when out-of-town centres were built outside cities such as Birmingham, London, Manchester and so forth which decimated the city centres. Now one cannot receive planning permission in England for an out-of-town shopping centre. The government is providing incentives for developments which will rejuvenate town and city centres. We have moved in the opposite direction and been allowing out-of-town shopping centres to be built. I have no problem with the likes of Aldi, Lidl and so forth coming to any town. That said, we must think of the other shopkeepers who have been in a town for a long time. We must also think of town centres. It is terrible to see 15 or 20 closed shops on the main street in towns such as Castlebar because of out-of-town shopping centres. If local authorities are going to continue to grant planning permission for out-of-town centres, the parking charges that apply in town centres should be scrapped because they constitute unfair competition. Parking charges should be abolished in the middle of rural town centres if the local authority grants planning permission for an out-of-town development.

The other issue is commercial rates, on which we have done nothing this since the 1800s, although we did help a number of GAA clubs when issues arose a number of years ago. I have seen countless business people being dragged through the courts on the issue of rates. It must be addressed as we move forward.

**Senator Aidan Davitt:** I wish to raise a matter of major importance, namely, the defrauding of the State through below-cost selling. This is most prevalent among supermarkets and large retailers. When Tesco, Aldi or any other large retailer sells 24 cans of alcohol for €20, while a nearby retailer is selling at the recommended price of €30, there is a 35% loss of revenue to the State on the €10 differential. I ask the Leader to invite the Minister of State at the Department of Health, Deputy Marcella Corcoran Kennedy, to come to the House to discuss this issue in the context of tackling the problem of alcohol abuse. The place to start in that regard is the below-cost selling of alcohol, which is a serious issue. It is costing the State a lot of money in lost tax revenue. It is also causing problems in the health service in filling hospital beds. That is the place to start.

**Senator Tim Lombard:** I had intended to raise a different issue, but following on from Senator Aidan Davitt's interesting contribution on the below-cost selling of alcohol, I agree that intervention is needed in this area. Something must be done to stop below-cost selling and the best way to do it is to reintroduce the groceries order.

It was ended by Deputy Micheál Martin back in the day, but it should not have been. Alcohol was allowed to become a market driver. People were attracted into shops to buy cheap alcohol, the knock-on effect of which was below-cost selling. The groceries order needs to be resumed to deal with this issue. When Deputy Micheál Martin ended it, he drove this issue-----

**Senator Aidan Davitt:** In fairness, bread and milk were the issues at the time, not alcohol.

**Senator Tim Lombard:** When he drove that issue-----

**Senator Aidan Davitt:** There were no other retailers such as Aldi or Lidl in the market.

**An Cathaoirleach:** No interruptions, please.

**Senator Aidan Davitt:** I agree with Senator Tim Lombard's point, but he is not making it correctly.

**Senator Tim Lombard:** Deputy Micheál Martin drove people into below-cost selling which caused a major issue.

**Senator Aidan Davitt:** The Senator is not making his point correctly.

**An Cathaoirleach:** I remind both Senators that the Bill is on the Order Paper and will be fully discussed. Therefore, I will not allow a Second Stage debate on it now. The Senators will have their eight or ten minutes on the issue in the coming weeks and ample time to table amendments.

**Senator Tim Lombard:** I look forward to the debate and contributing to it. We must address the kernel of the matter. It cannot be the case that people can buy alcohol more cheaply than water. That is a major issue. We must put a floor on pricing and the only way to do it is by reintroducing the groceries order.

**Senator Keith Swanick:** Last week I formally submitted proposed legislation, namely, a declaration of independence day Bill. It would formally recognise the crucial and historic events that were the inaugural meeting of the First Dáil and the declaration of independence, made on 21 January 1919, and ensure the designation of 21 January as our declaration of independence day. Given that the 98th anniversary has just passed, it is timely and important that this legislation be in place well in advance of the 100th anniversary in two years' time. Last year's successful year-long 1916 Rising centenary commemorations saw more than 3,500 events held in Ireland and 1,200 abroad. They have introduced a new generation of Irish people to the events of 1916 and their impact on the nation. I have always been struck by how the inaugural meeting of the First Dáil and the declaration of independence on 21 January 1919 have not been commemorated to the level they should. On the 90th anniversary in 2009, a fantastic commemoration was led in the Mansion House by the former Taoiseach Brian Cowen. To ensure 21 January is officially recognised as our declaration of independence day, I have drafted legislation and will seek Senators' support in seeing it through the various Stages. There is no plan to designate a public holiday, but if we passed the legislation, it would allow schools, public bodies and community groups an opportunity to commemorate an important day in an appropriate way. In proposing the Bill I am conscious of the need to adopt the correct approach so as to ensure 21 January 1919, a truly historic day for Ireland, will be given the recognition it deserves. I intend to hold a formal briefing in Leinster House for Members on the proposed legislation and hope they will be in a position to attend.

**Senator Frank Feighan:** Senator Gerard P. Craughwell raised cross-Border health issues, for example, charging people who present at an emergency department in Enniskillen. There has been a great deal of co-operation in the health service. I understand that in recent years 53,000 people have been treated in this way. If there are irregularities, though, they must be addressed. An air ambulance based in Athlone has saved many lives in rural areas in the west and midlands. There is now an air ambulance service based out of the former Maze Prison. We need further co-operation, North and South, to cover areas in need. I look forward to the Departments doing so.

Senator Paul Gavan was right about the call. I watched the conference on a united Ireland with interest. When I chaired the Joint Committee on the Implementation of the Good Friday

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Agreement and also the British-Irish Parliamentary Assembly, I used the term “united Ireland” constantly. However, while I will not call it offensive, some people from another tradition are wary of a united Ireland. I noticed how, when stepping down, Mr. Martin McGuinness called for “Irish unity”. It is a much better phrase. I would like to use the phrase “one Ireland” or “an Ireland together”. Either way, I agree that having a debate is necessary. This is not just a North-South matter but also an east-west one. I come from the tradition of Dr. Garret FitzGerald, the Anglo-Irish Agreement and the Good Friday Agreement. The island of Ireland has taken significant steps, but all sides, including the co-guarantors of the Good Friday Agreement - the British and Irish Governments - need to be involved. I welcome Senator Paul Gavan’s helpful submission.

**Senator Michelle Mulherin:** Naturally, we debate Brexit every day at macro level and in terms of the practical steps that could be taken to mitigate the possible fall-out. As a practical measure, I wish to make a proposal that there be investment in transport infrastructure. We should seek a derogation from EU state aid rules or provide a temporary framework. There is a precedent. Ireland West Airport Knock in my area is being hindered in expanding because it cannot manage to match some of the funding available from the European Union. It is being asked for 25%, but it is seeking a derogation on a figure of 90%. The airport does not have money and is in debt, but it wants to grow infrastructure that is important for the area. Something needs to be done about the state aid rules in order that intervention and investment in transport and other infrastructure would be allowed. I invite the Minister for Transport, Tourism and Sport, Deputy Shane Ross, to explore the matter with the House. Certain other strategic businesses such as in the agrifood industry which will be affected severely could benefit from a temporary derogation or a framework for state aid. When we have good ideas, we are often told left, right and centre that we cannot pursue them because of state aid rules. We are approaching a critical time for the economy and our future and my proposal would allow for a practical debate to take place. Every Department is playing a role. Infrastructure is important.

**Senator Paul Coghlan:** I was concerned to read in this morning’s edition of *The Irish Times* that, according to recent RED C research, Britons who intended to holiday in Ireland would be staying for considerably shorter periods and spending much less money. That surprised me. According to Tourism Ireland, 40% of our overseas visitors come from our neighbouring nation and, with the inevitable fluctuations in currency exchange rates, that 40% will be more inclined to holiday within the United Kingdom as opposed to Ireland. This will have a knock-on effect on tourists from the Continent and further afield who may opt for UK destinations instead. During the past six years the Government has met with unparalleled success in promoting Ireland as a tourism destination. In particular, 2016 was a fantastic year, with 8.9 million overseas visitors, representing an increase of 11%. However, Brexit presents the greatest challenge to our tourism success story. The tourism sector could quickly find that its foundations are built on quicksand if Ireland does not continue to prove to be an attractive and competitive place for holidaymakers. It would be prudent for the Leader to arrange for the Minister to attend the House in early course to outline the Government’s strategy for promoting tourism, with specific reference to the fall-out from Brexit.

**Senator Jerry Buttimer:** I thank the 16 Senators who spoke for their contributions on the Order of Business.

I share Senator Catherine Ardagh’s concerns about the help-to-buy scheme and thank her for raising the matter. The scheme was established by the Government to help first-time buyers, given the critical difficulties in the market. The Government made no apologies for doing so

because it wanted to promote home ownership and allow people to buy. Any roadblock should be ironed out and the scheme immediately changed. It is important that we allow for it to work and, if there are teething problems, for them to be ironed out. I will be happy for the Minister to come to the House to discuss the issue. In order to expedite the matter, I suggest the Senator table a Commencement matter on it because it is important and I share her concern about it.

Senators Catherine Ardagh and Kevin Humphreys raised the issue of air pollution and referred to the impact it was having on the lives of many homeowners and residents in the city of Dublin, in particular. It is a source of concern that in 13 of the areas mentioned air quality is inadequate. It is important that the Minister for Communications, Climate Action and Environment, Deputy Denis Naughten, and the Environmental Protection Agency be allowed to work together on the matter. It is clear that there is a need to consider other initiatives and schemes for diesel cars, as Senator Kevin Humphreys rightly said. There is a proposal to ban the use of diesel cars in some European cities. The Government has taken initiatives to improve the quality of vehicles, but it is a good idea to invite the Minister to come to the House to discuss the issue.

Senators Gerard P. Craughwell, Michelle Mulherin and Terry Leyden referred to Brexit. In the context of the cross-Border health initiative mentioned by Senator Gerard P. Craughwell, there is very strong North-South co-operation on arrangements and protocols in the health sector. Senator Frank Feighan made a similar comment. I will be happy for the Minister for Health to come to the House to discuss the matter raised by Senator Gerard P. Craughwell. If he has a specific medical care issue, he can come back to me because there is a very good North-South relationship, with people being treated for various conditions in hospitals in County Donegal, Altnagelvin and Craigavon.

Senator Rose Conway-Walsh referred to the scandal of tracker mortgages. All of us in the House support the people with tracker mortgages who were affected. They were the unwilling victims of the crisis. However, the Senator did not mention that the finance committee of the Houses of the Oireachtas was investigating the matter. The Governor of the Central Bank was before the committee prior to the Christmas recess. The Central Bank is undertaking an investigation and that work is under way. The report will be brought before the committee. The Governor of the Central Bank will also come back to it. It is important that people be put on the correct rate. As the Minister for Finance, Deputy Michael Noonan, said last night, people should be punished for wrongdoing in that regard. It is a little opportunistic of the Senator to come into the House this morning and not give credit to the Oireachtas for the work that is under way. We all share the sentiments underlying the thrust of the motion that those with the wrong mortgage, the victims, should not be penalised and that people should be taken to task for what has happened.

Senator Frances Black referred to the very tragic death of Shane O'Farrell. I join her in sympathising with his family and will ask the Tánaiste and Minister for Justice and Equality to reply to her request. I do not know what the up-to-date position is, but any measure that could give solace and comfort and a sense of closure in the investigation of the cause of death should be considered. I cannot give any commitment, but I will ask the Minister to liaise with the Senator on the matter.

Senator Kevin Humphreys raised the issue of bogus marriages. I join him in commending all those involved in dealing with the issue. I pay tribute to him because in his former guise as a Minister of State he was very proactive in dealing with it. We also worked together on it. We

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must be very vigilant because, from the events at Dublin Airport this week, there are many ways by which people try to come into the country and stay here. The Senator has, therefore, drawn attention to a very important issue.

Senator Maria Byrne mentioned Ruth Negga and her Oscar nomination. I wish her well and hope she will secure an Oscar. I will be happy to have the Minister for Arts, Heritage, Regional, Rural and Gaeltacht Affairs come to the House to discuss the arts.

Senator Terry Leyden also referred to Brexit and asked who was involved in the negotiations. The Taoiseach is the lead person in the Government.

**Senator Paul Gavan:** That is the problem.

**Senator Jerry Buttimer:** The Taoiseach has appointed Mr. John Callan as a second Secretary General to lead a new division in the Department on Brexit. It is important that we put Brexit in context. The Government is not standing idly by on the issue. The Taoiseach is not sitting in his office twiddling his thumbs. He is travelling throughout Europe and negotiating quietly and effectively with other European and world leaders. It is important that we remain committed to securing a very good deal for the country. I accept that there are huge challenges facing it. Those of us who attended the briefing by IBEC this morning and understand the issue from our dealings with various organisations realise it is important that there be a co-ordinated approach. I accept that Senator Terry Leyden is involved in the Parliamentary Assembly of the Council of Europe, but it is important that we do not try to score political points. We must ensure we retain a strong interest in the context of the North but equally in the context of the component parts of the economy.

**Senator Terry Leyden:** Why is Mrs. Theresa May not taking control of the negotiations on Brexit instead of giving it to a Minister?

**Senator Jerry Buttimer:** I cannot answer for the British Government.

**Senator Terry Leyden:** I am not criticising the Taoiseach.

**An Cathaoirleach:** It was a cogent point.

**Senator Terry Leyden:** Thank you. It is appreciated.

**Senator Jerry Buttimer:** The Government has a clear and comprehensive plan on Brexit. What we must do is protect and advance the country's interests, whether it be trade, the economy, Northern Ireland, the peace process, the issue of a physical border, the common travel area or the future of the European Union. We are very clear on what we are doing. Fine Gael is a member of the European People's Party, the largest grouping in the European Parliament. To be fair, we have had discussions and will have further discussions on how, as a House, we can progress Ireland's case and cause. I will be happy to work with everyone to that end. If Senator Terry Leyden has suggestions to make, I will be happy to pass them on. I am not trying to minimise his contribution or denigrate him in any way-----

**Senator Terry Leyden:** It is a genuine view that I hold.

**Senator Jerry Buttimer:** -----but it is far too serious and important an issue for Members to come into the House to try to score political points, although I do not say that is what he is trying to do.

**Senator Terry Leyden:** No, I am not.

**Senator Jerry Buttimer:** Senator Paul Gavan spoke about the elections in the North. I think he completely misrepresented the point I made yesterday. I understand that in the cauldron of election battles people take positions, but what I said yesterday was that language was important and that the contributions of certain Senators yesterday were very political and one sided. I have always taken the view that we must take an all-island approach to the North. It is about the people of the North having their say in who they should elect to the Stormont Assembly. The point I made was that I hoped people would not wrap a green, white or orange flag around them but that they would represent their communities and campaign in free and fair elections. I do not agree with the Senator's point that the Government is remiss. It is working to achieve continued implementation of the Good Friday Agreement and ensure the continuation of the stability and peace that have been brought to the North. We will work with all sides in that regard. I do not want to see people engage in a stereotypical debate. I have good time for the Senator, but I challenge him to look at the record of his party's members in pursuit of the LGBT agenda, in particular, to see what was achieved.

Senator Ray Butler referred to the rural development fund. He made a very important point about planning, parking charges and rates. I will be happy to have the Minister for Housing, Planning, Community and Local Government come to the House for a debate on the issue.

Senators Aidan Davitt and Tim Lombard raised the issue of below-cost selling. As the Cathaoirleach rightly said, the Minister was ready to bring the alcohol Bill before the House. It is important that we all understand alcohol is a market driver. We should all unite on measures to see it being diluted because none of us can excuse the fact that per unit alcohol is now cheaper than water. Senator Tim Lombard is correct that it was the abolition of the groceries order that led to this happening.

I commend Senator Keith Swanick for introducing the Bill to highlight the importance of the date 21 January 1919. It was an historic day. At the risk of introducing a discordant note, I do not think it should be considered to be declaration of independence day because I do not think we are all independent yet. We have yet to achieve a 32 county Ireland, of which I am a very strong proponent. However, we should all support what the Senator is trying to do because that date in 1919 is a very important one for the country. Senator Frank Feighan also raised the matter.

Senator Michelle Mulherin raised the very topical issue of state aid rules. I will be happy to have the Minister for Transport, Tourism and Sport come to the House to discuss it. One of the points made at the briefing by IBEC this morning was about infrastructural investment, state aid rules and public private partnerships. We must examine how we can address the deficits in infrastructure. In that regard, we will need to revisit state aid rules, the funding available from the European Investment Bank and public private partnerships.

Senator Paul Coghlan referred to tourism and, in particular, the findings of the RED C research mentioned in today's edition of *The Irish Times* which indicate that tourists from the United Kingdom will stay for shorter periods and spend less money. It is important to state the tourism sector has experienced huge growth in the past few years. This and the previous Government have probably been the most pro-tourism Governments we have ever had. It is important that those involved in the industry play their role, including in pricing. As stated by the Senator, prices must be attractive and competitive. Those of us who stay in hotels know that

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their rates and food prices have increased exponentially. We have all heard the stories told on various programmes about the cost of accommodation increasing when concerts and big games are announced. It is important that those involved in the tourism industry work with everybody else to ensure Ireland's product will remain competitive to attract overseas visitors. If I were a tourist and wanted to visit Ireland, I would be put off by the price of hotel accommodation in Dublin, for example. The Irish Hotels Federation and the tourism industry as a whole have a duty to work with the rest of us to ensure Ireland will remain competitive and attractive. The Government is willing to work them to achieve that end.

I welcome Mr. Adrian Hogan from Limerick who is in the Visitors Gallery. He has visited the local authorities in the 32 counties of Ireland and had his photograph taken with the mayors and cathaoirligh of many local authorities. I congratulate and thank him for the work he has done. I am sure the pictorial record which I understand will be incorporated into a book for publication will be a fitting legacy of his travels.

Order of Business agreed to.

*Sitting suspended at 12.25 p.m. and resumed at 12.50 p.m.*

### **Health Service: Statements**

**Minister for Health (Deputy Simon Harris):** I am delighted to be back in the Seanad to have an opportunity to have a discussion about the health service and outline some of my priorities for the health service during 2017. When I spoke to the Seanad in July last year, we had what I considered to be a frank and positive exchange on a number of issues. I look forward to an equally interesting exchange of ideas today. On that occasion in July I spoke of my hopes for building a health service that would make us all proud as citizens. We have a unique opportunity to put in place a long-term vision for health services. Eight months on, I have not lost that sense of hope. We continue to face challenges and I get frustrated like everyone else on behalf of patients waiting on trolleys or for an appointment. It makes me and must make all of us more determined than ever to tackle the problems we face.

When I was appointed, it became abundantly clear to me that this was going to be a process that was going to take a number of years and that what we needed was to try to build a political consensus on a direction of travel in order that when the Minister changed, the plan would not change. When I have visited hospitals and other facilities within the health service, what I have detected from many people working within the service is frustration that every time the Minister or the Government changes, the policy and plan change. It is almost like going back to the beginning and starting all over again. We need to genuinely try to embed long-term planning and building blocks for where we want to get to. In my visits to hospitals and health facilities it has been valuable and important for me to see for myself what professionals, patients and families experience and there are positives and negatives too. I have witnessed the exceptional levels of commitment of health care professionals and had so many patients tell me of the great care they have been given and how the treatment they have received has improved their lives, but equally I am not blind to the fact that we still face significant challenges. We all know someone who is accessing services, a family member, a friend or a colleague. We all share the same goal. Each of us wants to have a health service where people feel valued, respected and well cared for and a service where the patients are at the centre.

We are now back in an era of reinvestment in health care. The budget for 2017 delivered the highest ever health budget in the history of the State, at €14.6 billion. This unprecedented investment will serve to make a real difference in the services we can deliver. It is not just about the size of the budget. It must also be about where that money is spent, where the focus is and the output and the outcome from the patient's perspective.

I would like to set out some of my priorities. I acknowledge the distress for patients and their families and the impact on staff caused by cramped and overcrowded conditions in many hospital emergency departments. Behind every trolley number - there is a patient in need of effective, timely and compassionate care from the health service. We must all try harder across the health service and do more to improve the experience of every single one of these patients. I am very conscious of the unacceptably high number of patients on trolleys at the beginning of the year, but I am glad to report that while numbers remain far too high, they have reduced more recently and now remain consistently lower than each of the corresponding days of last year. In fact, the number of patients on trolleys in January this year, although far too high, is lower than the number of patients who were on trolleys in January last year. It is important to acknowledge, not politically, the intensive efforts of staff and management across the health service who have contributed greatly to stabilising the situation after the high number reached immediately after Christmas.

The rate of increase of flu throughout the country increased substantially in the weeks directly after Christmas and the strain of flu circulating has been affecting elderly people in the main. I know people ask is there not flu every year. Of course, there is, but there are different strains and different times when flu strikes. This was a particular strain of flu of which we had last seen a prevalence in Ireland in 2009 and it was a particular strain that impacted on older citizens, as we saw with the very significant increase in the number of older patients requiring health services. Although recent figures from the Health Protection Surveillance Centre suggest this outbreak of flu may be reaching its peak, thankfully, I continue to urge all "at risk" individuals who have not, as of yet, received the flu vaccination to contact their general practitioner or pharmacist as soon as possible. It is still not too late to be vaccinated.

Some €40 million in additional funding was provided for the winter initiative 2016 to 2017 to help to alleviate overcrowding. I would like to report to the House on the implementation of this initiative. One of the key objectives of this year's plan is to reduce the numbers of patients waiting to be discharged from hospitals by providing the specific supports and pathways to allow patients to move home or to an alternative suitable community setting which meets their needs. Achieving this objective frees up beds in the acute hospital system, thereby reducing overcrowding in emergency departments. However, it does much more than that. It is about the dignity of the patient, the person who is ready to go home, who does not want to be stuck in an acute hospital and who wants to go home and be in a more appropriate setting. I want to commend those teams across acute hospitals and social care that work together on a daily basis because they have exceeded the target set in the winter initiative and reduced the number of delayed discharges in hospitals to an all-time low, with 458 people recorded last week, down from 638 at the start of the winter initiative.

A number of other practical measures have also been implemented. We have seen over 7,500 patients avail of community intervention teams, meaning that these patients were able to avoid hospital or be discharged earlier from hospital. Of this number over 1,000 patients received treatment directly from funding provided under the winter initiative. We have seen almost 3,500 patients avail of aids and appliances, enabling them to be discharged from hos-

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pital. We have seen 670 additional home care packages and 330 additional transitional care beds. We have seen an additional 35 acute beds open before Christmas in the Mercy University Hospital in Cork, Beaumont Hospital and the hospital in Mullingar. On 5 January I sought and received additional, enhanced measures from the HSE and these measures focus particularly on augmenting the supports for primary and community care services, targeting acute capacity, opening additional transitional care beds and more beds in acute hospitals.

Reducing waiting lists is a key priority in 2017. It is not necessarily the headline number - how many patients are on a waiting list - that is a cause of concern to patients. It is how long they must wait. I am encouraged that we were finally able to make some progress in 2016. We made investments in a targeted way, as a result of which we saw the number of patients waiting over 18 months for a procedure halved. We saw the first fall in the overall numbers on waiting lists in around two years. Now we have put aside €20 million for the National Treatment Purchase Fund, NTPF, in the budget for 2017, and committed a further €50 million in 2018. That is €70 million for dedicated waiting lists initiatives, to get down the length of time patients are waiting. We used to be quite good at this before the economic crash and we really need to get back to it as quickly as possible. I acknowledge the considerable work done across hospitals and in conjunction with the NTPF to reduce waiting lists.

Senators Colette Kelleher and Colm Burke have raised a specific issue about Cork University Maternity Hospital, on which I am sure they may touch later. I am very concerned about that matter. I do not understand how we have arrived at a situation where the waiting lists in Cork are twice as long as the next highest. It is not acceptable. Every hospital has gone through the same challenges in terms of finances, but we need to get in under the bonnet of what has happened in Cork. I had a very good meeting with the consultants there a couple weeks ago and will be following up on it with them. I have asked them, the new maternity strategy team in the HSE and the soon to be new clinical director for maternity services to report back to me on a range of suggestions they want to see implemented. I am looking forward to having a further meeting and engaging further with Members of the Oireachtas from Cork in that regard.

We need to have a very honest debate about how we are going to break what has now become a vicious cycle. Every year for the last two decades, if not longer, the Minister for Health of the day has stood here, or in a spot similar to here, and talked about hospital overcrowding, trolleys and apologised and meant it. Ministers have done their best to improve it, but they have never managed to break it. The reason we have never managed to break it is that we have failed to take a number of the fundamental steps that we are now going to take and on which I want to hear the views of Senators in terms of what we need to do. Some of those on which I would like to touch are bed capacity, recruitment and retention and making the decisive shift to primary care services a reality, rather than just a catch-phrase.

On capacity, my Department will undertake a capacity review in line with the commitment in the programme for Government. Systematic analysis of the capacity requirements of the health service is an obvious requirement of proper planning and management. Such reviews should ideally be undertaken on a periodic basis and have a medium to long-term focus. The last report was in 2007. There is no doubt that a review at this stage is appropriate, given that we are all aware of population and demographic changes in the interim. I cannot understand how the last new acute hospital we built was in 1998. If the Minister for Education and Skills was standing here and said the last school we built was in 1998, we would all understand why there would be a problem in accessing school places. We have not built a new hospital since 1998, yet demographic pressures have increased. The troika was not in town for all of those

years. This is a collective challenge to which we are going to have to rise. We need a capital investment, an investment that will result in an increase in bed capacity. We need to do this properly and on the basis of evidence.

We need to see where the beds are needed and how much more we can do in primary care services. If we really implement and embed primary care, how many beds should be in the community, rather than acute hospitals? How will we manage chronic diseases? These are all issues that need to be considered in the provision of acute and non-acute beds. For that reason,

*I o'clock* I am anxious the review will have a wider scope than previous reviews and will examine key elements of primary and community care infrastructure, in addition to hospital beds. Initial work on the capacity review has focused on expanding the concept of a preferred model of care and how it can inform the assessment of future capacity requirements. Given the current pressures being experienced within hospital services, the process must also have a short-term focus and determine how capital investment in the coming years can be best targeted. We need to have a clear crystallised ask for the mid-term capital review in the context of capacity.

I take the opportunity to address the recruitment and retention of nurses and midwives. The Department, the HSE and I recognise the importance of recruiting and retaining nurses and midwives in the public health service. As I have said on a number of occasions, recruitment is one of the key building blocks we need to put in place to break the cycle. It is also recognised that the fall in numbers employed between 2008 and 2013, from 39,000 to 34,000, had to be addressed when the moratorium ended. There is a global shortage of nurses and midwives and it is a challenging environment in which to grow nursing and midwifery numbers. However, the number of nurses and midwives employed in the public health service increased from 34,178 at the end of 2013 to 35,835 at the end of December 2016, an increase of 1,657 nurses. I accept that there is much more we need to do and initiatives are under way to improve staffing levels throughout the country. The HSE is offering permanent posts to 2016 degree programme holders and full-time permanent contracts to those in temporary posts. So many nurses to whom I have spoken who went abroad left because they did not have the option of a job in the health service, or certainly not a job on a contract for longer than a number of months. That is no longer the case. The HSE is also focused on converting agency staff to permanent staff, while also accepting that there will always be a need to have some element of agency. The HSE's national recruitment service is actively operating rolling nursing recruitment campaigns. The campaigns encompass general, mental health, intellectual disability and registered children's nurses and also midwives. In addition, a relocation package of up to €1,500 continues to be available to nurses who return from overseas.

The HSE ran a three-day open recruitment event over the Christmas holiday period in Dr. Steevens' Hospital for nurses and midwives from all disciplines who are interested in working in the public health service and 220 candidates attended the event. I also had the opportunity to attend. A total of 115 nursing and midwifery candidates were deemed successful and placed on a panel following an interview. The files on successful candidates have been passed to the contracting unit. It was the first of a number of career and recruitment events for nurses throughout 2017, with the next one scheduled for 31 March.

In September 2016 the HSE set up a project group to review nursing workforce planning, recruitment and retention. The main objectives of the project group include identifying current recruitment black spots in a co-ordinated way and developing measures to incentivise and attract nurses to these essential posts. I accept that nursing recruitment and retention are chal-

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lenging issues. We are engaged in discussions with the INMO. It is important in the interests of the health service that we have these discussions and outcomes from them because the health service needs stability in the interests of all patients and does not need any disruption. The talks adjourned last night and management will revert to the INMO later this week with details and further nursing and midwifery recruitment measures to be undertaken in 2017. The challenge this year and the objective is to recruit 1,000 additional permanent nursing posts. These posts are provided for in the HSE's service plan and HSE management is committed to engaging constructively with the INMO to address its concerns and agree a range of initiatives that will support future recruitment.

I am firmly committed to making the decisive shift of the health service to primary care a reality in order to deliver better care close to home in communities across the country. The programme for Government emphasises the need and focus on enhancing primary health care services, including the building of GP capacity, increasing the number of therapists and other health professionals in primary care services and continuing to expand the development of primary care infrastructure.

The Government is also committed to ensuring patients throughout the country will continue to have access to GP services, especially in remote rural areas and also in disadvantaged urban areas, and that general practice will be sustainable in such areas. There have been significant developments in general practice services recently, with more services being made available to citizens and additional support provided by the HSE. I have emphasised repeatedly the need for a new GP services contract which will help modernise the health service and develop a strengthened primary care sector. Health service management has already progressed a number of significant measures through engagement with GP representatives, including the following: free GP care for all children under six years and those aged over 70; a specific diabetes cycle of care for adult patients with type 2 diabetes; a new rural practice support framework; and a revised list of special items of service that can be provided by GPs. The effect of these measures has been an increase in State funding to general practice of approximately €100 million as well as, importantly, improving services and accessibility for patients.

Preparations for the next phase of discussions on a new GP contract are under way. I am keen to ensure future contractual terms for GPs will enjoy the support of the broad community of GPs. In that regard, officials from the Department of Health and the HSE will engage with the relevant GP representative bodies on a wide range of matters which will need to be encompassed by the contract development process. The aim is to develop a new modern GP service contract which will incorporate a range of standard and enhanced services to be delivered. If we can get this right, we can unlock new potential in primary care services. GPs want to do more, they tell me they can do more, we know they can do more and they are qualified to do more, but they need to be resourced and supported to do more. We cannot expect them to do more or patients to benefit from more when people operate on a 44 year old contract. The new GP contract is a major priority for me in 2017 and a major priority for the Department of Health and the HSE.

Many Senators will be interested in the Government's commitment to providing medical cards for children in receipt of domiciliary care allowance. The Department recently received permission to draft a new Bill to deliver on the commitment that all children, in respect of whom a domiciliary care allowance payment is made, will automatically qualify for a medical card and will, therefore, no longer be subject to the medical card means test at any point in the future while in receipt of domiciliary care allowance. The legislation is being prepared and will

be brought before the Oireachtas as quickly as possible. With the help and assistance of Senators, I would like to have it passed and issue the medical cards as early as possible this year. In addition to the preparation of the legislation, I have asked the HSE to commence the process of planning for the requirements of the scheme, how the cards will issue and how people can apply for them in order the proposal can be implemented in a smooth and efficient manner. This will benefit approximately 10,000 children with certain disabilities and special needs who do not receive a medical card. It will also benefit 30,000 children in receipt of domiciliary care allowance who have a medical card but are subject to reviews. The reviews will no longer be necessary.

I have been asked for an update on the relocation of the National Maternity Hospital to St. Vincent's University Hospital campus and I am pleased to provide one because it is such an exciting flagship project for maternity services. In fact, the area of maternity care is one in which we are making significant progress. Following from what I have described as a landmark year for maternity services in 2016, the agreement reached on a governance structure for the new National Maternity Hospital at St. Vincent's University Hospital has enabled the project which was stalled to recommence. The existing National Maternity Hospital has been located at Holes Street since 1894 and much of the existing building dates from that era. Its redevelopment has been a Government priority for some time; in fact, it has been a priority for many Governments and I am very pleased we will get on with it and it will proceed. A planning application will be launched early this year. I have seen the exciting designs for the new hospital which will cater for up to 10,000 births per annum. The design team has produced a very high-quality design which integrates the new maternity hospital into the existing St. Vincent's University Hospital building. I have no doubt that such a state-of-the-art development will raise the international profile of the entire St. Vincent's University Hospital campus. In that regard, the potential for cross-campus research and development is immense. Work to finalise the strategic infrastructure development application is under way and I expect the application to be made to An Bord Pleanála early this year. The new maternity hospital will give physical expression to the new model of care proposed by the national maternity strategy and will ensure women will receive care in an environment where their need for dignity and privacy is respected. The level of care provided in the hospital is superb and it has a long and proud tradition, but the building is simply not fit for purpose. It does not provide women with the dignity and privacy they deserve and should expect and it certainly is not acceptable for staff to have to work in the building either. We need to get on with this project as quickly as possible.

We are very committed to progressing the development of maternity services in general and 2016 saw the publication of Ireland's first ever national maternity strategy. In some sense, it is unbelievable we did not have one before 2016. The HSE's national standards for bereavement care following pregnancy loss and perinatal death were also published in recent months, as were HIQA's national standards for safer better maternity services. These three publications represent key building blocks to provide a consistently safe and high quality maternity service. In addition, the new national women's and infants' health programme will lead the management, organisation and delivery of maternity, gynaecology and neonatal services, strengthening such services by bringing together work currently undertaken across primary, community and acute care services.

I should also mention that additional funding provided last year and continued this year has enabled us to build capacity in the maternity workforce, including the approval of an additional 100 midwives, including for the development of specialist bereavement teams.

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It also provided for the implementation of the maternal and newborn clinical management system, the new electronic health record system which I saw in action when I visited Cork University Maternity Hospital. Yesterday, in just 24 hours, the eHealth team visited every other maternity hospital in the country in an initiative to quickly establish the next steps in rolling out the electronic health record system across the maternity network.

In a related development, I want to see construction start in 2017 on the National Children's Hospital. The Government decision that the new children's hospital should be co-located with St. James's Hospital on its campus in Dublin 8 was made in the best interests of children, with clinical considerations paramount in the decision. Co-location with St. James's Hospital and, ultimately, tri-location with maternity services on the St. James's Hospital campus will deliver the excellence in clinical care children deserve. St. James's Hospital has the broadest range of national specialties of all acute hospitals, as well as a strong and well established research and education infrastructure, making it the acute hospital that best meets the criteria to be the adult hospital co-location partner.

While we must invest in children's health, we must also consider the needs of older people. We know that we live in a country where people are growing older. This year we will see an additional 20,000 people over the age of 65 years and another 3,000 over the age of 85; therefore, Government policy must be about providing care in the community for older people in order that they can continue to live in their own homes. A political consensus is emerging on this issue. We have a statutory care scheme for nursing homes. We say that, as a country, we want older people to be able to live and grow old in their own homes, yet the only statutory scheme states a person must go into a nursing home. We need to underpin home care through a statutory scheme. I know that there are a number of ideas across this and the other House about how to do this and we will have a debate on it in the other House. The Minister of State with responsibility for mental health and older people has taken a significant step in launching a consultation scheme and listening to the views of older people and policy makers in order that we get this right. It is really important that we get it right and that there are no unintended consequences. Bearing in mind the fact that thousands of people benefit from home care packages, we do not want to accidentally impact on them. We need to get the public consultation process under way, have it concluded within months, allow people to have their views and get on with legislating for it. Meanwhile, a review by the Health Research Board of the way in which home care services are funded and regulated in four comparable European countries which was commissioned by the Department of Health last year is to be published shortly. I hope it will inform all of our thinking on future decisions about the structure and governance of home care services.

A Programme for a Partnership Government is committed to reducing the cost of medicines, including prescription charges, for medical card holders. In budget 2017 the Government announced that the prescription charge for medical card holders aged 70 years and over would be reduced this year. This measure will benefit over 300,000 people. Legislation is required to introduce this reduction and it is being drafted. I will continue to examine opportunities to address the cost of the charge to patients having regard to the funding available.

That brings me to the particular issue we, in common with many other countries, are facing concerning the cost of medicines. Advances in medicines have played a key role in improving the overall health of the population. However, it comes at an ever-increasing price. For example, the medicines bill in Ireland increased from €400 million in 1998 to over €2 billion in 2016. Securing access to innovative medicines for citizens at an affordable price is, therefore, a major challenge but one that is not easily solved. A number of key initiatives have been introduced in

recent times, including agreements with industry, the most recent being signed in June last year, as well as the introduction of generic substitution and reference pricing. These initiatives have generated significant savings and reduced prices in Ireland to a more sustainable level. That is to be welcomed. Nonetheless, the medicines bill is forecast to rise significantly in the years ahead, driven primarily by the increase in cost and usage of recently introduced medicines and the very strong pipeline of new medicines. Therefore, the financing model for medicines needs to be both sustainable and affordable. However, the pricing model proposed by the industry must also be sustainable and affordable. It is important that we challenge the pricing structure and practices adopted by the pharmaceutical industry where they are wrong in order that patients can access innovative products. That is why I have reached out to my colleagues in other countries seeking international collaboration in this area. I attended an OECD health ministerial meeting in Paris last week. Countries around the globe are facing the same challenge, but if we do not work together as countries - certainly as EU member states - in the same way the drug companies collaborate with each other, we will be unable to meet this challenge; therefore, we must work together. We have huge buying power when we work with other countries. I was impressed with what the Benelux countries had done in coming together to buy drugs and we can learn a lot from them. Therefore, I am in talks with a number of other EU and OECD Health Ministers to see how we can share information and help each other in order that citizens in all of our countries can access drugs.

Turning back to my priorities for 2017, we will also see a new national cancer strategy. I am very excited about its publication which will happen in the coming weeks. It is a strategy for the development of cancer services for the next ten years. Much of the heavy lifting was done by my predecessors in getting the model of care right. We must now look at things like survivorship. Thankfully, people are living beyond cancer, but how do we look after them after cancer? How do we look after all of their needs such as their psychological needs, their well-being and the needs of their families and help them to get back into employment? The new national cancer strategy will endeavour to set out a roadmap in that regard.

We will also publish an implementation plan for the neurorehabilitation strategy, which is so important. It concerns how we look after people who need neurorehabilitation such as those who have suffered a stroke and those with multiple sclerosis or a range of neurological conditions. I thank all of the stakeholders and interest groups that have worked with us in that regard. We need an implementation plan and it will be published this year and provide the roadmap for the delivery of the service. It is specifically mentioned in the service plan and is a priority.

I will also take the opportunity to mention some priorities being progressed by my ministerial colleagues at the Department of Health. Empowering people with disabilities to live independent lives and have greater choice and control over the services and supports they need to make that goal a reality is a key priority. The Minister of State with responsibility for disability issues is progressing that commitment through the task force on personalised budgets. It involves actually empowering people with disabilities, not thinking that the State's responsibility stops when it writes a cheque and sends it to a service provider. It involves asking people with disabilities what they want done with those resources and what they want for their lives. The Minister of State is leading on that issue.

The Minister of State with responsibility for health promotion is driving the health and well-being agenda. Work is progressing on the public health (alcohol) Bill which is really important legislation that needs to be passed and enacted and on implementing A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016-2025. We are on course to be the most obese nation

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in the European Union if we do not get on with delivering on this plan.

The Minister of State with responsibility for communities and the national drugs strategy is actively progressing a new national drugs strategy which will set out Government policy from 2017 onwards in the areas of drug awareness and prevention, treatment of substance misuse and addiction, promoting rehabilitation, reducing the supply of illicit drugs and piloting supervised injecting facilities. I expect progress on the legislation related to injecting facilities in the coming weeks.

The Minister of State with responsibility for mental health and older people chairs the national task force on youth mental health. This group is considering how best to introduce and teach resilience, coping mechanisms and greater awareness to children and young people and how to access support services voluntarily at a young age.

I thank the Seanad for inviting me again and look forward to hearing Members' thoughts and views on the direction the health service should take. I have tried to touch on a number of issues, health being a broad topic. I will be delighted to interact on any other issue.

**Senator Keith Swanick:** I thank the Minister for coming to the House to facilitate this debate. We all know the pressures the health service is under. The Minister is aware of my belief the problems we see in secondary care services will never be rectified until primary care services are adequately resourced. To that end, we need to reinvest our efforts in training more young GPs, practice nurses and community health nurses. I know that we spoke about the funding of the Institute of Community Health Nursing this morning during a Commencement debate, for which I thank the Minister.

I believe in a solution driven and pragmatic approach. To that end, I urge the Minister to sanction some extra funding for general practice out-of-hours services in order that multiple GPs can work during particularly busy periods from mid-December to mid-January to help to reduce referrals to emergency departments. It is a simple, practical and solution-driven idea that would alleviate some of the pressures on the secondary care system.

I also ask the Minister to review the district hospital network, particularly district hospitals in rural areas like my own. Senator Rose Conway-Walsh is also very familiar with the hospital in Belmullet. These hospitals are a good distance from acute hospitals. For example, the hospital in Belmullet is over 50 miles from one. The community hospital network should not be seen as a relic of a bygone era. Community hospitals have a pivotal role to play in a modern health service as they can fulfil multiple roles. For example, they can prevent admissions to acute hospitals because GPs can admit directly to them. They also facilitate discharges from acute hospitals. If somebody has a hip replacement, he or she can be transferred to a community hospital and receive rehabilitation with the help of a community physiotherapist in the community, thus freeing up an acute hospital bed. More importantly, district hospitals can play a role that has been under-utilised. They can work as an interface between the fair deal scheme and the acute hospital sector. If somebody is an acute hospital patient and applies to participate in the fair deal scheme, he or she often waits a number of weeks in an acute hospital bed, possibly up to 12 weeks. There is no reason a patient cannot be transferred to a community hospital in the intervening period before being transferred to a nursing home. That is another role at which we should look.

We also need, as the Minister said, to encourage community based investigations in general

practice. My surgery has an ultrasound scanner, a DEXA scanner for osteoporosis, spirometry for breathing testing and audiometry for hearing, to mention a few, but they are being under-utilised as there is no funding model available for medical card patients. This means that patients are disenfranchised as they have to travel to acute hospitals to have these investigations carried out, when they could be carried out in the community.

I take the opportunity to touch on two further topics. One is alpha-1 antitrypsin deficiency and the other is narcolepsy. The Minister will be aware that 350 people throughout the country have been diagnosed with alpha-1 antitrypsin deficiency. It is the most common genetic lung disorder in Ireland and can lead to severe lung, liver and skin problems. The majority of people with alpha-1 antitrypsin deficiency present with emphysema or chronic obstructive pulmonary disease, COPD. A new groundbreaking drug called Respreeza was shown to slow the progress of emphysema in a recent clinical trial. It was called the rapid study clinical trial and 21 Irish alpha-1 patients took part. Since the trial ended these patients have been receiving the treatment from CSL Behring on a compassionate use basis. On 26 July last year patients were informed by the company that it would stop providing this treatment on 30 September. On 23 September this date was extended until the 31 December 2016. Two further extensions were given, one until the end of January and the other until 28 February. The people concerned are living in limbo, waiting month to month to find out whether they will receive the treatment which is changing the quality of their lives for the better. Unfortunately, on 9 December, the National Council for Pharmacoeconomics, the NCPE, published a decision to recommend against funding Respreeza. Alpha-1 patients are naturally devastated by this decision. They desperately need this issue to be resolved to prevent further distress and anxiety. I would be grateful if the Minister considered this issue.

The Minister will be familiar with the organisation SOUND, the support group for sufferers of unique narcolepsy disorder. It is seeking support to fund a national narcolepsy and related disorders service at St. James's Hospital. It is envisaged that the unit will complement the existing paediatric service for younger people with narcolepsy. It is something which is urgently needed. Its cost, €1.6 million, is a drop in the ocean in the grand scheme of things within the HSE. The reason this is particularly time sensitive is that the 80 young people who suffer from narcolepsy as a result of the pandemrix vaccine will soon be adults and will no longer be provided treatment under paediatric services. There are approximately 1,600 patients with narcolepsy in Ireland. SOUND represents the people who developed the disorder as a result of the swine flu pandemrix vaccine. There are 80 plus members and the funding amount of €1.6 million will provide staff, including a neurologist, a neurophysicist, a respiratory consultant, clinical nurse manager, dietitian, laboratory nurse and four laboratory technicians. The recognition of the association between the pandemrix vaccine and narcolepsy disorder has exposed the lack of proper treatment pathways for patients. A 2012 Government report recognised the link between the vaccine and the disorder and it was withdrawn from clinics. Sufferers have to live with a range of debilitating symptoms, including hallucinations, cataplexy, increased risk of accidents and obesity, to name just a few. It is an incurable, life-long illness which impacts on all areas of their daily lives. This is a unique problem. As a result of a public health programme, there are over 80 young people who will never know what a normal life is. There needs to be a commitment from the Government to ring-fence funding in order that life-long supports will be put in place for sufferers. There must be a seamless transition from paediatric treatment to the treatment of adult sufferers and a commitment for a multidisciplinary centre of excellence.

**Senator Colm Burke:** The health committee meeting is starting at 1.30 p.m. and as we

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are under pressure to attend that meeting, it is unfortunate that it is clashing with this debate. However, I appreciate the Minister coming into the House to attend the debate.

It is interesting to look at the figures for accident and emergency medicine. As I understand it, last year approximately 1.3 million people attended emergency departments. My understanding is that figure is up around 6.5% or 7% across the country, which means that in real terms there are some 1.35 million to 1.4 million attendances, or approximately 26,900 per week. That is a huge number of people attending emergency departments. If there is a sudden increase of 20% in any one week, that is an increase of over 3,500 or 4,000 people into the system. It works out at around 3,800 per day. That is the challenge the staff who are working in the hospital system face. About 25% of that number are being admitted to hospital.

Demographic changes are an important factor and present us with a major challenge. I visited a hospital before Christmas. In 2015 it cancelled 40% of its elective surgery cases because of emergency department admissions. Its biggest challenge was a 12% increase in the number of people over 80 years of age who were admitted to emergency departments. That is a huge problem because it is very difficult to say a person in that age group can be referred home easily or sent back to a nursing home. As there is a higher level of risk, there must be a higher level of service provided for that age group. That is a major problem we are going to have to address in the next few years.

Having studied the set-up of the health service in the past few months, I understand we are on a figure of about 2.8 beds per thousand. The OECD equivalent is 4.3 beds. I understand Germany has 8.3 beds per thousand. The Minister is right to say there has been no major hospital centre built since 1998. Nothing was built between 1998 and 2008 at a time when we were flush with money. Even starting the process of building new hospitals takes time. We have been talking about the new children's hospital for almost 25 years. We now need to start planning for new building programmes. The Irish Association of Emergency Medicine, IAEM, produced a report in 2012. We need to look at it now and take on board what it states as we have parked this issue for far too long. It sets out clearly what needs to be done regarding trauma networks, emergency networks, emergency care networks, clinical decision units, staffing levels and advanced nurse practice. Very little of the report has been implemented. It is something at which we need to urgently look, including discussing with the IAEM how we can best deal with it.

We seem to have a big problem - my colleague Senator Colette Kelleher is also involved in this issue in the case of gynaecological services in Cork - where there appears to be one set of plans by the administration and another by the medical workforce. As a result, patients are suffering because there is no co-operation and co-ordination between the two, which is unfortunate. Some 4,000 people are now waiting for gynaecological services in Cork. I agree with the Minister and I am surprised that this has been allowed to happen. It appears that we have a problem with the administration not reacting fast enough to such situations. Even in 2009 there was a substantial waiting list of over 2,900 people. That figure has grown since because it was not dealt with. We have a problem in building a new maternity unit and providing two theatres for gynaecological services. Only one has been opened in the past ten years and it is only open for 3.5 days per week, which does not make sense. Many hospitals are looking for theatres. This is a hospital that has theatres but the staff cannot be provided.

There have been a number of proposals to deal with these issues, to one of which, the National Treatment Purchase Fund, the Minister referred. I am not satisfied that is the solution in

Cork. One of the solutions put forward in the case of gynaecological services was buying space in another facility. The available doctors would then be allowed to perform the procedures in another facility in order that care would be continuous and patients would not be passed from A to B and back to A again, which does not allow for the same continuity. This issue needs to be examined. My understanding is space is available in other units to deal with these patients. We should not have to debate this matter today. It should have been highlighted and dealt with long before 4,000 people were on waiting lists.

It has been identified that a six-bed day care unit for gynaecological services in Cork should be prioritised, as it would allow for fast-tracking. Approximately 42% of all patients waiting for gynaecological services are doing so at Cork University Hospital. This matter needs to be addressed. The Minister referred to hospitals and the need for increases, but he should remember that, between 1986 and 2016, Ireland's population increased by 1.2 million. The population of Cork alone increased from 410,000 to 542,000, or more than 30%, but we did not receive one new hospital bed in those 30 years. That is why we need to prioritise a second major facility for Cork. We have good hospitals in the Mercy University Hospital and South Infirmity Victoria University Hospital, but they are no longer capable of dealing with their workloads. The 1960 Fitzgerald report set out clearly what needed to be done in Cork, including the provision of two major hospitals. We built one, but we do not even have a site for the second. This issue needs to be given priority and accelerated as soon as possible.

I thank the Minister for the work he and his Department are doing, but we must prioritise a number of issues in the next 12 months.

**Senator Máire Devine:** In case I do not go over time and have some left-----

**An Leas-Chathaoirleach:** I will be watching the Senator. She should not worry.

**Senator Máire Devine:** -----could Senator Rose Conway-Walsh take the remainder?

**An Leas-Chathaoirleach:** Do the Senators wish to share?

**Senator Máire Devine:** No, because I am not sure how much time I have. We will see, given the rush on time.

**An Leas-Chathaoirleach:** The Senators are playing it by ear.

**Senator Máire Devine:** I thank the Minister of State for attending. Is the Minister stepping out?

**Deputy Simon Harris:** Not yet. I will stay for the Senator.

**Senator Máire Devine:** It is time that we accepted that the health service is on dodgy life support in intensive care. Yesterday 520 citizens were lying on trolleys throughout the State. This figure is growing towards the dangerously high levels seen over the Christmas period. The INMO's trolley figures date back almost a decade. They were unwanted at the time and it took a fight to get them accepted, but they eventually were. Traditionally, as the last week of January and the first week of February see the peak, I do not know whether we are out of the woods. I hope we are.

It is not just the trolley crisis that has the health service on life support. Surgeries are being cancelled and wards are closed because of chronic understaffing. Current staff are stretched to

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the point of despair. The persistent problem with patients on trolleys is a direct consequence of decades of failed Fine Gael and Fianna Fáil policy. Coincidentally, they are now in government together. Deputy Micheál Martin's pledges are in the past; former Taoiseach Brian Cowen called it "Angola", Senator Reilly said never again would we see 559 patients on trolleys and the next prospective leader of the Senator's party was removed from his position. In some cases, the treatment of patients in hospitals is an attack on human rights. I do not say that lightly. That 612 patients are on trolleys cannot be attributed to the flu alone. The Minister was given plenty of warning in advance. The sick are facing these delays. The national service plan identified these risks. As to the extra €40 million for the winter initiative that was announced at the end of September or in October, front-line staff were sceptical that it would reach its target, to put it politely. Unfortunately, responsibility lies with the Government.

I was glad to hear in the Minister's response to the crisis during a radio interview his forced acknowledgement of a capacity issue, which had been denied for long. I was also glad to hear the CEO of the HSE outlining last week that at least €9 billion extra would be needed in the next decade to fix the health service.

The Minister rightly referred to how the last new hospital had been built in 1998. Primary care centres are being built, which is welcome, but if hundreds of patients are lying on trolleys annually, it is not rocket science to figure out that more beds are needed quickly. This will require significant capital investment from the proper collection of taxes. Proposing to abolish USC while still treating our families, friends and neighbours in hospitals is fairytale economics. Allowing corporations, vulture funds and the like to use every loophole possible to avoid paying tax is a national scandal, given what is happening in hospitals. People have died on trolleys. Irish people are fair and understand the need for taxes and the retention of USC. They want the provision of services, not piecemeal tokens in their payslips that strip front-line services even further.

The arrogant attitude of some among the HSE's management is unbelievable. Recently, they alluded to people keeping elderly family members in hospital beds in order to prevent them from entering the fair deal scheme, thereby protecting their inheritances. It was a sad departure for the HSE. I believe the claim came from the same department that issued the memo, also rescinded, stating nurses could use minimal force to remove patients from beds. I do not know what that department is doing, but its statements have been incredible. To have this attitude towards frail and vulnerable people who have contributed for all of their lives to the country is an uncompassionate - that is not even the right word - trend that has developed in our hierarchical, non-practising management hospital structures. I have always advocated that compassion be returned to the health system.

I noted the HSE's recruitment initiative for nurses who were returning over the Christmas period. I will refer to the *vox pop* conducted by the media with some of them. I mentored, trained and, at the airport, waved goodbye to a number of them. The majority maintained that they received better pay, conditions, training, respect and lifestyles abroad. They felt let down by the State, having been forced, as Mr. Tony O'Brien said, to leave. I do not blame them. I received a message from a young nurse at the weekend. She had returned from Australia, which was great to see. She told me that our system was doing her head in. She was trying to figure out pay scales and hours. As an ex-union person, she asked whether I could figure it all out for her. To her, it was no wonder that no one was returning. We must examine how to make the transition into our system as smooth as possible. Will the Minister update the House on the many nurses he mentioned had been recruited under this initiative over Christmas? I am

concerned that talks between unions and management on the crisis in recruiting and retaining nurses adjourned last night. Are we looking at more industrial action? No one wants it, but it is often necessary to get things done. There is no time to waste. The union council meets next Monday and is likely to sanction strike action.

In early December hundreds of seriously ill cystic fibrosis sufferers demonstrated outside the Leinster House gates about the availability of Orkambi. There has been a similar battle about the availability of Kalydeco for younger children suffering from the same illness. I understand Vertex has made a revised reimbursement offer. Will the Minister update the House in that respect? He has updated us generally on the corporate greed of many drug companies. Will he also update us on the position on medicinal cannabis? I am thinking of a particular case, of which he would also be aware. I chatted to the parents of a seven year old a couple of weeks ago.

I cannot conclude without referring to mental health. I stress the immediate need for the introduction of a 24/7 crisis intervention service to try to reduce the number of citizens who die by suicide. We all advocate for the implementation of A Vision for Change, but that will not happen anytime soon. I have held regional health conferences in the past month. The main issue raised time and again was that of access to 24/7 services. My party laid a Private Members' Bill before the Oireachtas, but it was amended, diluted or voted down by the Government or Fianna Fáil. If we can do only one thing in this era of new politics, I plead for us to work together on a cross-party initiative to deliver in that regard. Starting at 7 a.m. today, I have had three conversations with two sets of parents and one young woman with a child about how to access services. One of the parents had a 13 year old who had sent a text message showing a rope. This 13 year old was ready to commit suicide and had nowhere to go. Public representatives and councillors across the country deal with this issue on a daily basis, in the expectation of a bed or professional help being provided, but we are lost. I look forward to receiving the work of the Committee on the Future of Healthcare which will I hope deliver a long-term vision. In the meantime, the Minister can look forward to my support and criticism and that of the Sinn Féin team.

**An Leas-Chathaoirleach:** Senators Frances Black and Colette Kelleher are sharing time.

**Senator Frances Black:** I want to talk about the correlation between physical and mental health difficulties. If the issue of mental health was addressed, it could reduce the pressure on hospital beds. It is imperative that mental health be recognised and afforded appropriate priority within the wider health agenda to reflect its contribution to the burden of disease in Ireland and its impact on other areas of life. The Healthy Ireland survey reports that almost 10% of the population aged over 15 years have a probable mental health problem at any one time. This equates to a figure of approximately 325,000, based on the census 2011 population data. Almost 20% of young people aged between 19 and 24 years and 15% of children aged between 11 and 13 have had a mental health disorder. According to the Suicide in Ireland survey, suicide is the leading cause of death among young males, exceeding road traffic accidents and cancer. There is a strong correlation between physical and mental health difficulties. A recently published report by the substance abuse and mental health services administration in the United States found that adults aged 18 years or over with any mental disorder or major depressive episode in the past year were more likely than adults without these conditions to have high blood pressure, asthma, diabetes, heart disease and stroke. In terms of health service utilisation, adults with any mental disorder used both emergency departments and hospitals more than those without a mental disorder, leading to higher health care costs.

The Healthy Ireland framework states it is important to acknowledge the interplay between mental health problems and chronic disease. Depression is a very important public health problem and often comorbid with chronic conditions. Mental health problems such as depression, when existing with any chronic condition, incrementally worsen health compared with having depression or chronic conditions alone. This reinforces the need to improve mental health well-being as a public health priority to reduce the disease burden and disability and improve the overall health of populations by tackling risk factors and promoting protective factors for lifelong health and well-being in the early years.

Building children's and adults' resilience to adversity is a central requirement of any population health framework. Healthy Ireland continues to report that mental health problems have a huge personal impact on those who experience them and result in significant costs related to loss of productivity, premature death and disability and additional costs to the social, education and justice systems. It is estimated that the economic cost of mental health problems in Ireland is €11 billion per year. Despite the high costs of mental health difficulties to Irish society, including the wider health sector, resources for mental health services continue to be disproportionately low compared to resources for physical health services.

In 2017 there will be a 3% increase in revenue funding for mental health services. However, this is much lower than the 7.4% increase in revenue funding for the overall health budget. In 2017 mental health services funding represents just 6% of the overall health budget, which is significantly lower than in other leading countries and lower than that recommended in Irish mental health policy. A Vision for Change recommended that the proportion of the total health budget allocated to mental health services be progressively increased to 8.24%. In both Britain and Canada the proportion of funding is approximately 13%, while in New Zealand it is 11%. The current funding allocation will do little to redress the historical underfunding and decades of neglect of Ireland's mental health system, let alone put in place the foundations for a modern mental health system as required by national and international standards. In addition, the impact of failing to adequately invest in the development of mental health services will continue to have an adverse effect on other areas of society, including the wider health environment. Will the Minister make a commitment that the proportion of the health budget allocated to mental health services be increased to 8.24%, in line with the recommendations in A Vision for Change?

I also wish to highlight some issues with the lack of services and the denial of help for people with a dual diagnosis. "Dual diagnosis" is the term used for people who are experiencing a mental health problem and a substance misuse issue. The presentation of dual diagnosis is now considered to be the norm, rather than the exception. Dual diagnosis presents many challenges for health services. It is difficult to treat and has poorer outcomes such as increased risk of self-harm and suicide. In the United Kingdom 74% of users of drug services and 85% of users of alcohol services experienced mental health problems. Dual Diagnosis Ireland, a registered charity, states 76% of services fail to offer a specific service for people with dual diagnosis. People must be dry to access most addiction rehab services, but they cannot get dry because of mental health issues such as social anxiety issues and they drink to reduce this anxiety. Another problem is that addiction treatment services usually do not assess for other mental health problems.

The main problem experienced by people who have a dual diagnosis is that when they present to a rehabilitation centre, they are not treated for their underlying mental health issue and that when they present to the mental health services, the substance misuse is not addressed. I

recently heard a woman in Cork talk about her sister who had a dual diagnosis but would not be accepted into a drug treatment centre as she was not clean and who was subsequently raped while living on the streets. The fact that something like this can happen in our society is an indictment of the health service. There is general agreement that integration of mental health and addiction services is sorely needed and long overdue.

I commend the Minister for his support for the Public Health Alcohol Bill and believe the passage of this legislation would not only address our unhealthy relationship with alcohol but that it would also help to reduce the 1,500 hospital beds taken up every day because of alcohol misuse. I have no doubt that this legislation will save many lives and hope the Minister's party support him on the Bill.

**Senator Colette Kelleher:** I commend the Minister for the range of work outlined in his statement. I listened keenly to what he said about older people and people with dementia and other disabilities. I commend him for the attention he has given to home care services on foot of the documentary on RTE by Brendan Courtney. Deputy Mary Butler and I, co-convenors of the all-party group on dementia, are going to visit Scotland this evening to meet NGOs, officials and the Scottish Minister for Health to learn more about their progressive policies on dementia care and care for older people, including home care. We have made the Minister of State at the Department of Health, Deputy Helen McEntee, aware of this and I will report back to her on it.

The matter I wish to raise will be no surprise to Members. The longest waiting lists in the country are the 4,300 women on the CUMH gynaecology outpatient waiting list and the 512 on the surgery waiting list. I thank the Minister for making time to meet the doctors involved on his recent visit to Cork. It had been hugely frustrating to them that their side of the story was not being told, which was also the case on the management side. Building on the goodwill emerging from that meeting, what concrete actions will the Minister take? What is the time-frame for these actions? I know from the reply a recent parliamentary question that he will have a follow-up meeting in six weeks. What date has been set for that meeting? The Minister has requested a report from the HSE on action plans in 2017 to deal with both inpatient and outpatient waiting lists. Will the report address the particular issues in Cork University Maternity Hospital which are outliers? What action will he take to provide a sustainable solution to build real capacity, not something which just relies on the National Treatment Purchase Fund? Will we have to wait for a "Prime Time Investigates" programme to get action on this issue, in the same way we had to wait for action to be taken on home care services?

**An Leas-Chathaoirleach:** Senator Gerald Nash has eight minutes.

**Senator Gerald Nash:** I am glad-----

**An Leas-Chathaoirleach:** My apologies to the Senator. I have jumped the order.

**Senator Gerald Nash:** I am happy to cede to Senator Kieran O'Donnell.

**Senator Kieran O'Donnell:** I appreciate the benevolence of my colleague.

I acknowledge the Minister's wide-ranging contribution, one of the key features of which was the fact that, despite the increase in population, no new acute hospital had been built. I wish to make two brief points in that regard. First, the National Maternity Hospital in Dublin and the National Children's Hospital are both very welcome projects, but given that they are very large projects, there is a danger that the rest of the country may lag. That is why it is so

critical that when the capital plan is reviewed, that that factor be taken into account.

More specifically, I wish to deal with my area of Limerick. The Minister referred to progress on the planned maternity hospital. It is hugely important that we relocate to the site of University Hospital Limerick. The Minister will examine that matter in the context of the capital plan. More specifically on acute services, as I am sure he is well aware, we should focus on acute services when there is not a crisis. I have heard people say the crisis is over. Now is the time to talk about it because it is cyclical and it will always come around again. We need to resolve the issue now. I accept that we need to discuss the crisis when it happens but now is the more critical time. When the reconfiguration was taking place in University Hospital Limerick in 2009, part of it involved the building of 138 co-located beds on the hospital site. The emergency units in Ennis, Nenagh and St. John's hospitals were closed, but the project never went ahead. In the HSE capital plan there is an application for 96 acute beds to be built on the University Hospital Limerick site. Following discussions with the Minister, Mr. Tony O'Brien and, more particularly, Mr. Liam Woods, the national director of acute services in the HSE, I am pleased that we have got the go-ahead for the design element of the project to get under way. That is welcome. When the mid-term capital review takes place, it is hugely important that this €25 million project be funded. We have a major capacity issue in Limerick University Hospital. We are short of beds. We closed three emergency units with the loss of 18 bays. At the time 50 beds were closed in Ennis, Nenagh and St. John's hospitals. A new state-of-the-art emergency unit is due to open this year. We hope it will be opened in May. I very much hope management will stick to the target and that the unit will open on time. However, that is only one side of the equation. The other side of the equation - the missing piece of the jigsaw - is the 96 acute bed unit to be built alongside it, over the dialysis unit, with four floors of 26 beds each. It is welcome that the design phase is under way. However, when the HSE mid-term capital review takes place, that project, worth €25 million for a 96 acute bed unit, must be funded. The Minister will have our full backing when the mid-term capital review takes place. Additional funding of capital projects must be available for the health sector. We have an increasing population. University Hospital Limerick now has the highest throughput of any emergency unit nationally, with more than 66,000 patients, yet we have half the number of beds of University Hospital Cork.

In addition to more primary care and GP contracts, we have a fundamental lack of beds at University Hospital Limerick for the mid-west region and Limerick. There is provision in the HSE's capital plan for 96 acute beds. It is very welcome that the design phase is under way, but we want to see the project go ahead. The Minister will have our full support in advocating for €25 million in funding to be provided in this mid-term review of the HSE's capital plan in order that the people of Limerick and the mid-west can receive the level of service to which they are entitled, an equal service to that provided in other areas in the country which is not the case owing to a lack of beds.

**An Leas-Chathaoirleach:** I call Senator Gerald Nash. I apologise for my earlier intervention.

**Senator Gerald Nash:** Where was I before I was so rudely interrupted? I forgive you, a Leas-Chathaoirleach, for interrupting me. We will not fall out over it.

**Senator Kieran O'Donnell:** We note the Senator's benevolence.

**Senator Gerald Nash:** I was happy to cede the floor to my colleague.

I am pleased that what we have heard to date is a measured approach to the debate on health because that has not always been possible in this or the other Chamber. I can understand why colleagues would want to take some time to focus their attention and that of the Minister on the emergency department crisis throughout the country. We all have our own experience of dealing with crises in emergency departments on a local basis and, in some cases, a national basis. I have had much experience over the years of dealing with the perennial problem in my local hospital, Our Lady of Lourdes Hospital in Drogheda. Despite the best efforts of staff, HSE officials and successive Ministers, it has always been very difficult to address the issues that both staff and patients face. It is very easy to kick the Minister of the day and accuse him or her, the HSE and hospital managers and staff of not doing enough and claiming they do not care about the state of the health service and the lack of adequate resources.

I am pleased that there is a degree of consensus in this Chamber on the issue, as the approach I outlined is not one we want to take. We will not fix the problem facing constituents and the far too many patients who are lying on hospital trolleys by taking that approach. After all, Ministers for Health are human beings too. They are compassionate, concerned individuals who do not want to have to preside over such a situation. I take the Minister's interventions on the issue at face value and accept his bona fides that he is doing his utmost in difficult circumstances to resolve an issue that has confronted the State for far too long. Very tough decisions will have to be taken on how we resource and manage the health service. I hope it is not beyond our ability in this Chamber and across the political system to do that on a consensus basis to a large degree because the challenges are too great to become overtly politicised. There is a broad degree of consensus on what needs to be done in the health service, while there are some differences on how the system can be resourced. The Minister is correct; issues such as bed capacity, retention and recruitment and how we properly resource and plan the primary care system are key to solving the problems experienced in the expensive acute service area.

The challenges that face emergency departments across the country cannot be separated from the question of how we deal, for example, with the frail elderly population. That is an area in which I have become particularly interested in recent years. I am especially concerned about how we might better confront the challenges presented to citizens, families and the health service in general by the growing number of people with dementia and Alzheimer's disease in taking a patient-centred approach to the delivery of appropriate care for them. In talking to those who work in emergency departments I am always struck by the number of possibly avoidable admissions of frail elderly people to hospital. I refer to people with dementia and Alzheimer's disease who might be better served in a different system. In fairness, thinking in the health service and the political arena has evolved considerably in how we deal with these challenges.

The development of the national dementia strategy is very welcome. It has often been the case that many of us working in our constituencies have found it difficult to access integrated services for people with dementia and Alzheimer's disease. Families become extremely frustrated at the difficulties they face in accessing the type of integrated services their older loved ones require. In the national dementia strategy reference is made to the consideration of appointing community dementia case managers. If we took such initiatives, the health service and society would be much better off. Active consideration is being given to that approach in County Louth where there are approximately 1,200 to 1,400 people with dementia. County Louth is Ireland's first age-friendly county. The HSE, local authorities, DKIT, voluntary bodies and others have come together in recent years in a very co-ordinated fashion to look at how we can better deliver services for older people and how we can meet some of the challenges

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that will face society and the immediate community in the near future. The appointment of a community dementia case manager is being actively considered and would be a great boon for service users and their families.

It would also allow health care professionals to take a closer look under the bonnet at what was needed for frail elderly persons, particularly those with dementia. Families would also have the benefit of having a go-to person to allow them to access the broad services people with dementia need. The ambition would be to develop it further in the next few years and, for example, resource community dementia case managers with the euros and expertise they need to commission services that could be provided for people who need them in a timely and efficacious way. There is a gap in the primary care system in how we deal with cases such as this, notwithstanding the fact that significant improvements have been made in recent years and the new emphasis on primary care services, which should be acknowledged.

I do not expect the Minister to have an answer today to these very localised challenges, but it is something to consider. It is reflected in the national dementia strategy that we should be looking at different ways of dealing with frail elderly persons with dementia to avoid repeated hospital admissions which have a considerable knock-on effect on bed capacity, staff and so on. There is a better way of dealing with people with dementia and the primary care services they require such as speech and language therapy, physiotherapy, occupational therapy and so on. The outcomes would be much better. We need to put the patient, the client, the citizen, at the centre of the delivery of all health services. A co-ordinated strategy would be better for hospitals, patients and families and allow the system to obtain improved data for how we can provide better services for frail elderly persons, particularly those with dementia and Alzheimer's disease. As all of us in this Chamber know, this challenge is becoming deeper and we need to be better prepared. The national dementia strategy allows us to do that and there has been a new emphasis in this and previous budgets on how we can better address these issues.

**Senator Jennifer Murnane O'Connor:** I do not want to repeat what has been said, but I wanted to meet and speak to the Minister for Health, Deputy Simon Harris, because he is my neighbour in County Wicklow. I have been dealing with him on a particular case, of which I am sure the Minister of State has heard, involving the respite centre, Tír na nÓg, which at this stage has been closed for more than a year. Even though we are receiving information every few weeks from the HSE - I am constantly ringing it - I still have not been told when the respite service will open and where it will be. It is unacceptable.

To go back to what previous speakers said, the position on emergency departments and patients waiting on hospital trolleys is unacceptable. I know that the Minister and the Minister of State are doing their best, but every year for at least the past nine or ten years, the Minister for Health of the time has, particularly at Christmas which seems to be the peak, apologised for the system. That is unacceptable, given that we are now in 2017. I can give the Minister of State the examples of two cases that were raised with me in the past two days where families rang me, but I could give many more. In one case, a particular elderly man was brought to hospital in Kilkenny. He was put in the special unit and was there for a day or two. They took him out and put him on a trolley in the corridor, which is unacceptable. I have been ringing and he is still there. I then had a lady who is 82 years old who was admitted yesterday into the new emergency department in Kilkenny, which I have to say is lovely, because she had fallen and broke her hip. They had to leave her in the emergency department last night because they had no bed for her in a ward. I did not allow her to be put in the corridor. I do not know if it worked, but I

insisted on an 82 year old lady not being put in a corridor because it was unacceptable.

I am here, looking at us all, and wondering who is to blame. I think we are to blame and think, with the people of Ireland and Deputies, we need to look at this issue. We need to start getting out and picketing. We need to hold rallies and make sure that in 2018 we do not see the same figures we have seen this year for people waiting on trolleys. I have received some figures that show up to 400 people are on trolleys every week in hospitals. That is unacceptable. It is unacceptable because we pay our taxes. Many of the people concerned seem to be elderly. They have their pride and dignity and do not want to be on a corridor on a trolley. I ask the Minister of State to raise this issue with the Minister. It is so important that, if nothing else this year, the trolley issue be sorted out and that we start either to build or reopen wards because the problem is that we have wards that are not being opened. The reason is we do not have enough staff. We are also told that it is a health and safety issue. I am really annoyed because I find lately that I am receiving more representations from families about this issue and that I cannot help them. It is unacceptable. It is a very broken system.

I have mentioned respite care. I would also like to mention Holy Angels, a school in Carlow for children with special needs. Five years ago it was promised a new school. I will compliment the Minister because six months ago he came down and provided €150,000 to repair a leaking roof and for some other works, but that is not good enough. We have been told that Holy Angels will receive the money to build a new school this year. It is needed because Holy Angels cannot take in children because it does not have the proper facilities or space. A bigger school is needed because children on the waiting list are not being looked after.

Mental health is a massive issue all over Ireland. Statistics were given this week for areas that did not have aftercare services such as the mental health service in Carlow. There is a service and everyone in it is working so hard. I compliment them, but there is no after-hours service. Again, we were on the list because there is no service available after 5 p.m., which is unacceptable.

I welcome the packages the Minister mentioned. They are good because people are living longer and want to stay in their homes. Putting a system and a fair deal scheme in place will help because many people do not want to go into a home or hospital. They want to stay at home. We need to look at the issue in the long term. I know that the Minister of State will take this back to the Minister. I know that he is doing his best, but it is a very broken system. Unless somebody is accountable and responsible, we will be back here in 2018 and have the same system, which is not good enough.

**Senator Michelle Mulherin:** I welcome the debate. I also welcome the Minister of State, Deputy Corcoran-Kennedy, and the Minister, Deputy Simon Harris, who has just left the Chamber. I ask the Minister of State to raise with the Minister the point that there needs to be an analysis of the health care groups which have been established and how they are actually operating, how effective they are and at what cost. We know the theory that streamlining health care services in hospitals, with academic input, will improve the system, but I just question if that is really happening.

Since the advent of the health care groups and to facilitate them, in the past year or more some 122 new general manager positions have been created in Dr. Steevens' Hospital. These are new grade VIII positions at a cost of perhaps €100 million. Some 90% of managers are based in Dr. Steevens' Hospital. As I understand it, 10% are in the rest of the country. At the same time

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as we see 122 new grade VIII general managers in Dr. Steevens' Hospital, while there are 120 vacant consultant posts throughout the country that we cannot fill. We all know that we cannot recruit front-line staff, including nurses, occupational therapists, physiotherapists and speech therapists. Why are we hiring more managers in what is supposed to be a streamlined and better service? What are these managers doing? Do they have budgets and what are their responsibilities? Why are they necessary? I am very impressed by many of the managers in my area. They are under a lot of pressure and making ends meet very well, but I was quite shocked to hear that these positions were being created at this time. I acknowledge the additional funding provided in the last budget, but how can the Minister of State justify these positions? I would like some answers. I appreciate that this may not be something the Minister of State can answer now, but I would like to know what is going on in Dr. Steevens' Hospital.

How are the health care groups operating on a regional basis? In my area there is the Saolta University Health Care Group which incorporates counties Galway, Roscommon and Mayo. The budgets for home care packages and primary care services up to hospital services are going towards Galway where the main university hospital is located. The reality is that the budgets for home care packages are not coming, as they ought to, to County Mayo. There is proportionately more money going to Galway to clear out trolleys, etc., but we have a trolley problem in County Mayo too. What is happening is that the big fish are getting more food, while smaller hospitals such as those in counties Roscommon and Mayo which are under pressure and, as far as I am concerned, give very good value for money are losing out. We need more transparency. I have received representations from people who need home care packages. They need to be at home or get out of a step-down facility or nursing home, where the State has to pay for them because no bed was available in a step-down facility.

The next issue is that of primary care. In the Saolta group, west-north west region, we have seen a 16% increase in demand in primary care services, but there has been a 25% cut in the budget in the past year. As a direct result, primary care services have been severely diminished, which is a reversal of what we ought to be doing, given what we know about early intervention and it being cheaper if we get to people earlier. However, resulting from this, in the past year alone 167 whole-time positions have been lost in my area. They included occupational therapists, physiotherapists and those working in the primary care sector. I am wondering what is going on. I know that it is difficult and that there are so many aspects and layers to the health care and its budget, but these facts that I am bringing to the attention of the Minister of State do not impress me much.

I do not see any benefit arising in my county from the new health care groups for those who need health care and the ageing population. They need these services. I would like to see some accountability on the part of the HSE for the 122 new grade VIII general managers. What is going on in Dr. Steevens' Hospital? They should not be fattened up. Other areas need the resources. We cannot attract nurses. Who would want to work in an emergency department, given the stress and pressure involved? A cousin of mine is a newly qualified nurse. She has all of the opportunities in the United Kingdom available to her. She would not dare come back to what she calls battle zones. This is complex. It is not just the Minister. The HSE has service level agreements. What is going on? I would like some answers.

**Senator Rose Conway-Walsh:** I thank the Minister of State for being here and the Minister, Deputy Simon Harris, for attending earlier.

I wish to address a couple of points, the first of which relates to the rural Ireland document,

into which I presume the Minister and the Minister of State had an input. It is disappointing in its vagueness on what is being done to address the issue of health care from a rural perspective. I will refer to a couple of matters in it relating to mental health. There is no realisation in it of the situation. It states: "In line with the Connecting for Life Programme, provide support for local strategies across rural Ireland to address suicide and ... mental [health and] wellbeing". I know that many people and their families who present at emergency departments with mental health difficulties but are sent home. Young people, in particular, are presenting. They may have been protected under the child and adolescent mental health services, CAMHS, system, under which they were sometimes residential patients. However, because the CAMHS criteria are so inflexible, once they reach the age of 18 years, they are kicked out and sent back into their communities. Time and again, they present at emergency departments and are sent home without any support or service. I am extremely concerned for them and those who are not being seen through the emergency department. I ask the Minister of State to address the matter in a real and proper way.

The document is too vague on health matters. While it needs more clarity and to be teased out, it is welcome that there will be extra investment - €435 million for 90 projects - in public nursing home facilities and district and community hospitals. My fear, however, is that this provision is just to address HIQA's requirements and that we might end up with fewer beds. Perhaps the Minister of State might clarify how many extra beds the investment will mean for rural Ireland. Does it address problems such as the closing down of bed spaces? Many of them, including some in my community, were closed by the Fianna Fáil Government. For instance, in 2009 and 2010 half of the beds in Belmullet District Hospital were closed. Is it the Minister's intention to reopen these beds with some of this capital investment? That is the way forward.

I do not like to use the word, but there is almost a kind of a schizophrenic attitude towards primary care services: we will invest in primary care services; no, we will not; we will centralise and privatise them; and then it is back to primary care services. It reminds me a little of when the Department with responsibility for agriculture used to have us put as many sheep as possible on the hills and then have us bring them back down. The primary care model was first mooted in 2000-01 when the pilot projects were carried out. The Minister of State knows that they were never resourced - even in the boom time - in the way that had been intended. There was never the investment in personnel or technology needed to run proper primary care centres. When the Government refers in the plan to 18 new primary care centres, it means nothing to the likes of me. That pilot primary care centres are not working because the investment has not been made, which is a huge failure.

There are many cancer patients who are not receiving treatment. They are ringing the hospital and being told to stay at home because it does not have a bed for them. That these patients are not receiving appropriate treatment is extremely serious.

I could raise many other issues, but I wish to raise one, in particular. Has the Department examined the possibility of an all-island approach to health care services? I see this as the way forward. Has any report or scoping exercise been undertaken? If not, will the Department oversee a consultation and scoping exercise on an all-island approach to health services? We, including our Ministers in the North, will co-operate and work with the Minister and the Minister of State in whatever way we can to bring it about. Huge benefits could be gained through an amalgamation, if one likes, of resources under the NHS and the HSE. There are only 6.5 million people on this island. We should be able to provide a proper, robust and sustainable health service based on need, not ability to pay.

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**Senator Gabrielle McFadden:** I welcome the Minister of State and thank the Minister, Deputy Simon Harris, for his attendance earlier.

We all know that there is a huge issue with patients on trolleys. It did not happen today or yesterday, although I understand January's numbers are down on those for the same month last year, which is welcome. Listening to some, one would think the Government was happy with the situation and that its aim was to have patients on trolleys. It is obviously not. No one wants to see anyone on a trolley, particularly an elderly person. I also feel strongly that those involved in this issue should be offering suggestions on how we can make this better, rather than constantly criticising on the airwaves.

It is not just a case of throwing money and beds at the problem. This becomes clearer when we talk directly to those at the coal face. A multifaceted approach is required. One issue I wish to highlight - I often speak about it - is the need to develop a sustainable and effective model of geriatric care in the community. Last year on a given day, three quarters of the patients in the emergency department in a midlands hospital were elderly. They were presenting with various needs and some of them required intravenous medication, including antibiotics and basic hydration. If there was more joined-up thinking within the HSE in the development of an effective community geriatric service model, many of these frail elderly persons would not have to be treated in hospital and could be treated at home. The services should also be available on a 24/7 basis because patients - elderly patients in particular - do not choose when to get sick. Connolly Hospital in Dublin is showing the way in that regard. I understand the consultant geriatricians based at the hospital visit all nursing homes attached to it and hold regular team meetings with family members. They also liaise with palliative care teams and engage in decision making processes with multidisciplinary care teams. This all adds up to preventing the needless transfer of patients to hospital by treating and caring for the elderly in the community, thus relieving pressure on the emergency department and the hospital in general. In November 2013 Ms Mary Burke of Nursing Homes Ireland, in a statement to the Oireachtas Joint Committee on Health and Children, said she believed the Connolly Hospital approach should be rolled out nationwide. She said it would prevent readmissions to acute hospitals. People might argue, rightly, that Connolly Hospital has patients on trolleys, but it has definitely reduced the number of frail elderly patients on trolleys.

A number of hospitals provide different models of geriatric care, including geriatric assessment units and outreach facilities. I would like to see community geriatricians teaming up with specialist nurses based in the community, visiting local nursing homes, community units and elderly patients in their own homes and treating them without the need to transfer them to hospital. As I said, this would not only help to reduce overcrowding, more importantly, it would also preserve the dignity of older people and reduce the stress on families brought on by the ordeal of having an elderly person admitted to hospital. I have asked on several occasions for such a model to be rolled out across the country and would appreciate a response from the Minister of State in that regard.

**Senator Tim Lombard:** I welcome the Minister of State, Deputy Marcella Corcoran Kennedy. I was pleased the Minister for Health, Deputy Simon Harris, was present in the House earlier. It is important to have senior departmental representatives here to discuss the health of the nation.

One of the key points made earlier in the debate was we had not built a new hospital in Ireland since 1998. In that year the population was approximately 3.7 million. Today there is a

population of 4.5 million. According to demographic profiling, the population will increase by a further 1 million in the next 20 years. This means that planning health services for the next 20 years and beyond will be very challenging. Major investment in hospitals and health infrastructure, including human resources, will be required. We must think outside the box and determine where such investment is needed. We will be looking at building new hospitals in places like Limerick, Cork and Galway. That will pose a very significant challenge for the Government, whatever its make-up. We also need to put a funding strategy in place to fund this investment.

In my part of the country the last new hospital to be built was Cork University Hospital which opened in 1976, the year I was born. There has been no change in the intervening period. We must look at where we will put the new infrastructure. This involves working with the local authorities and local people to ensure any new hospital would be capable of dealing with projected population growth and built in an appropriate location. We must develop a 20-year strategy for the development of health infrastructure. One of the biggest challenges will be to find the best locations. If one looks at Cork, it has the potential to increase its population by 200,000 to 300,000 people in the next 20 years. A housing estate being developed in Carrigaline will have 1,800 houses on completion. We need to have the infrastructure following such developments and that will be a core issue in planning.

The largest waiting list for gynaecological services in the country is in Cork. I attended a meeting with the Minister and every consultant in the maternity hospital three weeks ago and the statistics with which we were provided were frightening. Action is required on this and many other issues. The Minister gave a commitment to revert to us on it and I hope he will give us a date for when he will provide the details of the review of what is happening in this area. One hospital in Cork accounts for 50% of those waiting in Ireland for gynaecological services. That is mismanagement and it should never have happened. We must deliver on these major key issues.

The biggest issue is that there will be an additional 1 million people in Ireland in the next 20 years. We must have a plan in order that we can deliver core hospital infrastructure in every major urban centre in the country. That will be the real challenge for the Government and the next three or four that will follow.

**Minister of State at the Department of Health (Deputy Marcella Corcoran Kennedy):**  
I thank the Cathaoirleach for giving the Minister for Health, Deputy Simon Harris, and me the opportunity to speak about our health priorities.

I thank Senators for their sincere and passionate contributions on a broad range of issues. They included mental health, local and national service issues, bed capacity, difficulties with emergency departments, the ageing population, chronic disease and challenges in the areas of respite care and home help services. Senators have also referred to the analysis of the hospital groups and the services they are delivering, the increase in the number of grade VIII administrative positions in the HSE, difficulties in filling clinical vacancies, the all-Ireland approach to health care, home care packages and dementia care services. The debate was broad and wide-ranging. Providing responses to many of the specific questions asked will be a matter for the HSE and I will ensure Senators receive answers to their questions.

I take the opportunity to assure Senators of the Government's commitment to improving the experience of patients and their families using health services. Improving the health service requires a concerted effort. It is important to highlight the fact that the delivery of health services

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is the responsibility of the HSE. It implements Government policy, with the budget negotiated for the executive by the Minister. As he pointed out, health issues go beyond political affiliations. We all share the same goal. I am glad that there is a willingness to build a consensus in this House. We all want to develop a health service in which people feel valued, respected and cared for. However, we cannot and should not underestimate the challenges we face.

Overcrowding in emergency departments is unacceptable for patients, health care workers and policy makers. The Minister spoke about the various initiatives and efforts to tackle this problem. I echo his sentiments about recognising that when we talk about trolley numbers, we are talking about people. People must be at the core of everything we do. While there are many challenges, we cannot lose sight of the progress we are making. This year we have the highest health budget ever, at €14.6 billion. This represents an unprecedented investment which will make a real difference to the services we can deliver. Of course, the delivery of health services by the HSE is not just about resources; this year's budget allocation demonstrates the Government's commitment to investing the gains from our recovering economy in improving the health service. We must maintain our focus on the way services are organised and delivered and reducing costs. We must strive to work with the HSE to maximise the ability of the health service to respond to growing needs.

In respect of my own brief, we must focus on health promotion initiatives. We need to put greater emphasis on the prevention of health problems before they arise because the majority of chronic diseases are preventable. We also need to increase the uptake of various HSE screening programmes. The HSE's website contains a wealth of information on screening programmes for cervical breast cancer and bowel cancer, among others. The HSE also provides wonderful support for those who are trying to quit smoking on [www.quit.ie](http://www.quit.ie), an excellent website which is well worth visiting.

The Healthy Ireland framework is a Government-led initiative which aims to create a society in which everyone can enjoy physical and mental health and in which well-being is valued and supported at every level. The framework arose from concerns that the health status of people living in Ireland, including lifestyle trends and health inequalities, was leading to a future which was dangerously unhealthy and, very likely, unaffordable for us as a society. Healthy Ireland seeks to provide individuals and communities with accurate information on how to improve their health and well-being. It seeks to empower and motivate them by making the healthy choice the easy one to make. For example, last year the national physical activity plan was launched, while the previous year we launched the national sexual health strategy. We are on course to significantly reduce the consumption of tobacco in society by 2025.

I was also delighted to launch A Healthy Weight for Ireland, the obesity action plan up to 2025. The action plan has 60 specific actions to improve the nation's health and reduce the burden of obesity across society. This policy and action plan aim to reverse obesity trends, prevent health complications and reduce the overall burden for individuals, families, the health system, wider society and the economy.

We all have a role to play in the health and well-being agenda. No one action in isolation will reduce the increasing burden of chronic disease we face in the health service, but if we reduce the consumption of alcohol and tobacco, as well as fat, sugar and salt in the food we eat, increase our physical activity and have ourselves screened, we will improve the overall health and well-being of everybody in society. Often the small and sometimes the not so small changes in lifestyle and behaviour will make a big difference. It can be challenging, but that is

the difference we should aim to make.

*Sitting suspended at 2.35 p.m and resumed at 3 p.m.*

**Knowledge Development Box (Certification of Inventions) Bill 2016: Committee Stage  
(Resumed)**

SECTION 18

**An Cathaoirleach:** I welcome the Minister. We are resuming consideration of the Bill on amendment No. 6 to section 18. The amendment has already been discussed as part of a group with amendment No. 5. The debate cannot be reopened on that group of amendments. However, I understand the Minister would like to signal very briefly her intentions on Report Stage. I will use my discretion and allow her to speak briefly.

**Minister for Jobs, Enterprise and Innovation (Deputy Mary Mitchell O'Connor):** On Committee Stage on 14 December I thanked Senators for their amendments which, for the reasons I gave at the time, I did not accept. As indicated, I am prepared on Report Stage to revert to section 18 with an amendment which accommodates the concerns of Senators about the section and the publication of the controller's annual report on the KDB certification scheme. The amendment will provide that the controller's annual report on the scheme will be laid before the Houses of the Oireachtas and thus be in the public domain.

On amendment No. 7, tabled by Senator Pádraig Mac Lochlainn, the controller is an independent office holder who acts under the superintendence and direction of the Minister. The provision in section 18(2) is a necessary safeguard that allows the controller to undertake his statutory functions without undue and inappropriate interference by any Minister. Senator Pádraig Mac Lochlainn's amendment would undermine the independence of the controller in carrying out his statutory functions under the Bill. This is also a feature of the legislation governing the Office of the Director of Corporate Enforcement which is another independent office under my Department. The controller must be able to undertake this function without fear of interference. For that reason, I am not accepting amendment No. 7.

Amendment No. 8, also in the name of Senator Pádraig Mac Lochlainn, seeks the inclusion of the names of applicants under the KDB certification scheme in the report to the Minister. The names of applicants are not included in the controller's annual reports on his activities covering patents, trademarks and designs. Section 18 follows that practice. Moreover, as Senators will be aware, the Revenue Commissioners do not disclose the identities of taxpayers, while the Taxes Consolidation Act 1997 prevents Revenue from releasing information on taxpayers. For that reason, I will not accept amendment No. 8.

On amendment No. 9, in the names of Senators Alice-Mary Higgins and Lynn Ruane, it is the case that applications before the office will be examined individually on the basis of novelty, usefulness and non-obviousness. In the case of refusals, the office will follow exactly the same process as it does now in the case of refusals of patents, trademarks and designs. The reasons for refusal are case specific and not made publicly available. That is also the intention in the Bill. For these reasons, I will not accept amendment No. 9.

Amendment No. 6 not moved.

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**Senator Pádraig Mac Lochlainn:** I move amendment No. 7:

In page 14, lines 24 to 27, to delete all words from and including “, but” in line 24 down to and including “Act” in line 27.

Amendment put:

The Committee divided: Tá, 8; Níl, 24.	
Tá	Níl
Bacik, Ivana.	Boyhan, Victor.
Devine, Máire.	Burke, Colm.
Humphreys, Kevin.	Burke, Paddy.
Landy, Denis.	Butler, Ray.
Mac Lochlainn, Pádraig.	Buttimer, Jerry.
Nash, Gerald.	Byrne, Maria.
Ó Donnghaile, Niall.	Coghlan, Paul.
Warfield, Fintan.	Conway, Martin.
	Daly, Mark.
	Feighan, Frank.
	Gallagher, Robbie.
	Leyden, Terry.
	Lombard, Tim.
	McFadden, Gabrielle.
	Mulherin, Michelle.
	Ó Domhnaill, Brian.
	O'Donnell, Kieran.
	O'Donnell, Marie-Louise.
	O'Mahony, John.
	O'Sullivan, Ned.
	Reilly, James.
	Richmond, Neale.
	Swanick, Keith.
	Wilson, Diarmuid.

Tellers: Tá, Senators Pádraig Mac Lochlainn and Fintan Warfield; Níl, Senators Gabrielle McFadden and John O'Mahony.

Amendment declared lost.

**Senator Pádraig Mac Lochlainn:** I move amendment No. 8:

In page 14, line 36, after “applications” to insert “and name of applicants”.

Amendment put:

The Committee divided: Tá, 11; Níl, 27.	
Tá	Níl

*Seanad Éireann*

Black, Frances.	Burke, Colm.
Devine, Máire.	Burke, Paddy.
Gavan, Paul.	Butler, Ray.
Humphreys, Kevin.	Buttimer, Jerry.
Landy, Denis.	Byrne, Maria.
Mac Lochlainn, Pádraig.	Clifford-Lee, Lorraine.
Nash, Gerald.	Coffey, Paudie.
Ó Donnghaile, Niall.	Coghlan, Paul.
O'Sullivan, Grace.	Conway, Martin.
Ruane, Lynn.	Daly, Mark.
Warfield, Fintan.	Feighan, Frank.
	Gallagher, Robbie.
	Horkan, Gerry.
	Leyden, Terry.
	Lombard, Tim.
	McFadden, Gabrielle.
	Mulherin, Michelle.
	Noone, Catherine.
	Ó Domhnaill, Brian.
	O'Donnell, Kieran.
	O'Donnell, Marie-Louise.
	O'Mahony, John.
	O'Sullivan, Ned.
	Reilly, James.
	Richmond, Neale.
	Swanick, Keith.
	Wilson, Diarmuid.

Tellers: Tá, Senators Paul Gavan and Pádraig Mac Lochlainn; Níl, Senators Gabrielle McFadden and John O'Mahony.

Amendment declared lost.

Amendments Nos. 9 and 10 not moved.

Section 18 agreed to.

Sections 19 to 24, inclusive, agreed to.

SECTION 25

Amendment Nos. 10a and 10b not moved.

Question proposed: "That section 25 stand part of the Bill."

**Senator Frances Black:** I welcome the Minister and thank her for bringing the Bill through the House. It proposes to expand access to the preferential tax rate for income generated on

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intellectual property and patents with the intention of nurturing innovation and encouraging companies to locate high value jobs in Ireland. I recognise that the Minister and the Department have been engaging with us on this area and we are happy to work with her and any other Member of the House on the Bill between now and Report Stage.

My colleague, Senator Alice-Mary Higgins, has already debated a number of aspects of the Bill on Second and Committee Stages. I remind the House that during these contributions she indicated her wish to withdraw her amendments and reserve the right to reintroduce them or variants of them on Report Stage.

On amendments Nos. 10, 10*a* and 10*b*, the Bill, as drafted, does not require companies applying for the knowledge development box certificate to indicate whether they already benefit from other grants, subsidies, tax incentives or other enterprise and/or research and development supports from a public or semi-State body. There needs to be a clear understanding of how the knowledge box certificate fits in with other grants, tax incentives or State supports the company receives or has received in the past in order that a big picture can be formed of Ireland's enterprise and innovation strategy. As Senator Alice-Mary Higgins has stated previously, we would like to see a cost-benefit analysis of the knowledge box proposal and there to be an annual exchange of information between the Department and Revenue in order that a cost-benefit analysis of the knowledge development box can be conducted annually. The measure will have a cost in terms of tax revenue forgone. We need to have a clear picture of the annual cost to the Exchequer of the measure and be in a position to monitor and assess the costs and benefits of it in the coming years. We must be confident the knowledge development box operates in the way it was intended and does not lead to a disproportionate erosion of the tax base. I withdraw the amendments co-signed with Senator Alice-Mary Higgins and reserve the right to reintroduce them on Report Stage.

**An Cathaoirleach:** The Senator's position is noted.

Question put and agreed to.

## SECTION 26

Government amendment No. 11:

In page 17, lines 10 and 11, to delete "1 January 2017 but is not determined before that date, that Act, as in force immediately before that date" and substitute the following:

"the commencement of this Part but is not determined before that commencement, that Act, as in force immediately before that commencement "

Amendment agreed to.

Section 26, as amended, agreed to.

Sections 27 to 30, inclusive, agreed to.

## TITLE

Government amendment No. 12:

In page 5, line 12, to delete "1 January 2017" and substitute "the commencement of *Part 6* of this Act".

Amendment agreed to.

Government amendment No. 13:

In page 5, lines 14 and 15, to delete “given that only Irish patents granted prior to that date can fall within paragraph (b) of that definition”.

Amendment agreed to.

Title, as amended, agreed to.

Bill reported with amendments.

**An Cathaoirleach:** When is it proposed to take Report Stage?

**Senator James Reilly:** Next Tuesday.

**An Cathaoirleach:** Is that agreed? Agreed.

Report Stage ordered for Tuesday, 31 January 2017.

*Sitting suspended at 3.40 p.m. and resumed at 4.30 p.m.*

### **Junior Cycle Reform: Motion**

**Senator Martin Conway:** I move:

That Seanad Éireann—

- recognises the role of history in promoting civil engagement and an understanding of the present through a knowledge of events in the past;

- recognises that public engagement and awareness of history has been enhanced following the centenary of the 1916 Rising which saw thousands of commemorative events take place all over the country;

- acknowledges the Government’s commitment in A Programme for a Partnership Government to nurture different ambitions through new subject choices, greater engagement with enterprise on future skills needs, and increased flexibility in the day to day management of schools in order to improve outcomes;

- recognises historical study as an important component in the education of students;

- recognises that reform and modernisation of junior cycle history is needed in order to align it coherently with the revised leaving certificate history syllabus;

- notes the convening, since early 2016, by the National Council for Curriculum and Assessment of the History Development Group which will establish the new curriculum specification for junior cycle history and, in particular, notes its *Background Paper and Brief for the Review of Junior Cycle History, September 2016*;

- notes that all schools offer opportunities for historical study to all students;

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- notes that students studying history as a subject in the new junior cycle specification will do so for a minimum of two hours per week which is in most cases as good as or better than what is currently provided in terms of class contact time;

- calls on the Minister for Education and Skills to consider further ways to support and promote the learning objectives of the new junior cycle history in order to inform students of their local, national and international heritage and assist in understanding the importance of the relationship between past and present; and

- calls on the Minister for Education and Skills to outline the implications for junior cycle history in the context of the junior cycle reforms and the establishment of the History Development Group by the National Council for Curriculum and Assessment.

I welcome the Minister for Education and Skills, Deputy Richard Bruton, who is taking this important Private Members' motion. The backdrop to tabling it is the uncertainty over the teaching of history in the junior certificate cycle. Members of the House recognise the importance of history because we are elected to represent the citizens of the country. Each and every one of us, from all parties and none, is elected because we feel a sense of duty to our constituents, the citizens of the country, Ireland and those who created the Ireland we are fortunate to have inherited. We have a sense of our duty to pass on a better Ireland to the next generation. Most politicians I know have a deep sense of the historical traditions of this House, the country, the people and the world which I want to see passed on to the next generation. I want to see many young people aspiring to be politicians and serve in this House for the right reasons. I want them to be equipped with the facts and the knowledge of who we are, where we came from, what our place in the world is, what the world has stood for in the past and where it has evolved and overcome challenges. I want to see future generations understand that sense of nation, duty and civic responsibility.

I was fortunate to have a good history teacher at second level who instilled in me a deep sense of history and wanting to learn and understand more about it and, although I did not study history at college, I maintained an interest in it. Given the motion, it is fitting to pay tribute to Professor Ronan Fanning who was professor of history at UCD and acknowledge his great work. He inspired a love and understanding of history and an interest in it in generations of students and has left an indelible legacy. It is appropriate that the House pay tribute to this great historian on his passing.

There is another reason for my tabling the motion. We had a successful commemoration in 2016. However, it lacked in one way - the promotion and development of the teaching of history as a subject in secondary schools. However, parents and teachers still have an interest in persuading young people to study history and young people have an interest in pursuing it. The figures speak for themselves. In 2006 fewer students studied history at junior certificate level than there were studying it in 2016 and fewer students took history at higher level in the leaving certificate than were taking it in 2016. In real terms, the number of students taking history as a subject in second level education has increased. However - I am sorry to say it - there is a culture in the Department of Education and Skills that promotes ICT, science and mathematics, all of which are extremely important subjects for the country's development and competitiveness, over history. I fear that the Minister's officials and some of his predecessors were not as favourably disposed to the teaching of history as they should have been, but they had and have a duty to do everything in their power to ensure history will stand shoulder to shoulder with every other subject on the second level curriculum. It is not a poor relation. It is not a by-

subject and should not be part of an overall course. It should be a stand-alone course. I have to acknowledge that A Programme for a Partnership Government is very much a programme that wants to foster the development of education and all that is good about it. I note that there is a working group under the National Council for Curriculum and Assessment, NCCA, that is devising the new junior certificate curriculum, but I want to put that working group on notice that nothing less than full recognition, full autonomy and shoulder to shoulder positioning of history at second level will be acceptable to me, many citizens and certainly the people who are teaching history. How do we expect young people to engage and participate in our society unless they know their past? Are we going to have a situation in the future where large sections of the adult population will not have an understanding of what happened in Nazi Germany, during the Great Famine, in 1916, the Land League and people like James Connolly, Éamon de Valera, Michael Collins and all of the others who played such an important role in the early stages of our democracy? Are we, as a nation, going to allow the understanding of our history to be diminished in favour of science, technology, computers, mathematics and foreign languages? I do not think we should allow that to happen.

This House has a great history. Many historical figures and academics who contributed to our society have been Members during the years. A clear message needs to go out from this House to the Government and the officials in the Department of Education and Skills that history should and must have its place as an equal with every other subject, both at junior certificate and leaving certificate level. We owe that to future generations because one will not be able to equip oneself for the future unless one has a knowledge of the past.

We have had great people who have played amazing roles in our history. Young people need to have an understanding of the sacrifices and contributions these people made. In the big bad world of Facebook, Twitter, computers and the Internet and taking account all of the wonderful advancements that have happened to counteract that big bad world, we cannot forget from where we came, our history and sense of nationhood. How are young people to become civically engaged and politically active? How are they to understand the importance and the fragility of democracy? How are they to understand any of this, unless they have an understanding of how democracy was formed and the absolute sacrifices people had to make in this country in the early part of our democracy post-1916, during the economic war and the economic devastation of the 1930s and 1940s? What about our social history? What about the history of Europe? Are we to entertain a situation where only a minority of young people will have an understanding of it? I hope not. I sincerely hope we are not such a nation.

Every nation is proud of its history and culture. There are elements of our history and culture of which we are not proud. We need to understand this. Young people also need to understand it. The message that needs to go out from Seanad Éireann is that history has to have an equal place, equal funding and equal support from the Department of Education and Skills, not just today and tomorrow but into the future. This debate should not be necessary. I should not have to make the case for why history should be an equal partner with other subjects. It is regrettable that in embracing all that is good about technologies and other subjects we seem to have forgotten about something very important.

I will finish my opening remarks by commending all of the history teachers who have engaged and supported me in this battle, in which I have been engaged for the past four or five years in this House. I have spoken about it on numerous occasions. I did not succeed in getting the learning and teaching of history the recognition for which I had hoped in 2016 during the commemorations. I regret that, but I will not give up the battle. I will continue to fight the

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good fight for the learning of history because we owe it to young people, those who come after us and after them. I hope that in 2017 I will have more success in my campaign. I commend one particular teacher who e-mailed me late last night and simply said to keep up the good fight because young people will not have a society, civic engagement and an understanding of democracy, unless they understand what happened in the past. There is nothing as wonderful as a love of history.

I commend the motion to the House and sincerely hope it will receive unanimous support.

**Senator John O'Mahony:** I second the motion in the name of Senator Martin Conway and support the sentiments expressed in it. As a former teacher of history at both junior certificate and leaving certificate level for many years, I am very much behind the motion. It would be ironic in 2017, after the very dignified and respectful commemorations in 2016 and of the First World War, if we were to see any dilution or reduction of the priority given to history in schools and the education system. All of the ceremonies that took place were better understood by people of our generation and others who had history on the school curriculum as a central, core subject. It reminded them of the history they had learned in school and it brought back some wonderful memories, while others were sad. Everyone involved needs to be congratulated on the respectful way the events were held last year. There was a fear in advance that it would open old sores, but that did not happen. The events of the last couple of years will ignite and raise the interest of young people. We all know that nowadays it is very hard to gain their interest, but the recent events, ceremonies and commemorations will certainly raise the profile of the need to understand our history. We need to have a knowledge of our past in order to know how to shape of and guide our future.

Some of the best teachers I remember from my days as a student were history teachers. In St. Patrick's College, Maynooth Professor Tomás Ó Fiaich who later became a cardinal and Primate of all Ireland used to come in day after day and paint wonderful pictures which brought events to life for us. That was before there were PowerPoint presentations or anything else. It left an indelible mark and gave me and my fellow students a love of history. I very much support the idea behind the motion to prioritise it on the new curriculum that has to be introduced. However, history should not be lost as a core subject in the education system.

**Senator Robbie Gallagher:** Cuirim fáilte roimh an Aire go dtí an Teach seo inniu.

Fianna Fáil supports the need to maintain history as a core subject in the junior certificate reforms. Let us hope it will continue to be essential to the three year curriculum and that it will be taken by as many children as possible. The small percentage of students - I understand it is between 5% and 8% - who do not take history should be encouraged to undertake some short history course, be it on local history or whatever else, in order to acquire an understanding of our national heritage which is of the utmost importance, as is the need for it to be passed on to future generations.

Fianna Fáil's education policy, *Securing the Future*, outlines our commitment to protecting history as a core subject. History should be mandatory in schools at junior cycle and any down-grading of it would be an alarming move. Ensuring it will continue to be a core subject and that it will become a compulsory subject at junior certificate level in schools is essential to sharpen children's critical and analytic mindsets. Our knowledge of history allows us to understand past events, enables us to understand our identity and gives us the knowledge to deal with problems and crises in society as they arise.

Fianna Fáil does not believe it is appropriate that any political party should make a submission on the content of the history curriculum. We believe it should be kept non-political. However, a strong national policy on the teaching of history at junior certificate level is essential. Overall, Fianna Fáil promoted the need to reform and initiated a junior cycle reform process while it was in government. These reforms should be aimed at improving the learning experience of second level students.

It is clear from the rejection by the ASTI of proposed reforms to the junior cycle assessment process and curriculum that teachers had little faith in the then Minister for Education and Skills as a custodian of the education system. However, it is essential that the ASTI come back to the table to work towards an agreement and solution that is acceptable to both sides. There is an onus on all stakeholders to come to an agreement on junior certificate reform as soon as possible to ensure parents and students who are under enough pressure already in the pre-examination phase will not be subject to any further unnecessary stress. If the union's opposition to the reformed junior cycle continues, students in ASTI schools will miss out on potentially 10% of their final English marks next year. As Members will be aware, this refers to an assessment task that students are expected to complete before the written examinations. I am sure everybody agrees that this is totally unacceptable. Instead of postponing the commencement of the new English curriculum while negotiations continued, the then Minister pushed ahead with the new junior cycle reforms in the absence of any such agreement. It was at this point the teacher unions began balloting on strike action. I am sure all Members will agree that it is very regretful that we are in this position. I plead with the Minister not to continue to dismiss the teachers' concerns by ploughing on with reforms in the absence of consensus. If we have learned anything from our short past, it is that without consensus we are going nowhere. We should listen to the teachers and their representatives and if any necessary delay needs to occur, so be it. It is important that we bring everybody with us.

It appears that in its attempt at reform the previous Government sought to implement the new junior cycle programme on a shoestring budget. There are real concerns that the changes will not be properly resourced. On that basis alone, the Ministers should re-engage with teachers and their representatives. Teachers have raised the issue of inadequate training which they are to receive on the new assessment system. With the reforms, the Minister is attempting to put the cart before the horse. He needs to put adequate resources in place prior to undertaking such wide-ranging reform of the curriculum and systems of assessment at junior cycle.

I reiterate our total support for keeping history as a core subject and that any attempt to downgrade it will not be accepted. A strong national policy on the teaching of history at junior cycle is essential. I appeal to the Minister while he is in the House. Much of my criticism is not directed at him as he is only new in the post. However, I ask him to grasp the nettle and perhaps delay things until such a time as we get everybody singing from the same hymn sheet. We could then implement true reform with everybody fully supportive of it.

**Senator Maria Byrne:** I welcome the Minister.

I congratulate my colleague, Senator Martin Conway, on introducing the motion. We should think back to the celebrations we had in 2016 to commemorate the events of 1916. The many organisations that organised events both for our young and not so young have been outstanding. It has been a way of highlighting our history. It is something that is very much to the forefront as we are not finished with our celebrations.

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Looking at our history, the city charter for Limerick, where I am from, is older than the charter for the city of London. As a small country Ireland has so much history we can discuss. Tourists travel here from around the globe to see what we have on offer. They have come to look at the General Post Office, visit ancient structures and castles and take walking tours. The country has much to contribute. When I went to school, I studied history up to the leaving certificate. It is a subject that is very close to my heart.

A history competition under the aegis of the Department of Education and Skills is encouraging individuals or groups from both primary and secondary schools to participate. It is an all-Ireland competition and covers topics such as the revolutionary period, including the role of women, and Ireland's role in the First World War. This is to be commended. The more of these projects and competitions we can encourage students to get involved in will help to instil a love of history in them. We should look at doing more of this in the future.

We cannot let the celebration of the events of 1916 dissipate. They must be built on. We created a legacy in the past 12 months. There was cross-party and cross-county support for the celebrations. That is to be welcomed, acknowledged and taken into account in the future development of history as a subject. History is one of the subjects being looked at in the *5 o'clock* junior cycle reform programme. As a subject, it provides students with a necessary introduction to analysing historical events and equips them with the knowledge of the work of the historian, how to identify sources and recognise bias. Students learn about ancient civilisations, the Renaissance, family lifestyles in the past and the plantation of Northern Ireland. These are just a few of the topics on the history syllabus.

Senator Martin Conway has pointed out that the number of students taking history increased in the period from 2006 to 2016. I am not sure if the celebration of the events of 1916 played a role in that regard. History is not a compulsory subject, but interest in it is fed by the many historical associations which operate outside the education system. They run lectures and so on in the universities, education institutes and public libraries. There should be greater encouragement of such events. For example, engaging with students by bringing them to libraries to attend history lectures would help.

I support the motion put forward by my colleague, Senator Martin Conway. I call on the Minister to consider additional ways of supporting the promotion of the subject of history, encourage successful learning objectives and outline the approach of the history development group.

**Senator Paul Gavan:** I welcome the Minister. I compliment my colleague, Senator Martin Conway, on tabling the motion which has our support. It is a very important message. I thought the Senator was particularly articulate and passionate in how he spoke about history and suspect these thoughts are shared across the Chamber. I certainly hope so.

This is an important topic. I grew up in England and was educated through part-secondary level education. I was always baffled because in England we were never taught about Ireland. It was never mentioned. It always stuck with me that people were not taught history. For me, it must be a core subject. It is extremely important in building a nation of people, as opposed to a nation of automatons.

I express a concern respectfully to the Minister that in his haste to ensure the needs of industry are being served, I hope we can get an assurance that he is not going to downgrade history

in any way. I would hate to see a situation where the needs of children were being subordinated to the needs of any particular section of industry. That is not to suggest technical skills are not important. Of course, they are, but broader education has served the country well. If we lose this in the process of the changes to which the Minister is working towards, it would be a tragedy for children and the country.

Senator Martin Conway has our support, but I am trying to be constructive when I say I would have liked the motion to have been a little stronger because we should be asking the Minister to commit clearly to retaining history as a core subject. I liked the phrase used by the Senator in mentioning equal place, equal funding and equal support. He said history should not be lost as a core subject. Again, as my colleague, Senator Maria Byrne, said, it is not actually a mandatory subject. My view and that of my party is that it should be. I hope the Minister will take a cross-party message of support for the motion and take that message on board. It would be a tragedy for the education system if that did not happen. Senator Martin Conway is right when he says there is a huge concern among the teaching profession about any further attempt to downgrade history as it stands.

Sinn Féin's view is that history is a very important subject and that in the new junior cycle any attempt to downgrade it would be a mistake. Our view is that the history syllabus should be updated to include events in Ireland's recent history. We would like to see students given a much more balanced education on what has happened in the North, for example, with civil rights marches, internment without trial, the Dublin and Monaghan bombings and much more. Furthermore, the times we are in, with so many spurious media outlets providing alternative and false information, the so-called alternative facts, mean that history is all the more an invaluable subject. History students are asked to engage in critical analysis of historical documents, which is an excellent way in which young students build up their ability to critique news and information.

We also agree that it is very important that history be studied from a variety of perspectives. Take, for example, Ireland's involvement in the Spanish Civil War. There is never just one account of history. This should be reflected in how the syllabus is constructed and students consume and evaluate what they are studying. We fully support the motion and I hope the Minister will take these sentiments on board.

Clearly, it would be remiss of me not to mention the current issues involving the Association of Secondary Teachers of Ireland, ASTI. I appeal to the Minister to take a fresh approach. On any objective view of the last year one would have to conclude that the Government did not have any real strength in how it dealt with industrial relations matters. To be honest, between the Minister for Education and Skills, Deputy Richard Bruton, the Minister for Transport, Tourism and Sport, Deputy Shane Ross, and the Minister for Health, Deputy Simon Harris, the Government has had a nightmare in union relations in the past year. As my colleague in Fianna Fail pointed out, it is students who will suffer. I ask the Minister to take a fresh approach and call in the ASTI. I think ordinary people can understand its concerns, particularly on the issue of the direct marking of papers. A lot of people understand why that is a core concern. I hope the Minister is not sleepwalking into another dispute. Perhaps he might be kind enough to give us some concrete actions which will be taken to ensure further industrial strife is avoided.

To return to the core principle, I commend Senator Martin Conway. It is a worthy motion. We must continually remind ourselves and the Minister that history is far too important to be relegated in any way in the coming reforms.

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**Senator Frank Feighan:** I very much welcome the motion which is very timely. As somebody who spent his time in school learning all aspects of history, a minimum of two hours per week should be a requirement. In most cases, this is the same or better than what is provided in terms of class time. I agree that we need to look at the way history is taught. When I was at school, we understood our history. I came from a very strong republican background. My grandfather, James Feighan, was a commander in north Roscommon, interned and a Sinn Féin councillor. I remember reading one aspect of our history, an aspect of which we were very proud.

In 1982 I travelled around Europe on a double decker bus with ten New Zealanders and ten Australians. We travelled through many countries, including Turkey and to the town of Gallipoli. It was an occasion of reflection and remembrance for all of the Australians and New Zealanders on the bus. We were there for two or three days and for the people concerned, it was their 1916 Easter Rising. I was on the sidelines, but little did I know at the time that more Irishmen had died in Gallipoli than Australians and New Zealanders. That was a part of history that had been denied to me. In Ireland, across the Border, Nationalist and republican history was denied to Unionists. We talk about the 300,000, 400,000 or 500,000 people who signed the Ulster Covenant. I was not aware of this at school and did not agree with it. It is something of which I was not aware. I was either looking out the window and dreaming of playing for Liverpool, or it was not on my curriculum. It was not on the curriculum. Thankfully, we are in an age in which we are open to all aspects of history. Sometimes it is rewritten by the victors and sometimes people want to rewrite it. I think we have to be open to try to get a balanced story. There are always two sides to a story. There are grey areas. There are areas into which we do not want to go.

I think the Government did a great job last year in the commemoration of the events of 1916. It was balanced and open and I know from my meetings with the British-Irish Parliamentary Assembly and the Joint Committee on the Good Friday Agreement that people are very happy that, as a state, we had put a lot of thought into the commemoration. Fifty years ago the commemorations were much more subjective, which was unfortunate, but they were the times and that was the way it was. We should take great pride in the fact that we commemorated and celebrated. It was very appropriate.

I agree with Senator Paul Gavan that we must remember internment. I remember a great day in 1985 when the Anglo-Irish Agreement, a forerunner of the Good Friday Agreement, was signed. It was a seismic change in that the Republic of Ireland had a say in Northern Ireland affairs. It was not like the Good Friday Agreement, but it was a forerunner of it, which we must respect. We look at the Sunningdale agreement and all aspects of the Irish Republican Brotherhood. There is always a counterargument to all of these things. They are part of our history which needs to be balanced, open and fair, as I appreciate. Those who forget their history forget everything.

**Senator Aodhán Ó Ríordáin:** I congratulate Senator Martin Conway on putting the motion together. Those of us on the Opposition benches are at a terrible disadvantage whenever the Senator says anything, promotes anything or drafts a motion because it is very difficult to debate with somebody with whom one tends to agree most of the time on the stances he takes, his opinions and the effort he makes. I commend him again for the effort he put into the motion. I also welcome the Minister.

When the debate on history in the junior certificate cycle kicked off a number of years ago,

it was like alternative facts, as one-liners became instant conversations about the downgrading of history and it was said it would no longer be compulsory. As has been said by speakers across the House, it has never been officially compulsory. It is compulsory in approximately 50% of schools. I will throw out some statistics which might be of interest to those taking part in the debate. They were given to the education committee when the topic came up a number of years ago.

An official from the Department gave the following statistics. Approximately 54,000 students per year study junior certificate history and junior certificate geography, but when it comes to the leaving certificate, approximately 23,000 continue to study leaving certificate geography, whereas 13,002 study leaving certificate history. Approximately 20% of those who study junior certificate history will continue to study leaving certificate history. We can plough on and do things as we have always done them and pretend everything is wonderful, or we can try to change them. Clearly, if one feels passionately about history and its importance and not repeating the mistakes of history, one should aspire to having more students take history to leaving certificate level. From these basic statistics for the numbers of students taking the subject at leaving certificate level, we have a major problem. Why are students being turned off the subject? Why does it not inspire them? Why are other subjects considered to be more important? This is something that deserves imagination and investigation.

There must be autonomy for schools in various parts of the country to teach history in various ways. In a primary school I taught the history of housing policy, tuberculosis and the heroin epidemic, which were much more relevant than they would be in another part of the country. In another part of the country the history of the islands, the Gaeltacht or farming policy might be much more relevant than other topics from an urban perspective. The junior certificate programme offers an opportunity to allow students to investigate something relevant to them and which they may not have not an opportunity to investigate previously and make obvious how history impacts on their day to day lives and how they can learn when debating and discussing contemporaneous issues that there is always an historical context to everything.

I was fascinated by what Senator Frank Feighan said about Gallipoli. As he rightly said, Gallipoli should be a term, battle, word and place that resonates with every Irish child and every Irish man or woman because 4,000 Irish men died there 100 years ago. One of them was my great grand-uncle. We did not know about it as children growing up. We were much more in tune with the republican side.

As has been said, history can be divisive. There are more than two sides to any historical discussion and generally the discussions have a shade of ten or 12 opinions. There are stories in Irish history which go untold. We have a very linear historical background, whereby one event happens and then another. Things have happened in this city - I have mentioned the heroin epidemic of the late 1970s - which are much more relevant to children today than the civil rights movement in Northern Ireland of the late 1960s. I am not saying they should be competing themes or discussions in the classroom, but children need to be aware of both. We should also not have divides such that people from one part of the country with no knowledge of the background to housing policy, drug policy or how tuberculosis was such a killer in the city in the 1940s will be exposed to it and discover an interest in it in order that when it comes to debating national policy perspectives and priorities, they will come to it with a much wider view. I am an urban-based politician and if I had gained in school a greater knowledge of rural sensitivities, I might have a better chance of having a more rounded opinion.

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We are debating education. When we try to change how something has always happened in education, people get upset. We cannot touch Irish language policy without being called something akin to Cromwell. If we suggest we change the way Irish is taught or imposed on children who do not have any interest in it, we receive quite a number of cranky e-mails from people throughout the country. If we attempt to change any subject close to people's hearts such as history, accusations will be thrown around the place about one's motivations. I will say again - it is something to which the Minister should refer - if only 20% of students at leaving certificate level study a subject which the vast majority of pupils study at junior certificate level, clearly we are not doing the job we should be doing. It is not inspiring young people in the way it should. Perhaps it is not as relevant to them as it should be. If we allow autonomy for schools to focus part of their time on issues particularly relevant to their geographical areas, as well as opening the minds of the students to other points of view and other traditions in other parts of the country, we will have more rounded students and people with opinions based on fact and sensitivity regarding from where people come.

**Senator Neale Richmond:** I am delighted to support the motion and be a co-signatory to it. I commend very warmly my colleague, Senator Martin Conway, as has everyone else, for drafting and tabling it. I look forward to listening to the Minister's reply in due course.

As the Acting Chairman will remember from our days on Dún Laoghaire-Rathdown County Council, it is important to declare one's interests and I will declare mine. History was absolutely my favourite subject at school and Mr. Halliday was my favourite teacher. I studied history at third level; my sister studied history at third level and my brother studied history at third level and he now teaches history at second level. It is through this further learning that I knew how much more we could learn from history.

For once, I found myself agreeing with almost everything Senator Paul Gavan said. His remarks on the Spanish Civil War were very welcome. It is something I did not study in much detail at second level, but I did at third level. The Senator might find it amusing that my sister did her thesis on the great republican Bob Doyle and the International Brigades-----

**Senator Paul Gavan:** I am impressed.

**Senator Neale Richmond:** -----while I did mine on the Greenshirts and everything that went with them. Perhaps it did not decide my politics later in life; I just had a morbid interest in those actions.

**Senator Paul Gavan:** To clarify, the Senator is referring to the Greenshirts.

**Senator Neale Richmond:** Yes, the Greenshirts, not the Blueshirts. I went one further. The love and interest in the subject of history gave me a greater sense of my community and a greater interest in politics. It is probably one of the main reasons I joined a political party. I was not active in one until halfway through my degree. None of my family had ties to a political party. They voted for almost all of them, with a couple of exceptions in the Chamber. They took a fairly strong interest, most importantly in their area. It was through that interest and my study of history that I felt a deeper connection with my local community, country and the world at large. It gave me crucial analytical skills. Studying society and right and wrong shows us that society goes much further than what is in front of our faces and what belongs to us. It is vital, therefore, that we recognise, as stated in the motion, the important role the subject of history plays in second level education and in creating early exposure to civic society and

everything in it.

I concur with Senator Paul Gavan that the motion should go a little further. Perhaps the Minister might consider that view, given that it comes from this side of the House. History and geography should be mandatory subjects in the junior certificate examination. Not only must they continue to be mandatory subjects, they should also be expanded. I look forward to the civics and politics subject that will be added to the curriculum at leaving certificate level. Much more needs to be done in that regard and more support must be provided for non-curriculum programmes such as the Blue Star programme run by the European Movement Ireland which is available only in primary schools. This programme which encourages interest in and knowledge of the European project takes a critical position and is not propaganda. It teaches the history of Europe and the European institutions, the geography of Europe and how democracy functions in Europe. Perhaps it might be introduced as a pilot scheme in transition year, where applicable.

I will conclude as I am aware that many other Senators wish to speak. This is one of the rare occasions on which everyone in the Chamber is in broad agreement. I look forward to the motion receiving wide support. I hope the comments made by Senators and the deep and sincere conviction expressed by Senator Martin Conway and his co-signatories in the motion is taken on board, not only by the Minister but also by his officials who play a vital role in that regard. I welcome the opportunity to speak to the motion and commend it to the House.

**Senator Tim Lombard:** I support this worthy and appropriate motion. When we think of where we are coming from and where we are going, the key issue is that we must look back to go forward. The commemoration of the events of 1916 was a look-back at the past that has been helpful to everyone. The emphasis on history at second level is very important. The motion is very important because we are trying to arrive at an understanding of what happened in the past. In my local area monuments have been erected, commemorations are held and books have been written. People have grown up with this and we must take these things on board when we look to the future. While my generation and the older generation take them on board, I fear whether the younger generation will carry on the tradition of having a love of history, Ireland and what Irish people have done.

Previous speakers referred to what was important for their local area. Every parish and community has a history and they all have people who drive on historical moments in their locality. We need the next generation to be informed in order that we can drive on this agenda and ensure everyone knows what happened. It is about informing minds. Like Senator Neale Richmond, I had a passion for history in school. It was a subject I enjoyed, got to grips with and loved. I picked up my political views through education. If we are to inform the youth, we must ensure history remains an important subject because it gives them a great insight into where they can go forward in life.

Senator Martin Conway has tabled an exceptional motion on an issue about which I have been thinking for a long time. The purpose of the motion is to try to maintain links with the past and inform the younger generation. My sister is ten or 12 years younger than me. A gap has emerged in the education system since I attended school and I am worried about it. That is why the motion is so important.

Senator Martin Conway is correct that the motion highlights the issue and that something better could be done. We need a greater focus on history, which is the reason the motion is im-

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portant. I hope it will do what it is supposed to do, namely, enliven the debate and get people thinking about history. I also hope it will lead to a change in the system. Our history, across every parish in the country, needs to be driven on by the next generation. I have a great fear that the next generation does not have the same energy or enthusiasm as the generations that preceded it. We must have this enthusiasm to go forward.

I again compliment Senator Martin Conway on his fantastic motion. I hope it will highlight the issues and that we will see some significant movement on them.

**Acting Chairman (Senator Gerry Horkan):** It is rare to witness such unanimity across the Chamber or to have a ratio of two to one in Government and Opposition speakers in favour of the Government.

**Minister for Education and Skills (Deputy Richard Bruton):** I thank Senator Martin Conway for tabling the motion and all of the Senators who contributed. This has been a valuable debate. Perhaps we do not step back often enough to think about the value and way in which we teach subjects that are important to us. There is no doubt that history is of major importance. It is formative in the skills it delivers, the appreciation of the passage of events and how we have been influenced by them.

I need to defend my Department because some speakers portrayed a very negative view of it. The assistant secretary with responsibility for this area is a history teacher and passionate about the importance of history in the education system. Senators may ask why we are undertaking the junior cycle reform which has been at the centre of this debate. It is all about improving the extent to which people can engage with the subject of history and the other subjects being taught in the new junior cycle because, regardless of whether we like it, we have been caught in the trap of excessive reliance on the final two and a half hour examination being the be all and end all of the way in which history is taught. The impact of this has been particularly damaging in the case of history because it has resulted in massive content overload at junior cycle level, a huge focus on the textbook and significant narrowing of the rich range of sources to which Senators referred. The method of inquiry, the evaluation of events from different perspectives and seeing issues as having different dimensions creates the excitement about and wonder for history, about which everyone has spoken.

It is worthwhile reading the interesting background paper on the junior cycle. It makes an interesting point about the tensions in history and its purpose. Is it about giving young people critical skills to hone and pull and drag and insist on assessing the evidence and sources or is it in some way trying to say we are all in one big community and that we should pretend we have a common history that is uniform and binds us together? That is a tension which is openly acknowledged in the paper. People have different views on history. Is it the critical skills that make us all uncomfortable, regardless of our perspective, or is it about creating a common purpose? It is clearly more of the former than the latter.

It is important that we understand and history helps us to develop tolerance. What was so exciting about the commemoration of the events of 1916 was that, for the first time, the camps from which people tended to view the events of 1916 were broken down and people recognised that different things were happening in that period and that it was a complex issue. President Michael D. Higgins described the events of 1916 as an extraordinary act of imagination. There were also other things happening. One of the things of which I was very proud was the way in which people of all sides were able to share in the appreciation of the events from different perspec-

tives.

I will return to the issue of the purpose of the junior cycle. The intention is to move beyond that terminal examination and the cramming of the brain with stuff one can regurgitate in those two and a half hours and light the flame that history or science, about which one could say the very same, should light. It does allow for a variety of projects and achievements to be recognised such as visits to Newgrange, if that is the choice or the examination of some of the historical documents relating to the Famine, the incidence of tuberculosis or whatever other event. It is important to have these things recognised and for schools to have the flexibility to take on projects or run short courses that explore different dimensions and that they would be recognised.

I must correct Senator Paul Gavan; teachers are not being asked to mark the achievements students make in projects or mark papers in the junior cycle. All of the marking will be done by the State Examinations Commission, both the 10% and the 90%. What teachers are being asked to do is to look at the projects, encourage and support students and indicate whether it was a very high achievement. There is not a marking, rather there is a very broad approach and an indication is made if a project is exceptional. It is something the students carry with them. Who said education is what is left when what one has been taught has been forgotten? We will forget the date on which the Spanish Armada sailed, but if we get involved in a project, as Senator Aodhán Ó Ríordáin said, for example, on TB in Ireland, someone involved in the project will still remember even at 90 years of age that he or she took in it. The student will have a permanent appreciation and impact. That is what the junior cycle is trying to do in terms of reform. It is unfortunate that it has been a source of dispute in terms of industrial relations, but, equally, it is encouraging because if the vote is accepted – I do not know whether that will be the case – one of the issues that will be resolved is the junior cycle. There have been hours of negotiations, not only on the junior cycle but on including it to make sure it will, I hope, be accepted.

The reason the junior cycle is being reformed is that it is completely out of synch with both the leaving certificate which is a better curriculum and allows more use of alternative sources and with the way the primary curriculum is taught. It is the last element that is being taught in a very narrow way. It is interesting that compulsion applies to just 52% of the student population, those who are in voluntary secondary schools, but the take-up is not 52%, it is 90%. We have a high take-up, even though there is no compulsion in the system. In the case of the junior cycle, I do not think the real argument is about whether we should try to push the figure of 90% to 100%. That is not what the junior cycle is about. It is about making sure the 90% who take it have an exciting engagement with history, come away with new critical skills that they can apply in other spheres and also gain an appreciation of how history has marked the present and I hope does not condemn us to repeat the mistakes again, or whatever the phrase is about history.

Work is being undertaken by the NCCA on the design of a new curriculum, for which we have received 232 submissions, which indicates a lot of interest, with a target of September 2018 for when the new offering will be available to students. The curriculum is very exciting and I hope it will be a legacy because, as outlined in the document, the NCCA has been very conscious of the 2016 celebrations and the way they have impacted on people's interest in history and wants to build on that platform. Equally, some of the fears expressed have probably been dealt with to an extent in that while the original intention was to examine students in eight subjects, that number has been expanded to ten. History will be a stand-alone subject. Up to now that was not the case as it was a combined history and geography module. The intention

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is that it will have a stand-alone curriculum, with 200 hours devoted to it and a more exciting variety of learning methods and environment for schools to take on.

A number of Senators have expressed concern that perhaps because I have come from the jobs ministry into the education ministry, I have a very narrow view of the functionality of education and that it is all about creating people who can make widgets. That is absolutely not my view of education. In my education action plan we sought to articulate how education was pivotal to virtually every ambition we had as a nation, whether it was to excel in science, the various cultural fields or being able to crack cycles of disadvantage. Education is the driver of the permanent and sustainable change we can make. We must ensure that, as a Department, we enable schools to be learning organisations, continually improve and have the flexibility to use subject curricula to excite and engage their students. That is something about which I am very passionate. Of course, I recognise that one of the bridges education must help to build is the one from the school into the world of enterprise, but it is also important to have a bridge into the world of public service, politics and community. Building these bridges is important, but I do not see it as just a one-string bridge into a very narrow view of what we are trying to achieve because that is not the case. The one heartening thing I can say, having come from the enterprise portfolio, which might also give people a little reassurance, is that increasingly what employers want is not people who can make widgets but people who have the critical skills and competences to challenge and innovate, the ability to work with others and evaluate material critically. Interestingly, history is one of the subjects that gives students these skills and capacities.

I thank Senator Martin Conway for tabling the motion and the many Senators who took part in the debate. Come September 2018 we will have a curriculum for junior cycle students to take on which and after three years in 2021 we will see them emerge from that syllabus. As Senator Aodhán Ó Ríordáin said, I hope we will see more of those students opting to keep on history for the leaving certificate in order to further hone their critical skills. That would be an indication of success. The downside of the system which is evident in the inspection report is that a lot of students who took the examination displayed a low level of skill in answering the questions. They had not learned the skills with which history had been designed to equip them. It is not a case of just getting the numbers up and getting more students to sit the examination. If the examination does not equip students with the wonder, joy and competences history can give them, we are failing.

What is interesting when one looks at the issue is that the current system has failed a lot of young people who chose history but did not come out having been able to exhibit for an examiner what we hoped they would have been able to exhibit. The reform is about making a better environment for students to develop a love, appreciation and value for history. I am very enthusiastic about the work which is ongoing. It will be September 2018 before it hits the ground running. I presume I will be long gone from the Department by the time these young people are being examined in 2021, but I hope that whoever is in my position will be able to say in response to Senator Martin Conway's motion from seven or eight years previously that we have moved on and that we have young people who are better equipped having come through a junior cycle with an appreciation of what is important from the study of history.

On that optimistic note, I thank Senator Martin Conway for tabling the motion and offer my support for the sentiments expressed.

**Senator Martin Conway:** To echo the positive note, it will be a very good day for me and Seanad Éireann if part of my legacy in politics is that in 2021 some people in the Department of

Education and Skills credit the motion with that fostering of learning and achievement.

**Acting Chairman (Senator Gerry Horkan):** The Senator might get into a history book.

**Senator Martin Conway:** You never know.

I agree more than I disagree with what the Minister said, but I would never have pigeon-holed him in any way just because he came from the jobs portfolio. To be fair to him, he held the position of education spokesperson for Fine Gael for many years when it was in opposition. I have a deep interest in education because I believe it is one of the best ways to get people out of the poverty trap.

I thank all of my colleagues for their positive contributions which reflected my view that the importance of history is deeply embedded in this House and that it has a pivotal role to play. I agree with Senator Paul Gavan's observations on different perspectives. Unfortunately, for many years in the education system only one perspective of certain areas of history was given. We need to have a balance of perspectives.

Senator Aodhán Ó Ríordáin spoke about learning about the history of the heroin epidemic. That is critical because local, national and international history are equally important. The three are pillars in their own right. I remember doing a project on the west Clare railway for my leaving certificate examination. People in Dublin would not have any interest in it, but such projects very much form a part of our understanding of our communities and, as Senator Tim Lombard stated, our parishes. We develop a love of community, place, county and country through understanding what has happened before our time. I often equate this with the GAA. We develop a love of parish by being involved in the GAA which defines our sense of community more than any other organisation.

Having had the debate, I am more optimistic that the Minister and I are near enough to being on the same page. While I will not say I would have liked the motion to have been a lot more dramatic, I do have a reputation within my party for going outside the box and sailing close to the wind. I wanted the motion to be as consensual as possible. History has not been a compulsory subject and I believe it should be, but I tend to promote the carrot rather than the stick. I salute the hundreds of history teachers who teach it daily to young people and equip them in the way we want them to be equipped.

**Senator Aodhán Ó Ríordáin:** Hear, hear.

**Senator Martin Conway:** I salute them for doing a wonderful job. There is a Dublin branch to the History Teachers Association of Ireland. I did not know that until today. These teachers are doing a wonderful job in imparting knowledge to young people. I commend teachers in general, but today is for the teachers of history, including retired history teachers who dedicated their lives to educating and equipping young people for the future. I hope they see Seanad Éireann as standing in solidarity with them and the work they do in order to remove the uncertainty. Some of it was fostered through ill-informed commentary, while some of it was caused by departmental officials and the Government. We are here to solve problems. If there were no problems, there would be no need for politicians. I hope that in moving forward the waters will be a lot calmer, that history will be considered to be a core part of the curriculum and that we will not have to come back here at any stage in the future to highlight the need for the teaching of history because it will just be considered to be a given.

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It is timely and powerful that Seanad Éireann is unanimous in its clear support for the principles behind the motion. The message to the people of Ireland through Seanad Éireann to the Government, the Minister and his Department is that history is important. We believe it is not just important but also critical to the education system and the children in it. Take note that Seanad Éireann unanimously adopts the motion and expects its sentiments to be delivered on, not just by the Government but by future Governments also.

**Acting Chairman (Senator Gerry Horkan):** I think it is fairly clear-cut, but I do have to ask the question.

Question put and agreed to.

The Seanad adjourned at 5.45 p.m. until 10.30 a.m. on Thursday, 26 January 2017.