



DÍOSPÓIREACHTAÍ PARLAIMINTE
PARLIAMENTARY DEBATES

DÁIL ÉIREANN

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

Ceisteanna - Questions	2
Priority Questions	2
Health Services Provision	2
Charities and Voluntary Organisations	6
Services for People with Disabilities	9
Hospital Staff	11
Other Questions	13
Hospital Services	13
Services for People with Disabilities	15
Hospital Services	16
Hospital Staff	18
Hospital Services	20
Care of the Elderly Provision	21
ESB (Electronic Communications Networks) Bill 2013: Instruction to Committee	23
ESB (Electronic Communications Networks) Bill 2013: Order for Report Stage	26
ESB (Electronic Communications Networks) Bill 2013: Report Stage	26
Leaders' Questions	36
Order of Business	43
ESB (Electronic Communications Networks) Bill 2013: Report Stage (Resumed)	48
ESB (Electronic Communications Networks) Bill 2013: Fifth Stage	49
Public Health (Sunbeds) Bill 2013: Second Stage (Resumed)	50
Public Health (Sunbeds) Bill 2013: Referral to Select Committee	84
Health Service Executive (Financial Matters) Bill 2013: Order for Second Stage	84
Health Service Executive (Financial Matters) Bill 2013: Second Stage	84
Topical Issue Matters	95
Topical Issue Debate	96
Heritage Projects	96
Flood Prevention Measures	101
Post Office Network	104

DÁIL ÉIREANN

Déardaoin, 13 Feabhra 2014

Thursday, 13 February 2014

Chuaigh an Ceann Comhairle i gceannas ar 9.30 a.m.

Paidir.

Prayer.

Ceisteanna - Questions

Priority Questions

Health Services Provision

1. **Deputy Billy Kelleher** asked the Minister for Health the way he will address the deep concerns of both hospital consultants and general practitioners regarding the provision of health services; and if he will make a statement on the matter. [7186/14]

Deputy Billy Kelleher: I am asking how the Minister for Health will address the deep concerns of both hospital consultants and general practitioners about the provision of health care. I tabled this question because it is an issue of major concern. Hospital consultants have expressed very strong views about patient safety, the lack of consultants and supports in hospitals, the overcrowding in emergency departments and all that flows from that. A report commissioned last year outlines the difficulty the Department and HSE are having in recruiting consultants. If we allow this to continue, we will have a diminution of services because we will not have consultants to provide those services. A crisis is evolving in general practice. That is the responsibility of the Minister of State, Deputy White, so we will blame him for this particular part of it, but it is of major concern. There is no point pretending that this issue is not beginning to gather pace in terms of young doctors leaving this country because they do not want to practice here or that practices are under major pressure and strain trying to provide the primary care the Minister talks about rolling out.

Minister for Health (Deputy James Reilly): There has been significant focus over recent weeks on the very demanding and challenging financial and resource constraints within which the HSE has been required to prepare and adopt its 2014 service plan. It is important to recognise that this focus is not particular to the preparation and adoption of this year's HSE service plan as similar constraints have applied in each of the last number of years as a direct conse-

30 January 2008

quence of the emergency financial situation the State has had to address. At such an early hour of the morning I do not want to upset the Deputy opposite, but we all know why we are in these financial troubles.

As in previous years, the delivery of the health and social care services provided for in this year's service plan will focus on the dual challenge of protecting patient outcomes while, at the same time, reducing costs. This requires increasing emphasis on models of care that treat patients at the lowest level of complexity, providing safe, quality services at the least possible cost. I commend the manner in which the HSE and its workforce have successfully focused on how best to minimise the impact of unavoidable constraints on front-line services by utilising innovative and more efficient and effective ways of using scarce resources.

This year, the HSE needs to achieve saving measures of €619 million in order to remain within the approved 2014 health expenditure ceiling. It is important to recognise that the bulk of these required savings measures, including €268 million in pay and related savings and €172 million in reductions in pharmaceutical prices and expenditures and general practitioner fees, will not impact on the general public. These savings, allied to additional cost containment measures of €129 million in areas such as public procurement, shared services, value for money and energy efficiency savings, will allow the HSE to maintain and, in many cases, improve and build on the range of services provided to the public, as they reduce the cost of delivering such services to those in need.

Additional information not given on the floor of the House

I refer to the ongoing work of the special delivery unit, SDU, which was established in the Department of Health in 2011 in order to drive down waiting times for both scheduled and unscheduled care in hospitals and to introduce a major upgrade in the performance capabilities of the health system. In the case of unscheduled care, there has been an overall reduction of 14% in the number of patients waiting on trolleys during 2013. This is on top of the 23.6% reduction achieved in 2012 compared to 2011. In terms of scheduled care, at the end of December, 99.99% of adult inpatients and day cases were waiting less than eight months, 95% of child patients on the waiting list were waiting less than 20 weeks and 99% of routine gastrointestinal endoscopy patients were waiting less than 13 weeks. The number of patients waiting over 12 months for an outpatient appointment has reduced by 95% in 2013, from a high point of 103,433 in March of that year to 4,626 at end of December 2013. The SDU and health service staff across the health system are to be commended on these positive developments.

The significant increase in the number of consultants over the past five years is also of note. In the five years since December 2008, the number of consultants has increased by 295, from 2,260 to 2,555. The number of doctors on GMS contracts has also significantly risen. On 31 December 2013, there were 2,413 GPs contracted to provide services under the General Medical Services scheme. This compares with 2,098 on 31 December 2008, an increase of 315 GP contract holders over this period.

In the light of these developments, I have every confidence that, despite the unavoidable resource reductions already referred to, the HSE will maintain core services in 2014 while also supporting the growing demand for services arising from population growth, increased levels of chronic disease, increased demand for prescription drugs, higher numbers of medical card holders and new costly medical technologies and treatments.

Deputy Billy Kelleher: We do not have time to discuss the whole budget and the provisions of health care, but the feeling out there is that there is a crisis in GP services and that they are being forced to take on more complex cases. This is because of the outsourcing from the acute hospital system, the transfer of long-term illnesses and other complex conditions that are now expected to be treated in the primary setting. No additional resources have been put into GP services. GP services are under financial pressure. They are laying off staff. Then there is the added dimension of younger GPs not finding it an attractive option as a career path. That is sustainable only for so long. The budget for primary care has been consistently reduced, yet we expect GPs to take on additional responsibilities from a clinical point of view and that is unsustainable. It is time the Minister acknowledges that there is a problem and addresses it. Until he decides that, we will have major difficulty in the years ahead in terms of provision of primary care.

Deputy James Reilly: Let us deal with the facts rather than the hype. There are more than 200 additional GPs in the GMS than there were when we came into government. We all know we are about to enter into - I must be very careful with the language here - consultation with general practice.

Deputy Billy Kelleher: Discussions.

Deputy James Reilly: The Minister of State, Deputy White, has already met the various organisations. We expect to hear a lot of noise from that section until the new contract is in place, but let us deal with the facts. There are more than 200 additional GPs in the service than when Deputy Kelleher was in government. He alluded to overcrowding in our hospitals. Coming towards the end of his term in government, there were 569 people on trolleys in a single day. We have reduced that number by 34% over 2012 and 2013. This year so far, we are already over 3% lower than last year. That is still too many and I want to see it improved.

It is important to have the facts out here. There are more consultants and GPs in the service than there were three years ago and we recruited over 700 nurses last year. The people who work in our health service face serious challenge and pressure but they are doing that magnificently and I congratulate them on the great improvements they have made.

Deputy Billy Kelleher: We can have this debate again and again but the Minister is in his fourth year in government. He can only shelve his responsibility for so long.

Deputy James Reilly: We are not in government three years yet.

Deputy Kathleen Lynch: Former Deputy Batt O’Keeffe must have taught Deputy Kelleher mathematics.

Deputy Billy Kelleher: He is going into his fourth year and it is time he would believe he can stand over his policies and decisions. There are serious difficulties in the acute hospital setting. It is difficult to get people out of hospitals. Step-down facilities are not available. We are having difficulty trying to transfer people from the acute hospital setting to step-down and then home. That is happening day in day out in hospitals across the country and this adds to the difficulties at the front end in emergency departments.

Deputy Alex White: Does Deputy Kelleher have any proposals about anything on health?

Deputy Billy Kelleher: I am making those points because if the Minister wants to deny

30 January 2008

the facts and the realities and what the clinicians at the coal-face are telling us, then he should deny them.

Deputy Alex White: It is ten years since Deputy Kelleher had a policy on health. He has no policies.

Deputy Billy Kelleher: The Government does not have any either. We are still waiting for the White Paper on health insurance. They could not even do the sums on it - the arithmetic, the mathematics, the logarithms. The logarithms were not even on that White Paper.

Deputy James Reilly: What did Fianna Fáil do?

Deputy Caoimhghín Ó Caoláin: Do not forget the progressions.

Deputy Billy Kelleher: And the progressions.

Deputy James Reilly: Fianna Fáil has been wonderful at describing the problem but not terribly good at dealing with it, as we all know. Despite a 10% reduction in staff, 20% reduction in budget and an 8% increase in our population, we have reduced the number of people waiting over a year for an outpatient appointment by 95%. The august Members of Fianna Fáil who were in government for 14 years did not even deign to count the number of people on outpatient waiting lists because they did not want to know.

Deputy Billy Kelleher: We had the Minister for the hyperbole on this side of the House then.

Deputy James Reilly: It was very handy because my predecessor was not a member of the Fianna Fáil party, so it could leave her to deal with all the consequences.

Deputy Billy Kelleher: We never abandoned our colleagues.

Deputy James Reilly: Out of 103,000 people who were waiting longer than a year for an outpatient appointment in March 2013, there are now only 4,500 people. I accept it is still too many but we continue to address it.

Deputy Billy Kelleher: Half those people-----

Deputy James Reilly: Deputy Kelleher is into the old Fianna Fáil way of hype and spin. I deal in facts because-----

Deputy Billy Kelleher: I am being a responsible Opposition Member.

Deputy James Reilly: -----I am interested in reality and the reality our citizens have to endure every day. I want to improve that experience for them. We will continue to improve the patient experience and, at the same time, continue our reforms.

Deputy Kelleher is correct that the universal health insurance White Paper will be out very shortly.

Deputy Billy Kelleher: Will the sums be on it this time?

Deputy James Reilly: I look forward to his comments on it. I invite himself, Deputy Ó Caoláin and others to feed into that process because it will be about all of our health service. I want all of us to feel part of it and to have an input into it.

Deputy Alex White: Even you Billy.

Charities and Voluntary Organisations

2. **Deputy Caoimhghín Ó Caoláin** asked the Minister for Health the date on which the report he commissioned on charities and other bodies funded by the Health Service Executive will be concluded and published; if, in view of revelations of excessive salaries and top-ups among some charities, he will initiate a public, independent investigation, including into any agreements or understandings between the HSE and these bodies; and if he will make a statement on the matter. [6980/14]

Deputy Caoimhghín Ó Caoláin: This question seeks to establish when the report the Minister commissioned on charities and other bodies funded by the Health Service Executive will be concluded and published. Will the Minister initiate a public and independent investigation into all related matters?

(Deputy James Reilly): This process commenced quite some time back arising out of the HIQA report into Tallaght hospital. The HSE internal audit directorate produced a report, which has been available on the HSE website since November 2013, on the remuneration of senior executives in section 38 funded agencies which found that several unapproved allowances were being paid to senior managers. I requested the production of this report as a result of concerns I had arising from the HIQA report into Tallaght hospital in May 2012.

The HSE has taken urgent action to follow up on the findings of the audit report. Each section 38 agency was asked to confirm by 31 January this year that they would sign up to the HSE's new compliance statement process. The compliance statement includes confirmation that all staff are paid in accordance with the Department of Health's consolidated salary scales. The compliance statement also requires the agencies to confirm their compliance with their obligations under statute and under service arrangement with the HSE in respect of governance, systems of internal controls, taxation, finance, procurement, risk management and capital assets.

This statement will have to be approved by the board of each agency on an annual basis, signed by the chairman and another director on behalf of the board and submitted to the HSE together with the organisation's annual audited accounts. This annual compliance statement will be required in addition to the annual service arrangement between the agency and the HSE.

The majority of section 38 agencies have now confirmed that they will co-operate with the new compliance statement process and a small number are expected to confirm this shortly. In addition, meetings have been held during the past weeks by senior managers in the HSE with the section 38 agencies to ensure those which are not compliant develop a clear plan to reach compliance as quickly as possible. In some cases allowances have been stopped. In the case of 26 agencies, in line with the Department's pay policy, a business case is being made for the retention of unapproved allowances or of allowances in payment for more than five years.

Up to 85 such business cases have now been submitted to the HSE, which has established a review panel to assess the merits of these cases. This process will take some time and should be completed by the end of March. Where the review panel is satisfied that there are legitimate reasons for continuation of an allowance business cases will then be submitted to the Depart-

30 January 2008

ment of Health which will liaise as appropriate with the Department of Public Expenditure and Reform.

Additional information not given on the floor of the House

I am confident that the HSE will take whatever action is necessary to achieve full compliance with Government pay policy from the agencies concerned. I have no plans to establish an independent inquiry into the payment of unapproved allowances to senior executives at agencies funded under section 38 of the Health Act 2004.

Deputy Caoimhghín Ó Caoláin: Has the Minister been informed by the board of Rehab about the salary paid to the chief executive officer of the organisation? I understand the last figure for 2011 was in the order of €230,000 a year. It is important all of the entities in question are fully compliant and we have the restoration of transparency and confidence in this sector. This can only be done by adherence to the process outlined by the Minister in his reply.

Is it the case that the HSE did not request the specific salary of the chief executive officer of Rehab, as Rehab itself has claimed? Why would the HSE not request this information? Given the Minister's statement that was interpreted as a threat to Rehab's funding in the event of non-compliance, people with disabilities whose needs are provided for by Rehab could be put at risk. It is important the Minister's reaction does not impact on the innocent and those who need the organisation's services in the first place. Does the Minister agree with that?

Deputy James Reilly: The organisation to which the Deputy referred is a section 39 agency, not a section 38. Accordingly, it is not subject to public pay policy. Nonetheless, I, as well as the Government, believe that those organisations and charities in receipt of major taxpayer funding, anything over €250,000, should be in line with those pay policies. This process we initiated has been very careful and has followed due process. It has been fastidious in its fairness and continues to be so. We are not for turning on this matter and we will pursue this to the end. The idea of the necessity for an independent inquiry is not correct when the HSE is fully in control and bringing all these matters to light, *seriatim*, one by one. It will continue until we reach the end which we all wish to achieve, namely utter transparency around how public monies are spent when they are given to organisations, be they voluntary, section 38s or section 39s. It is critically important to ensure, as all Members opposite agree, that when we give money for charitable purposes, we can have confidence that the money is spent in the manner for which it was intended, namely for services for those in need of them. That remains our position.

Deputy Caoimhghín Ó Caoláin: Given that the Government has already significantly cut funding for services for people with disabilities, will he rule out, as I believe he should, further cuts to funding for critical services destined for people with disabilities, irrespective of what ongoing strains there may be with the board and the chief executive officer of Rehab? It is important the innocent are not penalised for the failures of senior management in any entity. Likewise, it is important service-users are respected and protected while the excellent staff of Rehab providing front-line service, care and supports are recognised for the role they play, as well as fund-raisers. Those who donate are innocent and are heroic in what they provide. It is important there is no conflict in this situation. Whatever actions may need to be taken in the event of non-compliance, they should not involve a reduction in funding destined for front-line service provision for people with disabilities.

There is a need for an independent investigation. I make that case because the Health Ser-

vice Executive, Rehab and other structures are making claim and counter-claim in regard to what was agreed and what was understood. I do not know, and we do not know, who is giving us the full facts. That is why an independent third party should be engaged to establish the full facts and who will have our confidence in presenting their report.

Deputy James Reilly: To correct the record of the House, there has not been any cut to disability. This Government spends more than €6.4 billion on disability annually. Our commitment to those with disability is very clear, and I am very fortunate to have at my side a Minister of State, Deputy Kathleen Lynch, who is in charge of this area and in charge of mental health because she is a very strong defender of those sectors, and rightly so.

Deputy Caoimhghín Ó Caoláin: Of course there have been cuts-----

Deputy James Reilly: No, there have not been cuts.

Deputy Caoimhghín Ó Caoláin: -----and under the Minister's stewardship.

Deputy James Reilly: I did not interrupt the Deputy, but as he has interrupted me I will remind him of his shroud-waving, general forecasting of doom and gloom at every availability opportunity, and the outrage auction he engages in trying to top the last outrage in which he has been involved.

Deputy Caoimhghín Ó Caoláin: No. It sounds very like the Minister's own time here on these benches. Another useless act on the Minister's part

Deputy James Reilly: I remind him also of his inability to accept the facts and his urgency to ignore due process and call for independent inquiries when it is clear there is a process in place that is delivering what the people need, namely, clarity and assurance that into the future any moneys given by either the taxpayer or through the goodwill of ordinary men and women who make contributions for charitable purposes will be spent on providing services to those in need and not to provide top-ups or other arrangements for highly paid executives.

Deputy Caoimhghín Ó Caoláin: I thought the Minister's qualifications were in medicine. Clearly, spin-doctoring is the only qualification he has got.

An Leas-Cheann Comhairle: Order, please.

Deputy James Reilly: Sinn Féin would not know about that.

An Leas-Cheann Comhairle: The next priority question is in the name of Deputy Finian McGrath.

Deputy Caoimhghín Ó Caoláin: Spin-doctoring, ably assisted by the Minister's colleague beside him.

An Leas-Cheann Comhairle: Please. I am trying to introduce the next question. Deputy McGrath is not present. Therefore, we will move on to Question No. 4 in the name of Deputy Colm Keaveney. I ask Deputy Keaveney to introduce the question.

Question No. 3 replied to with Written Answers.

Services for People with Disabilities

4. **Deputy Colm Keaveney** asked the Minister for Health the way he will address the deficit of early intervention teams for children in many parts of the country; and if he will make a statement on the matter. [7187/14]

Deputy Colm Keaveney: The object of the question is to elicit a response with respect to the waiting lists nationally for the early implementation teams. I would be grateful if the Minister would give us a response to that effect.

Minister of State at the Department of Health (Deputy Kathleen Lynch): The Government is committed to the provision and development of services for children with a disability, including early intervention services, within available resources. While these services are in the process of being reconfigured under the Health Service Executive's national programme on progressing disability services for children and young people from birth to 18 years, it is important to note that all HSE areas have significant early intervention services in place for children with disabilities, from birth to aged 18. These are provided directly by the HSE or by voluntary service providers funded by the HSE.

The aim of the programme on progressing disability services for children and young people is to achieve a national, unified approach to delivering disability health services in order that there is a clear pathway to services for all children - it is not in place at present - regardless of where they live, the school they go to or the nature of their disability. An additional €4 million has been specifically allocated in 2014 to drive implementation of the programme. This equates to approximately 80 therapy posts.

There are almost 60 geographically based multidisciplinary teams established as part of the reconfigured service model under this programme. It is hoped that a further 30 teams will be reconfigured this year, bringing the overall total to approximately 90 teams by the end of 2014. These figures reflect all children's disability teams that provide early intervention services to children from birth to aged 18. The transition to this new model is being implemented on a phased basis and, what is important, it includes consultation and engagement with stakeholders such as service users and their families.

Deputy Colm Keaveney: I thank the Minister of State for her response. I draw her attention to the comments made in response to the previous question with respect to cuts in disability. While I acknowledge a transformation is taking place within the sector, the object of the question concerns the issue of the 15,000 people on waiting lists for speech and language therapy. In Dublin alone there are 10,000 citizens waiting for speech and language therapy, and in the HSE South administrative area there are 3,171 people on the waiting list. We are moving from an existing system to a projected early intervention team, EIT, system, but we still have a crisis, particularly when it comes to occupational therapies. In the HSE Dublin Mid-Leinster and Dublin North-East administrative areas, 4,000 children await occupational therapy. In the two Dublin administrative regions, 10,000 people await physiotherapy as we speak. How does the Minister of State intend to tackle these chronic waiting lists? This is a grave concern. We are in a process of transition. Obviously, what we are leaving behind us is not addressing the situation while we get to the point where EITs are up and running and fully resourced.

An Leas-Cheann Comhairle: I will call the Deputy again.

Deputy Kathleen Lynch: I agree with the Deputy. What we inherited was quite significant despite a significant amount of money being spent annually. It became clear, on looking at the situation when we entered Government, that what was in place was not working and that we had to reconfigure the entire service. That is what we are in the process of doing. We have been extraordinarily lucky in getting someone like Pat Healy to come in and drive that change. He has experience far beyond anyone I know in terms of disability. I know him from his work in the south. What we are doing is ensuring children, despite the fact they may not be attached to a particular service, have access to community-based early intervention teams. It is a process of building those teams, and that is what we are doing. We have managed to get €4 million in funding this year, in very tight circumstances, to ensure that service is put in place. It will take a little more time, perhaps another year or two, but at that point I believe we will have a better service. I believe also that we must get away from the concept of having to have a diagnosis before one gets a service.

Deputy Colm Keaveney: The figures for the past 12, 24 or 36 months are not too far from the original figures I had confirmed. I am concerned the Minister of State's language around this issue does not engender confidence in families who are gravely concerned that they must wait a significant length of time with respect to children who are nearly in mainstream education at this stage, with no diagnosis. The Minister of State is so optimistic about the future in terms of transformation, yet while she stood here yesterday and spoke about a unit in University College Hospital Galway, part of the roof was blowing off that building. She is transferring vulnerable service users into an inappropriate unit at UCHG where there are three showers for 40 unwell service users. Is that the type of transformation she is talking about? Is she talking about the transformation where part of the roof is blown off UCHG while the Minister stood here yesterday and robustly defended a decision-----

An Leas-Cheann Comhairle: Thank you, Deputy.

Deputy Colm Keaveney: -----to shut down facilities in St. Brigid's Hospital in Ballinasloe and transfer them to UCHG where part of the roof was ripped off in the storm yesterday evening? That was her robust plan.

Deputy Kathleen Lynch: I do not know how we have strayed into this area because there is another question tabled on mental health. Obviously, the Deputy felt the need to raise it earlier.

10 o'clock

Despite the fact that I take entire responsibility for the disability and mental health service, and how we need to transform it, what we inherited was chaotic. We inherited it from the party of which Deputy Colm Keaveney is now a member.

Deputy Colm Keaveney: There are fewer staff under the current Government.

Deputy Kathleen Lynch: No one is responsible for the type of weather we have seen in the past few weeks. Coming from Cork, I know that better than most and, when there is an issue of health and safety, that will be dealt with as a matter of urgency. My information is that, as of this morning, it is being dealt with as we speak. This is why we are building a new 50-bed unit at the same site. There is no great disagreement between us and I know the Deputy wants the new unit and that he wants people treated properly, as do I. I am not responsible for the weather and all I can do is deal with the situation as I find it.

30 January 2008

Deputy Colm Keaveney: What about the €3.1 million in St. Luke's?

Deputy Kathleen Lynch: When I came into office, I found a service in chaos.

Hospital Staff

5. **Deputy Caoimhghín Ó Caoláin** asked the Minister for Health if he has ascertained the actions that were taken in response to the concerns expressed by midwives in the Midlands Regional Hospital, Portlaoise, in 2006; the immediate action he will take to ensure best obstetric practice at this hospital; if he will ensure that the long signalled problem of under-staffing is addressed without delay; if he will initiate a Health Information and Quality Authority inquiry; and if he will make a statement on the matter. [6981/14]

Deputy Caoimhghín Ó Caoláin: This question concerns whether the current Minister for Health has ascertained what actions, if any, were taken by his predecessor, the then Minister for Health, Mary Harney, in response to concerns about midwifery staff at the Midlands Regional Hospital, Portlaoise, and what action he is willing to take to address the long-signalled problem of understaffing at the facility.

Deputy James Reilly: I am aware that the previous Minister for Health received representations from the then Minister for Finance in 2006 about the maternity unit at Portlaoise. As overall responsibility for the management and delivery of health services rests with the HSE, the correspondence was forwarded to the executive for attention, as appropriate. The HSE replied directly to the Minister for Finance, acknowledging difficulties at the hospital and outlining proposals to address the situation, including the recruitment of additional midwifery staff and some upgrading of the maternity facilities.

With regard to current staffing at the Portlaoise maternity unit, I understand from the HSE that a number of vacancies exist at present and that service provision is supported by agency midwives. However, the hospital has approval to recruit additional midwives up to the approved complement and this recruitment process is ongoing.

I assure the Deputy that actions are being undertaken across our health services with a view to improving patient safety and providing a more patient-centred model of care. In particular, patient safety has been made a priority within the HSE's annual service plan through specific measures focused on quality and patient safety. My Department is leading the development of a code of governance which will clearly set out employers' responsibilities in achieving optimal safety culture, governance and performance. I have asked HIQA to ensure that my patient safety priorities are included in the monitoring programme against the national standards for safer better health care. I have instructed the national clinical effectiveness committee to commission and quality-assure four priority national guidelines on sepsis, clinical handover, maternal early warning score and paediatric early warning score. This body of work is in progress and well advanced.

My Department, in conjunction with the HSE, is developing a new national maternity strategy to provide the strategic direction for the optimal development of our maternity services. In light of the reports of a number of perinatal deaths at the hospital in recent years, I have asked the Chief Medical Officer to provide me with a report on the issues arising as quickly as possible. This report will inform the terms of reference of any subsequent HIQA review into the

issue.

Deputy Caoimhghín Ó Caoláin: I extend my deepest sympathy to the four families we know of who lost infants in tragic circumstances in the Midlands Regional Hospital, Portlaoise. As the parents stated, they have been treated disgracefully in their words, which are absolutely correct. They were kept in the dark about how and why they suffered these tragic losses. The HSE has admitted serious failings and I ask the Minister whether this underlines the absolute need for full openness and transparency in the investigation of what happened and why. That needs to be established quickly. The revelation that staff at Portlaoise hospital had already raised the alarm and wrote to Brian Cowen and Mary Harney about concerns about obstetric care in 2006 is alarming, given that it has not been satisfactorily addressed in the years since. When was the Minister made aware of the previous representation and identified need? When was he made aware of the actual need in his role as Minister since he took office?

I noted at the health committee meeting last week that the scope of Dr. Holohan's report had not been worked out. It should include all relevant issues. Will the Minister confirm that it will include the inadequate staffing levels at the hospital?

Deputy James Reilly: There is a report being compiled by the Chief Medical Officer. He and I met three of the families concerned. Like the Deputy, I reiterate my sympathies on their losses and I apologise for the way they were treated subsequent to their losses. I am committed to a transparent and accountable health service and a patient safety agency that will be set up in the next quarter so that patients have an advocate they can go to and so that what happened in Portlaoise can never happen again. If someone has a complaint and it is not being dealt with expeditiously by the people concerned, the person can go to the patient safety agency to receive help, advice, support and encouragement to pursue the issue to its natural conclusion. I assure the House, the Deputy, the families concerned and the broader public that we will get to the bottom of this and that we will find out where are the issues and problems and that we will fix them. Unlike before, we will not use the report to downgrade and undermine the hospital further but rather to support it to deliver services that the great people who work there, in many instances, are striving to deliver.

Deputy Caoimhghín Ó Caoláin: I welcome the last remarks by the Minister. Only in the fullness of time will we have the opportunity to test them but I hope the commitment will be delivered upon. Will the Minister confirm the scope of the report of the Chief Medical Officer? Will it include address of the staffing levels and understaffing over the number of years involved? It is crucial to establishing the full facts. In his first reply, the Minister said staffing issues are being addressed. I note that he referred to "up to the approved complement" in his first response to the question. My understanding is that the current ratio of midwives to births is 1:55, when the internationally recognised norm is 1:29. What is the Minister referring to when he says staffing levels are being increased up to the approved complement? Whose approval and whose standards? It is hugely important that we know exactly what we are talking about. What are we talking about? Will the Minister quantify the number of new midwives expected? Where does it come in the internationally recommended norm of 1:29 births?

Deputy James Reilly: I assure everyone that the Chief Medical Officer's report will be comprehensive and it will be an important signpost for HIQA when it engages in its review of the situation in Portlaoise. It is in everyone's interests that the problem not just be addressed but fixed so that people can have confidence into the future in that hospital and in all our maternity services. I thank the families for taking the time to speak to me and the Chief Medical Officer.

30 January 2008

Their contribution and their story, which was harrowing to go through again, has informed the Chief Medical Officer of the issues he must address and it will allow him to address it in a comprehensive way, which might not have been possible without the benefit of their time.

Deputy David Stanton: On a point of order, has the time limit for questions changed? The last question took eight and a half minutes.

An Leas-Cheann Comhairle: There is no change in that regard. I take full responsibility for trying to keep people to six minutes but I can only do my best. We will get to the Deputy's question as soon as we can.

Other Questions

Hospital Services

6. **Deputy Joan Collins** asked the Minister for Health the reason persons (details supplied) have not been included in the transfer of patients to the Mater Private Hospital; the cost to the Health Service Executive of dealing with this situation to date; and if he will indicate when the serious issue of orthopaedic services in Tallaght hospital will be addressed. [6705/14]

Deputy Joan Collins: I thank the Minister for taking this question, as I have been trying to follow up this issue for over a year. A number of people have come to us querying access to spinal surgery in Tallaght. Last May, we received a letter from the chief executive indicating that a patient had been waiting for seven months for a procedure. There was an apology for this and the letter indicated that the hospital had lost two spinal surgeons. As there was significant demand, an appointment could not be given, but it was indicated that if funding was given by the HSE for the spinal services as requested, the hospital would be in a position to move patients more quickly through the system. Will the Minister provide an update on that issue and the transfer of the patients to the Mater Private?

Deputy James Reilly: I have been advised by the HSE that Tallaght hospital has entered into a service level agreement with the Mater Private Hospital, approved by the HSE, for the provision of spinal surgery. Under this agreement, 630 patients who had been awaiting an out-patient spinal appointment for more than 12 months were transferred to the Mater Private and will be reviewed by specialist surgeons there. In addition, 31 non-complex deformity spinal patients who were waiting longer than eight months for surgery have had their procedure carried out in the Mater Private under this agreement and a further 42 complex deformity spinal patients are being reviewed by the Mater Private to assess their surgical requirements. I am advised that the cost of this as approved by the HSE is €346,500.

With regard to the two patients referred to by the Deputy, the HSE has advised that out-patient appointments with the treating clinician at Tallaght hospital were scheduled for these patients on 6 February and 10 February, and that both patients attended and are being actively managed. These patients had not been waiting longer than the target time of 12 months. The hospital in Tallaght has recently appointed a second consultant orthopaedic surgeon who specialises in pelvic acetabular trauma. In addition, a new upper limb orthopaedic surgeon has been recruited and is due to take up post in a number of weeks. Tallaght hospital is also work-

ing with the Mater Misericordiae University Hospital and the HSE to explore solutions that can address spinal service needs across both hospitals and this process will be informed by the ongoing work of the national clinical care programme for orthopaedics in developing a national model of care for spinal patients.

Deputy Joan Collins: I thank the Minister for his reply and it is good to hear that there will be two spinal surgeries. The issue has been ongoing for a year and the Minister should have been aware of it. The chief executive indicated that the hospital had applied for surgeons through the HSE and there were problems. One of the people referred to by the Minister, I hope, was on the list for seven months last May, meaning that the person has been waiting at least a year and a half for an appointment with the hospital. I am glad to hear we are moving nonetheless. Given the cost involved, it is not a great result that these people have had to be moved to the Mater Private, but it is good that patients will be seen, which is the main issue. I will be keeping an eye on the matter over the next period.

Deputy James Reilly: We all agree that the priority is for patients to be seen as quickly as possible, and sometimes that requires us to use public funding to purchase services in the private sector. I do not have an ideological or other issue with that but I want to see the issue fixed in the public sector. I should point out to the Deputy that it takes quite a while to get a consultant surgeon, a consultant respiratory physician or any other consultant. They are generally working elsewhere and have contracts of employment. The job they apply for here would only be advertised once it is approved, and after that there would be an interview process. Following that, people often have to work out their contracts as they would not want to leave their employers high and dry and they must give reasonable notice. On average, it takes anywhere between nine and 18 months to get a consultant into a post once approved. It seems a long time but that is the reality with which we deal.

I should put to bed, as I indicated earlier, the idea that somehow we are having grave difficulty in this regard. In specific areas and in some specialties there are difficulties recruiting consultants but, as I mentioned, there are well over 100 extra consultants in the system compared with a few years ago.

Deputy Caoimhghín Ó Caoláin: I wish to clarify the grouping of questions. My question, No. 37, is related.

An Leas-Cheann Comhairle: That is not a matter for the Chair. Does the Deputy wish to put a supplementary question as Deputy Joan Collins does not wish to do so?

Deputy Caoimhghín Ó Caoláin: What is being done to address the overall serious position of Tallaght hospital? I notice the recent statement by the Irish Nurses and Midwives Organisation calling for more nurses to be appointed. It has reflected on the 2012 HIQA report and the current situation, which is described as being worse. These are front-line staff. The 2012 HIQA report was quite alarming, to put it mildly, but we have been advised that the current position is worse. The statement indicates “the hospital is dangerous and staff fear that another adverse event will happen”. Is the recruitment embargo a factor? I believe it is. Will more nurses be appointed to Tallaght hospital?

Deputy James Reilly: I accept the Deputy is concerned about the embargo, which is not an unreasonable position. I have made it clear that over 700 nurses were recruited last year. The embargo - or employment control framework - remains in place but, as I have stated on many

occasions, it has never been implemented so rigidly as to not allow us recruit where we felt it was necessary.

One of the big problems in the health service is the skill mix. I have asked why some model four hospitals - the big tertiary hospitals - have nine nurses per health care assistant but in others it is 2.8 nurses per health care assistant. Why are consultants doing work that advance nurse practitioners or GPs could be doing? I hope we are all familiar with the fact that in orthopaedics, to which the Deputy's question relates, as physiotherapists review all the referrals, over 50% can be dealt with by a physiotherapist and a patient does not have to see the consultant surgeon. We are changing many things.

An Leas-Cheann Comhairle: Deputy Finian McGrath has tabled Question No. 7 but he is not here. I know he has had a bereavement, as a relative in Galway has died. I extend my sympathies to him.

Question No. 7 replied to with Written Answers.

Services for People with Disabilities

8. **Deputy Seán Kyne** asked the Minister for Health the progress in implementing the new policy system to empower persons with a disability or their families to choose educational options, particularly post graduation from secondary level and in consideration of the serious and distressing delays experienced in summer and autumn of 2013 and previous years. [6851/14]

Deputy Seán Kyne: I ask the Minister the progress on implementing the new policy to empower persons with disabilities or their families to choose educational options, particularly post-graduation from school.

Deputy Kathleen Lynch: This is good news but unfortunately the issue does not get much publicity or air time. I share the Deputy's concern about issues in recent years relating to the provision of day services and training places to young people with disabilities leaving school. For that reason, I asked the Health Service Executive to put new structures in place to ensure available places are identified as early as possible and a more effective communications process is put in place with young people and their families. The placement of 850 school leavers and 482 rehabilitative or life-skills training graduates last year, within limited resources, was a significant achievement by the HSE and the service providers. My colleague, the Minister for Health, advised the HSE that priority was to be given in the 2014 national service plan to the provision of new services for school leavers requiring specific supports. Accordingly, an additional €7 million has been earmarked to address priority needs for new places for school leavers and for those graduating from rehabilitative or life-skills training.

The HSE established a national oversight group in October last year that includes umbrella organisations representing disability agencies. The group identified the need for a new centralised regional application process and arrangements for implementing the new process are in train. The HSE is liaising with disability agencies and the National Council for Special Education to supply the necessary information on this process to families. The deadline for applications was 1 February, however, some flexibility will be given as the application process is in its first year. Supports required for each individual will be identified and agreed and a communications process with all stakeholders will be put in place by the end of March. Young

people and their parents will be advised by the end of June 2014 of the placement which will be available to them.

We made the argument this happens every year and should come as no surprise so we needed to plan for it, which is exactly what we did.

Deputy Seán Kyne: I thank the Minister of State for her reply and I compliment her on the new initiative. I appreciate we discussed this in the House in 2012 and 2013, particularly with regard to my area of Galway, and there were inordinate delays in those years. All parents and children are now satisfied they have a place but unfortunately it was protracted. It was September or early October before some children were sorted in Galway. I am confident the new initiative will rectify this. I also welcome the additional funding and decentralised registration process. Is the Minister of State confident that by June all parents will know what will be available for their children?

Deputy Kathleen Lynch: This is the first year and there will always be little hiccups in the initial stages. I am confident even if we do not reach the deadline in March or June it will be a far more stable process and people will be reassured their loved ones, and in some instances they are not children, will have an appropriate place in June, July, August and September. We decided if these people were to apply for third level courses they would do so at this time of the year or late last year. It is about knowing what is coming down the track and the needs of the individual, and ensuring these needs are met. I am very confident not alone this year but in coming years the system will work well and the uncertainty which existed in the past will be removed.

Deputy Seán Kyne: I am very hopeful about the new system and I am sure it goes without saying the Minister of State will continue to liaise with the national oversight group to ensure we make progress and families are not put through the same stress as they were in other years.

Question No. 9 replied to with Written Answers.

Hospital Services

10. **Deputy David Stanton** asked the Minister for Health the position regarding the epilepsy monitoring unit in Cork University Hospital; when this unit will open; and if he will make a statement on the matter. [6796/14]

Deputy David Stanton: I wish to ascertain the position on the proposed epilepsy monitoring unit at Cork University Hospital. When will it open and how many beds will it contain?

Deputy James Reilly: The epilepsy national clinical care programme provides for the commissioning of a regional epilepsy monitoring unit to be based in Cork University Hospital. This unit will provide accessible comprehensive care for patients in the southern area, particularly those with acutely unstable and disabling chronic epilepsy.

The executive management board of Cork University Hospital allocated ward 3A as a suitable location for the epilepsy monitoring unit to be shared with the facility for stroke services. Funding of €140,000 was provided for the infrastructural upgrade of ward 3A and a further €217,000 was provided for the purchase of the required epilepsy monitoring equipment.

30 January 2008

The HSE has advised that commissioning of the unit requires the recruitment of additional nursing and allied health professional staff. Recruitment of nursing staff has, I understand, been particularly challenging, but I am assured the recruitment process is in the final stages, and candidates who were successful at interview are now being offered contracts of employment.

I have also been assured the unit is now equipped and will open no later than 31 March 2014 and I look forward to seeing the Deputy there.

Deputy David Stanton: I thank the Minister for his response.

Deputy Caoimhghín Ó Caoláin: This matter was raised at a meeting of the Joint Oireachtas Committee on Health and Children on Tuesday when Dr. Colin Doherty, the national clinical lead for the epilepsy programme, was before the committee. He indicated he was at a loss to understand this because he had been a direct participant in advertising and interviewing during the recruitment process. He could not in any way explain the inordinate delay in closing the appointments. It baffles him. He stated the national epilepsy care programme and the HSE had provided funding for the seven nursing staff required to deliver the programme and, for what he described as unclear reasons, nothing has happened. Cork University Hospital has already invested more than €500,000 in equipment which is awaiting staff.

Deputy James Reilly: Cad é an ceist?

Deputy Caoimhghín Ó Caoláin: The ceist is will the Minister try-----

Deputy David Stanton: The time is up.

Deputy Caoimhghín Ó Caoláin: What is happening this morning? With respect I ask Deputy Stanton to allow me to finish.

Deputy David Stanton: With respect, the time is up. Ask a question.

Deputy Caoimhghín Ó Caoláin: We have. It is a very serious matter when the clinical lead outlines the difficulties. Will the Minister establish why the delay has taken place and why we have not already seen the appointments in Cork in line with all of the other areas, and ensure we will not have a repetition of such delays for such an important service?

Deputy James Reilly: With respect, what is truly important is to ensure patients have this excellent service available to them in Cork. Last week I was in Beaumont Hospital at the opening of its new unit where I met the staff there and some of the patients. It is a state of the art unit with the latest technological equipment available and the staff will now be able to diagnose with much greater accuracy the forms of epilepsy people have and will therefore be able to treat with much greater effect these conditions. As a professional who dealt with many people who have this condition I can tell the Deputy one drug after another was tried in the hope that one might work. Now we have a much more scientific way of addressing these issues and seeing whether stereotactic surgery would alleviate problems completely.

I met a gentleman there who is related to a Member of the House who was very happy to tell us his life has been transformed in the past two years. He is now epilepsy free and can go where he wishes and does not need to plan the day around his condition. It is like a new lease of life for him. I thank all of the doctors and nurses working in the units and the lead, Dr. Colin Doherty, who does outstanding work on our behalf in this regard. The delays are not something on which I have intimate knowledge but I know some issues arose with regard to staffing which

have been resolved and we look forward to the unit opening in Cork and delivering care there.

Hospital Staff

11. **Deputy Charlie McConalogue** asked the Minister for Health the steps he has taken to address the shortage of non-consultant hospital doctors at Letterkenny General Hospital, County Donegal; and if he will make a statement on the matter. [6842/14]

Deputy Charlie McConalogue: What steps is the Minister taking to address the shortage of non-consultant hospital doctors in Letterkenny General Hospital in County Donegal?

Deputy James Reilly: I thank the Deputy for the question. The number of non-consultant hospital doctors, NCHDs, in the public health system has increased by more than 200 in recent years and now exceeds 4,900. However, there are international shortages of NCHDs in certain categories and specialties. There are also some hospitals, such as Letterkenny, to which it has been difficult to attract NCHDs, for a range of reasons including training opportunities and rural location. We must live with this fact and do everything we can to address it.

Letterkenny General Hospital had an NCHD complement of 105 whole-time equivalents prior to the drive to support implementation of the European working time directive. To facilitate the implementation of the directive, it has received approval to employ a further 16 whole-time equivalents, increasing the total approved NCHD complement to 121.

Since July 2013, there have been ongoing efforts to recruit doctors for the January 2014 intake of NCHDs to ensure recruitment of all 121 whole-time equivalents. Unfortunately, due to national and international shortages of NCHDs, Letterkenny General Hospital, as of 11 February, has 26.5 vacant posts. However, 14 of these posts are covered by agency locum non-consultant hospital doctors employed on a temporary basis to ensure continuation of service delivery at the hospital. Efforts are continuing to recruit additional NCHDs to the existing vacant posts.

Particular difficulties are being experienced in Letterkenny General Hospital regarding the recruitment of NCHDs in general medicine, and this is replicated in many hospitals nationally. There are 8.5 whole-time equivalent posts vacant in the general medicine specialty, comprising 7.5 registrar and one senior house officer posts. The recruitment and retention of non-consultant hospital doctors is required to support service delivery, address reliance on agency locums and facilitate the achievement of compliance with the European working time directive.

Last summer I set up a group under the chairmanship of Professor Brian MacCraith to undertake a strategic review of medical training and career structure.

Additional information not given on the floor of the House

The group is to make recommendations aimed at improving the retention of medical graduates in the public health system, planning for future service needs and achieving the maximum benefit from investment in medical education and training. The group provided an interim report in December 2013 with a focus on training. It is examining career structures and pathways following training with a view to submitting a report by the end of March 2014. In addition, the HSE is considering the establishment of a new service grade of non-consultant hospital doctor. The establishment of the hospital groups will also assist hospitals such as Letterkenny as

the revised structures will facilitate the use of resources across the group. Indeed, the current shortages at Letterkenny are being considered in the context of the NCHD resources available to the west and north-west hospital group.

Deputy Charlie McConalogue: I thank the Minister for his reply. He has referred to national and international shortages in the supply of non-consultant hospital doctors. He has stated that shortages are particularly acute in regional and more peripheral hospitals such as Letterkenny General Hospital. His response is that this is something with which we must live. His response does not provide specific solutions which is what I asked for in my question. He has outlined that where there should be 121 NCHD posts in Letterkenny General Hospital. Currently 26.5 posts are vacant, with 14 being filled by agency doctors, no doubt at a more significant cost than the full-time posts.

The hospital normally had ten medical registrars but currently there are 8.5 posts. To comply with the working time directive, that number needs to increase to 15 posts. On many days recently there were significant backlogs in the accident and emergency department with people on trolleys, and neither Sligo nor Altnagelvin were able to take the overflow. The public had to live with that difficulty

An Leas-Cheann Comhairle: I will come back to the Deputy.

Deputy Charlie McConalogue: It is not acceptable that the medium-term solution is that we must continue to live with it.

An Leas-Cheann Comhairle: I must call the Minister.

Deputy Charlie McConalogue: I will finish on this point. I ask the Minister to elaborate on what steps he can take to address that situation to ensure it does not continue for the next few years.

Deputy James Reilly: As the Deputy has acknowledged, we have approved more posts for Letterkenny. The reality is there is a difficulty in recruiting but we continue to recruit actively and to use agency locums to ensure we provide a safe service for the people of Letterkenny. I congratulate the staff of Letterkenny General Hospital and the wider hospital group which provided support from Galway from Bill Maher and his team and the board. I also acknowledge the help from Altnagelvin during the flooding. The unit is fit to re-open and we look forward to seeing the Deputy at the opening. Letterkenny General Hospital is a critical part of our health service and it will be supported. I have no doubt we will be able to attract more doctors to Letterkenny by means of rotation within the hospital group. This is one of the benefits of the hospital group because staff will not be recruited to work in Letterkenny specifically but will be recruited for the north-west hospital group and will go on rotation between the hospitals during the course of their training. This system will also make available to Letterkenny and the people of Donegal a greater level of expertise than was the case heretofore.

Deputy Charlie McConalogue: I concur with the Minister and I thank him for his comments about the staff. What they and the management of the hospital have achieved has been heroic and amazing. The flooding of the hospital was one of the biggest disasters at any hospital in the history of the State. The accident and emergency department at Letterkenny General Hospital is the seventh busiest in the country, which shows the demands on the service. The hospital has had difficulty in recruiting the staff it needs and the numbers of staff which have been approved. This demonstrates the job of work faced by the hospital in dealing with its daily

workload. We need to have solutions from the Minister. He has outlined that the number of NCHD posts has been increased to 126, but the real difficulty is in recruitment. The Minister has indicated there may be potential for rotation in the new hospital group. Whether the solution is in the system of rotation or else international recruitment in the medium term until there is more supply from this country, we need to see solutions quickly. We cannot continue with the current situation because it will mean more delays in the accident and emergency department which is unacceptable for patients in Donegal.

Deputy James Reilly: The Deputy will be aware from earlier responses to questions that the model of care needs to change in both hospitals and in general practice. We need to move away from this episodic illness approach to a system of prevention and chronic illness management in primary care. The Minister of State, Deputy Alex White, is dealing with this aspect and he is in consultation with the GP organisations, for which I thank him. It is the case that NCHDs are doing work that could just as well be done by other health care professionals. I alluded to the skill mix where nurses are performing duties which health care assistants could undertake, doctors are doing work that advanced nurse practitioners could undertake, and both professions are doing work that would be better done by physiotherapists or speech and language therapists or other allied health care professionals. We must address this by innovative ways of using the resources available to us, which in my view will be more cost-effective and result in better outcomes for patients and would also be more rewarding for the professionals involved.

Hospital Services

12. **Deputy David Stanton** asked the Minister for Health the position regarding the dedicated stroke unit in Cork University Hospital; when this unit will be open; and if he will make a statement on the matter. [6795/14]

Deputy David Stanton: There is much concern about the delay in opening the stroke unit in Cork University Hospital. I understand a date has been set but I want to get confirmation from the Minister that this is the case and that the unit will open without further delay.

Deputy James Reilly: I look forward to going to Cork but I will have to get a passport from the Minister of State, Deputy Kathleen Lynch, before I set foot in Cork.

Cork University Hospital provides a full, comprehensive range of stroke related services, including neuro-radiology, which includes intra-arterial thrombolysis. In plain language that means administering a drug to break up a clot causing the blockage. Other services will include acute neurology and elderly care medicine. To enhance this service delivery further, the executive management board allocated a ward to provide a dedicated stroke unit. Funding was provided by the national clinical stroke programme to enable some infrastructural upgrade on the ward.

To develop further the multidisciplinary role within the stroke service in CUH, the clinical programme also provided the necessary funding to recruit the following staff: one full-time clinical nurse specialist for stroke care, a 0.5 whole-time equivalent speech and language therapist, and a 0.5 whole-time physiotherapist. I am advised by the HSE that the infrastructural upgrade of the ward has been completed and that the staff for the unit have been recruited. The hospital is putting the final measures in place to open the stroke unit which will provide 12 beds for the stroke service. The opening is scheduled for Monday, 10 March 2014.

The HSE national clinical care programmes provide a national, strategic and co-ordinated approach to a wide range of clinical services. The objective of the stroke clinical programme is to provide rapid access to high quality stroke services, to save lives and to prevent strokes. The Deputy may be interested to note that I prioritised an improvement in thrombolysis rates and a target was set to increase the rate of safe thrombolysis from 1% to 7.5% by the end of 2013. I am pleased to say the HSE has recently reported a national stroke thrombolysis rate of 10.5% for the third quarter of 2013, which exceeds targets and is comparable to rates internationally. I am informed Ireland has moved from the bottom of the European league table to the very top in an 18 month period. This is having a real impact on patient safety and quality of life. Access to safe stroke thrombolysis is provided in 23 hospitals throughout the country, 24 hours, seven days a week. Ambulance access protocols are also in place whereby acute stroke patients are taken to the nearest hospital providing around-the-clock thrombolysis.

This is what the health service is supposed to do which is delivering better outcomes for patients. This is a very clear example of how the men and women who work in our health service have achieved that.

Deputy David Stanton: I thank the Minister for that very good news that the unit will open on 10 March. Has he information on how many patients will use that unit? Will the Minister personally perform the opening ceremony on 10 March?

Deputy James Reilly: I would not have that level of detail available to me here but I know that in the past, we talked about saving one life per week and avoiding three people per week going into long-term care as a consequence of this initiative. Those figures have almost doubled and I look forward to an ever-increasing number of people receiving better outcomes from our health service, specifically in this area. In the past, a stroke very much brought a close to the kind of life people were able to lead. My father suffered a stroke and was left blind for the remaining 14 years of his life. The advent of this technology and service is something which is real and tangible and to the betterment of our people and our service.

Deputy David Stanton: I thank the Minister.

Care of the Elderly Provision

13. **Deputy Caoimhghín Ó Caoláin** asked the Minister for Health the way he can reconcile the programme for Government commitment that investment in the supply of more and better care for older persons in the community and in residential settings will be a priority of this Government and that additional funding will be provided each year for the care of older persons, including more residential places, with the Health Service Executive 2014 service plan which provides for no new residential places in 2014; and if he will make a statement on the matter. [6918/14]

Deputy Caoimhghín Ó Caoláin: How can the Minister reconcile a programme for Government commitment in regard to supports and the provision of beds in nursing home facilities for older people and the fact there is no new moneys in the 2014 HSE service plan for this very purpose?

Deputy Kathleen Lynch: I thank the Deputy for tabling the question. We are looking at this issue intensively because we recognise the need in the future will be greater. I would like

to assure the Deputy that the needs of our older people are, and will remain, a very high priority for me and the Government and that the resources that are available will be applied to provide the best possible mix of supports and services. Government policy is aimed at ensuring older people receive safe, timely and appropriate care and treatment at the lowest level of complexity, as close to home as possible and that they are facilitated and supported to stay in their own homes and communities for as long as it is viable. This is in line with the views expressed consistently by older people themselves.

Accordingly in 2014, there is an enhanced focus on home and community supports. Although the budget for long-term residential care has been reduced by €35 million to €939 million, it should be noted that €23 million of this reduction is being directly transferred to the community side. This allocation will strengthen community provision and allow more people to stay in their own homes for longer. While it is estimated that 900 fewer people will be supported in long-term residential care, this will be counterbalanced on the community side, where the €23 million will be used to fund the following: 190 intensive care packages to benefit 250 people annually; 25 intermediate-transitional care beds to benefit 650 people; 20 beds for complex cases to benefit 130 people; and maintaining the current level of public short stay beds provision of 1,860 beds which provide respite, rehabilitation and step down services. We are implementing the type of transformation we are trying to implement in mental health and disability in regard to older people and it is something about which we must be very conscious and sensitive.

Deputy Caoimhghín Ó Caoláin: More older people are occupying acute hospital beds for longer as they await ever-scarcer nursing home places. The consequences of that are very clear in terms of straitened health budgets and beds in the acute hospital system. Has the Minister of State established the number of patients of senior years who have been retained in acute hospital settings beyond their medical care need, many for inordinate periods of time? I know of cases where it has been months because of the shortage of beds in our public nursing home network.

The dreadful term “bed blockers” is used by some but I find it offensive. These people are not there by choice and would much rather be in their homes if that was an option but clearly it is not and that is why they are waiting for residential care. It is a hugely important issue not only for the people concerned but for the hospital system because I have been told - the Minister of State can contradict me again - we are talking of the order of perhaps 600 beds at any given time. The number may fluctuate somewhat but one is talking about a huge number of beds across our already straitened acute hospital network. This needs to be addressed.

Deputy Kathleen Lynch: I share the Deputy’s concerns. It is offensive to people as they age to have a tag put on them which is clearly not of their own making. The number is not 600, although it is a substantial one. The number ranges from between 400 and 460 at any one time and we all know the significance of that in terms of the cost of an acute hospital bed.

The reason we are putting in the 25 intermediate-transitional care beds, which will benefit 650 people, and the 20 beds for cases that are more complex, which will benefit 130 people, is for the very reason the Deputy stated, that we should take a serious look at how we move people on. It is about transferring people to transitional beds and giving them the type of physiotherapy, the type of supports they need in order to transition back to their own community and the high-spec intensive care packages to support them in their own community.

30 January 2008

We are very conscious that we need to do things differently and that the need will increase but we are convinced that if we do this properly, the outcome will be much better, not only for the State and the taxpayer but for the people who need the care and support.

Deputy Caoimhghín Ó Caoláin: Will the Minister of State indicate when she expects these additional packages and additional bed opportunities to be in place? It comes back to the point that acute hospital beds are being occupied by people whose real need is long-term residential care. I fully support care in the community. Make no mistake, if those people could return home, many of them would make that choice. I know some of the people of whom we speak. There is no doubt in my mind that a significant number of the 460 - the Minister of State said it is not 600 but the number clearly fluctuates - want to be in a different setting but they know a residential care place is the only future they have left. What the Minister of State announced is only tipping at it. The figure clearly demonstrates that much more needs to be done. The benefits would be considerable and it would be an investment.

Deputy Kathleen Lynch: I am not convinced that all those in beds in acute hospitals would necessarily need to go into long-term care, although a proportion would need to do so. However, we believe that with the right interventions, such as physiotherapy, and with the home care packages and supports, many more people could live long and well in their own communities. The Deputy and I know the old saying that the journey of 1,000 miles begins with a single step. We are beginning to change the service and to recognise the needs. We have to start somewhere and this is where we are starting. The provisions will be in place this year.

We are extraordinarily lucky to have Mr. Pat Healy as director. He has an in-depth knowledge of this whole area, has been involved in it throughout his career and has realised where the blockages and the difficulties are and is now beginning to address them in a way we have not seen before.

Written Answers follow Adjournment.

ESB (Electronic Communications Networks) Bill 2013: Instruction to Committee

Minister for Communications, Energy and Natural Resources (Deputy Pat Rabbitte):
I move:

That, pursuant to Standing Order 177, Standing Order 131 is modified to permit an instruction to the Committee to which the ESB (Electronic Communications Networks) Bill 2013 may be recommitted in respect of certain amendments, for which it has power to make provision in the Bill in relation to the change of name of Bord Gáis Éireann. Accordingly, to change the title of the Bill to take account of these provisions.

I am proposing this motion on foot of the Government decision, which I announced last December, to change the name of Bord Gáis Éireann to Ervia in the context of the sale of the energy business of Bord Gáis Éireann. The Gas Regulation Act 2013, which was enacted late last year, provided for the sale of the energy business of Bord Gáis Éireann. The transaction process is well advanced. On 12 December last, a consortium comprising Centrica plc, Brookfield Renewable Power and Icon Infrastructure was selected as the preferred bidder. As part of the sale process, the ownership of the Bord Gáis Energy brand will transfer to the new owner. When the bidders have acquired the Bord Gáis Energy business and its brand, Bord Gáis Éireann may no

longer use the words “Bord Gáis” in the name or brand of its group or network business.

This amendment will provide for the change of name and allow brand transition arrangements to be put in place when the sale has been completed. It is envisaged that the overarching sale agreement will be signed in the coming weeks, with the transaction to be completed in the following months. Bord Gáis Éireann has given careful consideration to appropriate alternative names, having regard to the changing nature of its business in light of the sale of the energy business and the establishment of Irish Water as a subsidiary of Bord Gáis Éireann. The name change from Bord Gáis Éireann to Ervia will take account of the expanding functions of Bord Gáis Éireann. The word “Ervia” is based on the Irish word “Éire” and the Latin word “via” and is intended to capture Bord Gáis Éireann’s new role as the parent company of Irish Water together with Gas Networks Ireland, the subsidiary of Bord Gáis Éireann that will have responsibility for the gas networks infrastructure and interconnectors, which are to remain in State ownership.

It is important to note that Ervia will simply be a corporate name. The main interactions with customers and the public will be through Irish Water and Gas Networks Ireland. Therefore, there is no strategy to advertise or market the Ervia name and the costs of rebranding will be kept to a minimum. The change of name requires a statutory footing. I believe the ESB (Electronic Communications Networks) Bill 2013 represents an excellent opportunity to make this provision. Bord Gáis Éireann and the ESB are demonstrating the dynamic and ambitious nature of our State energy companies. They are underpinning economic growth and job creation by investing in critical network infrastructure. This change of name provision will facilitate the ongoing sale process of Bord Gáis Energy. The proceeds from this sale will be available to the Government to support stimulus measures, including through the infrastructure stimulus plan that was announced by the Minister for Public Expenditure and Reform in 2012.

Deputy Michael Moynihan: I suppose this is just a change of name. We debated issues relating to the sale of Bord Gáis and other issues before Christmas. I do not have any issue with the amendment proposed by the Minister.

Deputy Michael Colreavy: Likewise, we have no objection to this proposal, which is more of a technical amendment than anything else.

Deputy Thomas Pringle: I object to this proposal. When I saw last week that it was proposed to place this direction to committee on this week’s agenda, I thought it was great because I thought it meant the Minister was going to make provision in legislation to instruct the ESB to roll out broadband to the whole country. I was greatly disappointed when I read the briefing note and realised that this involves changing the name of Bord Gáis Éireann to Ervia, as it is to be called. This is quite a significant proposal as it brings into context the idea of privatisation and the sale of State assets.

The suggestion in the Minister’s briefing note that Bord Gáis Éireann is a significant and strong brand is true, of course, because it has been built up over the years by the State and the Irish people. Bord Gáis has been supported and its brand has been developed, but now it is being sold off to the highest bidder. Rather than asking the new company to develop its own brand, we are giving them the assets, customer base and sales of Bord Gáis. We are being asked to change the name of something that was developed as a strong brand for Ireland and for the Irish people. I think it is a sad and retrograde step. We should not be considering it.

30 January 2008

Unfortunately, this proposal will be accepted today and the change of name will happen. It is probably a sign of things to come. The Minister's contention that what will be left of Bord Gáis Éireann will operate as "Irish Water" and as "Gas Networks Ireland" signals to me that there is really no need for this change. If it is just a question of Bord Gáis Éireann's corporate identity, how will the company be able to compete with Bord Gáis Networks, or whatever the new company will be called? While I think it is a pity that this change is being made, I accept that it is going to happen anyway.

Deputy Luke 'Ming' Flanagan: I am curious about who exactly came up with the new name. Were consultants employed to create this new word? If so, how much did that cost? Would it not have been possible to come up with a name in the Irish language? There are many words that could have been used. In light of the future plans for Irish Water - the Minister has told us he does not intend to privatise it, but we all know what will happen down the line - I suggest that it could be called "an bord imithe" because that is what is going to happen to it.

Minister for Communications, Energy and Natural Resources (Deputy Pat Rabbitte): As Deputies Moynihan and Colreavy have said, we had this debate a long time ago. I can go back over the entire history of this initiative if colleagues would like me to do so. I do not think that is necessary because people understand what happened when this country had to seek outside assistance in 2010. They appreciate that it was a stipulation of the bailout programme that we should make some contribution from domestic resources - in particular, from the National Pensions Reserve Fund - and, on the other hand, that we should engage in a programme of disposal of State assets. A similar imposition was made in the case of Greece, for example. In the Irish case, the new Government over a period of seven months gradually whittled down the size of the programme of disposal of State assets and negotiated a facility for the reinvestment of more than half of the funds in question for domestic employment purposes.

The problem is that one either accepts that this is being done on the basis of an agreement that was made in 2010, or one does not. There are commentators who say we got off very lightly, given that this is virtually the only significant disposal. Regardless of whether that is true, it was decided that the energy business of Bord Gáis should be put on the market and marketed as part of a proper and competitive process. The selection of a preferred bidder was announced on 12 December last. That is the position.

11 o'clock

Deputy Pringle is a bit like the Japanese soldier who came out of the forest waving his sword a number of years after the end of the Second World War.

Deputy Thomas Pringle: The war is not over.

Deputy Pat Rabbitte: It has happened and all we are doing today is tidying up the legislation to acknowledge the reality that the brand inevitably was part of what was for sale and was part of what attracted the new owners. The brand will hopefully grow and employ more people in Ireland. It certainly brings considerable resources behind this competitor in the marketplace. As a result we need to come up with a new name for the holding company. The companies in the Ervia stable will do business as Irish Water and Gas Networks Ireland, but there has to be a name for a holding company. That is all we seek to do here.

I know Deputy Luke 'Ming' Flanagan resorts to assistance about seeing into the future and he says he knows that the purpose is to privatise Irish Water and to privatise this, and hence his

imaginative solution, an bord imithe. We have made plain 100 times that we are creating a new utility, Irish Water, in State ownership. It is very difficult in the business of adversarial politics to win out when one is accused of doing something, and it is a matter of fact that one does not do it and one's critics insist one will still do it in the future.

Deputy Luke 'Ming' Flanagan: It is a tough job.

Deputy Pat Rabbitte: It is very difficult to prove a negative. All I can tell the Deputy is that there is no intention to privatise Irish Water. I do not believe an bord imithe would be appropriate for Ervia. He asked why we did not give it an Irish name and asked if we brought in consultants to come up with the name. We did not; it came from the staff and board of Bord Gáis Éireann. It is intended to be a combination of Irish and Latin - "Éire" and "via". While everybody is entitled to an opinion about it, that is the name that has been selected.

Deputy Luke 'Ming' Flanagan: It sounds like Esperanto.

Deputy Pat Rabbitte: I do not think so; I do not think there is a Spanish tinge to this at all. It is very much Irish and is similar to Telecom Éireann, Eircom, Ervia and so on. That is what is before the House and I am grateful to the Leas-Cheann Comhairle for permitting it to be recommitted on Committee Stage.

Question put and agreed to.

ESB (Electronic Communications Networks) Bill 2013: Order for Report Stage

Minister for Communications, Energy and Natural Resources (Deputy Pat Rabbitte): I move: "That Report Stage be taken now."

Question put and agreed to.

ESB (Electronic Communications Networks) Bill 2013: Report Stage

Bill recommitted in respect of amendment No. 1.

Acting Chairman (Deputy Seán Kenny): Amendments Nos. 1 and 4 are related and may be discussed together.

Minister for Communications, Energy and Natural Resources (Deputy Pat Rabbitte): I move amendment No. 1:

In page 3, line 7, after "line" to insert " , to change the name of Bord Gáis Éireann".

As we have just discussed, these amendments concern the change of name of Bord Gáis Éireann to Ervia. The Gas Regulation Act 2013, which was enacted late last year, provided for the sale of the energy business of Bord Gáis Éireann. As part of the sale process the ownership of the "Bord Gáis" brand will transfer to the new owner. Once the bidders have acquired the energy business of Bord Gáis Éireann and its brand, Bord Gáis Éireann may no longer use the words "Bord Gáis" in the name or brand of either its group or network business.

Bord Gáis Éireann has given careful consideration to appropriate alternative names having

30 January 2008

regard to the changing nature of its business, given both the sale of the energy business and the establishment of Irish Water as a subsidiary of Bord Gáis Éireann. As I advised the House earlier, the name change from Bord Gáis Éireann to Ervia will take account of the expanding functions of Bord Gáis Éireann.

The change of name requires a statutory footing and accordingly amendment No. 4 makes the necessary provisions to give effect to this. Amendment No. 1 is a consequential amendment, changing the Long Title to reflect the inclusion of the provision to change the name of Bord Gáis Éireann to Ervia.

Amendment agreed to.

Bill reported with amendment.

Deputy Michael Colreavy: I move amendment No. 2:

In page 4, line 21, to delete “, selling”.

This is generally good legislation, providing for something I had previously suggested as a solution to our broadband distribution network problems. From the outset I had only two amendments, one of which was a social-benefit clause placing a responsibility on the company that any job vacancy would be filled by a person to be taken from the register of unemployed people. I accepted the Minister’s response on Committee Stage that it would not be appropriate in this primary legislation. I would hope to see it become copper-fastened in Government policy that any State venture such as this would include a social-benefit clause.

Section 2(b) states that the board may engage in the business of “leasing, licensing, selling and otherwise providing, making use of and engaging in any service in connection with electronic communications networks and electronic communications services infrastructure.” My amendment proposes to delete “selling” from that section of the legislation.

On Committee Stage the Minister said - I fully accept his bona fides - that he has no intention of selling off this utility. However, I believe there could be unintended consequences here. First, the Minister, Deputy Rabbitte, will not be the Minister forever. Second, leaving the word “selling” in that section could lead to the privatisation of the ESB fibre network. It could lead to an unhealthy monopoly with one communications company having a virtual monopoly of broadband provision in the country. It could result in such a private company monopoly using an infrastructure that was paid for by Irish people and using ESB staff who have extensive powers of access to land to enrich the company principals and shareholders. We would, in effect, potentially be sowing the seeds of yet another golden circle.

I do not understand why the Minister will not remove the “selling” from this legislation. While his intentions may be entirely honourable and I am sure they are, he will not always be Minister for Communications, Energy and Natural Resources and another Minister at some time in the future could misuse that clause by virtue of the it containing the word “selling”. I ask the Minister to agree to withdraw the word “selling” from the section. I would like to allow this legislation to go through unopposed but I will certainly oppose this section unless the word “selling” is removed from it.

Deputy Pat Rabbitte: I understand where Deputy Colreavy is coming from and I agree with much of what he has said but I honestly think there is a misunderstanding between us on

this one. If we consider what is in the Bill in terms of what the board may do as a result of this legislation, it states it shall develop “electronic communications networks and electronic communication services... [or it enables that, and the] leasing, licensing, selling and otherwise providing, making use of and engaging in any service in connection with the electronic communications networks and electronic communications services infrastructure”. I understand the word in that context to relate to the selling of services, not as a permissive insertion to allow the selling of the company. I believe there is a genuine misunderstanding between the Deputy and myself on this. I will put my note on this on the record. I do not want to teach my granny how to suck eggs but if we were to address the issue that is of concern to the Deputy it might be better to do so in the form of an amendment that seeks to enshrine in primary legislation that this company may not be sold off or something like that. I can say that now that I hope to get out the door here soon and will not have to deal with the consequences of my advice to the Deputy. The word “selling” in this section has a different meaning and it is not to facilitate the privatisation of the company.

The purpose of the Bill is to provide an explicit legal basis, as the Deputy has said, to enable the ESB to engage now or in the future in the installation and operation of electronic communications networks and services, either alone or by agreement with one or more other companies, and to provide for consequential matters. I should clarify at the outset and in response to a concern expressed by Deputy Colreavy on Committee Stage that the Bill is enabling only. It does not exempt the ESB from any current legislative requirements or regulatory rules. The ESB is required by the Electricity Supply (Amendment) Act 1988 to secure the consent of my Department and the Department of Public Expenditure and Reform to form any company. The same legislative provision also requires the ESB to secure similar consents to dispose of shares or other interests in any such company. Nothing in this Bill will absolve the ESB from these obligations and I can therefore reassure the Deputy that this Bill does not provide a legal basis for the ESB to dispose of critical infrastructure.

The purpose of section 2 is to provide an explicit legal basis to allow the ESB to engage in electronic communications networks and electronic communications services which include leasing, licensing and selling of such services. If the ESB enters this market in the future it must do so on a commercial basis. It is essential therefore that it has the *vires* to sell services. The *vires* would be put in doubt if the reference to “selling” was deleted. For this reason, I cannot support the amendment proposed by the Deputy. However, I hope that my reassurance on the limited nature of the statutory authority arising reassures the Deputy on the wider issue and additional requirements regarding any subsequent disposal of its interests in this or any other venture.

Deputy Paudie Coffey: I offer a view on this amendment and this is an matter we discussed at length on Committee Stage. While I might understand, or try to understand, from where Sinn Féin is coming on this, and I know it is ideologically opposed to privatisation and all the rest of it and that is fair enough, I cannot figure out why its members will not accept numerous reassurances from Ministers that the critical infrastructure is not for sale. They have been given such reassurances about Irish Water and the electricity networks and now they are being told the same about the telecommunications that might be installed on these networks.

There is no doubt in my mind that we have learned from the mistakes of the past where essential infrastructure of Eircom was sold which literally set us back decades in terms of the development of broadband and telecommunications infrastructure. It is only now that we are seeing Eircom beginning to invest in its infrastructure again after many years. In the interim

30 January 2008

period we have seen the substandard state and degradation of the telecommunications networks that were managed by Eircom, which was not the fault of the staff of Eircom but the fault and the lack of investment due to the sale of that asset.

As I said on Committee Stage, this legislation is a game-changer in terms of the potential to deliver quality broadband to the regions of this country again. Sinn Féin's attitude on this is quite cynical. Deputy Colreavy mentions the possible creation of a golden circle and enriching the shareholders of the ESB and otherwise but the shareholders of the ESB are the Irish Government and the Irish people and reassurances have been given. I cannot understand why the Deputy continues to pursue this amendment.

As a result of this legislation we will see increased competition in the delivery of broadband. I hope this service provider, in partnership with the ESB, when it goes to market will be able to offer high-speed, quality broadband to regional areas at far less cost. It is obvious that they will have far less overheads in delivering this infrastructure. I cannot understand why it did not happen before now. I know there are telecommunications networks wrapped on transmission lines going across the country. Now we are going to the next level where it is intended to hang telecommunications lines on existing ESB distribution networks where there are already existing routes and pathways to the regions and at far less cost in terms of capital costs and overheads. If we want to bring a fibre network to a region it can be literally strung along existing networks with no additional costs incurred in terms of excavation, access to land, the cost of ducting and the cost of reinstatement of land. This initiative will have the potential to deliver broadband to the regions in a far better and more cost effective way and it is something I encourage. I have already expressed the concern to the Minister on Committee Stage that the service providers will cherry-pick some of the larger urban areas. It is obvious from a commercial sense that this service provider would target the larger urban areas initially. However, I still believe this legislation empowers them and offers the potential, once they go beyond that step where they can capture a commercial customer base, to reinvest the funds raised and extend this to the next phase, which will go out into rural Ireland, where quality fibre is needed. We are predominantly a rural nation. Agribusiness in this country is growing at an exponential rate and we will be exporting food and dairy products around the globe. With all of that production will come business needs in rural areas, where people can work from home on their farms and in their villages. I believe this legislation will give the potential to this service provider to reach those customers.

Given I have the opportunity on the floor of Dáil Éireann, it would be remiss of me not to commend ESB Networks on behalf of the Members of Dáil Éireann and to thank its staff for the extraordinary work they have done in recent weeks and continue to do in terms of addressing the storm damage that has hit the country. Vast areas of the south and south-east were hit by hurricane winds yesterday, as well as having been hit previously. Hurricane wind speeds in excess of 141 km/h were recorded at the Waterford Institute of Technology campus yesterday. More than 260,000 customers were without electricity last evening. I know that ESB Networks, with the help of colleagues from Northern Ireland who have come down this morning, are working with the emergency services, the local authorities, the fire services, the Garda, the Civil Defence and many others to restore power to people's homes. Electricity is a fundamental requirement in any society. I ask the Minister to pass on my compliments to ESB Networks workers and contractors, as well as anybody who is assisting at this time, for their courage and for the work they have done.

I offer my support for this legislation. I hope Sinn Féin can accept the continual reassurances that have been given by the Government side that we recognise critical infrastructure. We

have learned from past mistakes, where critical assets in Eircom were sold and it suffered from a lack of investment. What we are seeing now is further opportunities for the people. I will certainly be supporting the Minister on this legislation.

Deputy Michael Colreavy: It feels like I am getting a bit of a lecture. However, it sounds as if the lecturer did not listen to or hear what I said in my introductory remarks. I said that I thoroughly welcomed this legislation and that it is something I had put forward myself some 18 months ago. I said I had proposed just two amendments to the legislation. On one of these, I accepted the Minister's contention that my amendment should not have been in primary legislation. On the amendment we are discussing now, I have accepted the bona fides of the Minister and that he has no intention of selling the network infrastructure. Unless, however, the word "selling" is removed from the Bill or a clause is inserted to specify that the infrastructure cannot be sold, any future Minister could sell that infrastructure. That is why it is so important this amendment be made.

I have no intention of trying to block the passage of the legislation but I feel passionately that this amendment needs to be made and that the legislation would be better and stronger if it were made. Perhaps Deputy Coffey now understands why I will be calling a vote on this proposed amendment.

Deputy Patrick O'Donovan: To follow on from Deputy Coffey, I have one concern which the Minister might bear in mind as the legislation concludes. Landowners are concerned about the wayleave that could be given to companies other than ESB to go onto people's lands for the purposes of installing new cables. Perhaps these concerns can be addressed by the Minister or his departmental officials. There is no difficulty with the concept of the Bill among the farming community and among landowners in general because they view the transmission of broadband into rural areas as something that will benefit them as well. Their concern is that the current legislation, going back to 1927, was very specific in regard to the transmission of power across the country and the compensation that was in place at that time. Landowners are concerned that the legislation would, for example, allow people who have commercial agreements with the ESB to wander on and off and string other cables across people's lands that are not in line with the intended purpose of this Bill. The Minister might be able to clarify this point during his summing up or subsequently with the farming organisations.

Deputy Pat Rabbitte: I will be disappointed if Deputy Colreavy divides the House on a Bill that, fairly exceptionally in my experience, has attracted support from all sides of the House, including not just the parties and formal groupings in the House but also the Independent Deputies and so on. This is especially so since, I repeat, I am satisfied there is a misunderstanding between the Deputy and myself. The insertion of the word "selling" where it is contextualised in the Bill is not about the selling of the company or shares in the company, or anything like that. Taking it out is not going to achieve what Deputy Colreavy seeks, but it would remove the *vires* that is essential for the company to make the services available, which is the purpose of this Bill in the first place. Therefore, if we removed "selling", where the Bill enables leasing, licensing and selling, it would make a nonsense of the legislation. I repeat it is not an enabling term to facilitate the privatisation of the company.

I can give Deputy O'Donovan the assurance he has sought in respect of the wayleave issue. There is no question of workers, employees or staff of companies other than the ESB's direct workforce being enabled by this legislation to incurse onto private lands. This legislation will enable the use of the existing supply system and, irrespective of it being open access and so on,

the actual technical works necessary will be done by the direct employees of the ESB.

In that regard, I can certainly join Deputy Coffey and repeat what I have said in public in acknowledging the extraordinary effort made by ESB workers in the unprecedented severity of the weather conditions we are experiencing. Ever since 18 December last, there have been severe difficulties every week. This has posed enormous strain on the workforce concerned. They have rallied in almost impossible conditions. My understanding from the chief executive of the ESB is that it was so bad yesterday, particularly in parts of the south and south west, that it was unsafe for ESB workers to go out at the height of the storm. Since then, they have been doing everything humanly possible to restore power to unfortunate people who have been worst affected.

Given that we are dealing with a Bill about communications, the same situation applies in respect of Eircom workers. Some 60,000 homes have been deprived of a service and Eircom workers are engaged in trying to restore service as early as possible. It is appropriate at a time like this to pay tribute to these workers in their struggle against the elements to restore service to people who have been worst affected. I join with Deputy Coffey in including local authority workers and emergency workers generally who have been called out for us in unprecedented and uniquely bad circumstances. We are grateful for their dedication in that regard.

I reiterate what Deputy Coffey said. All I can say is that the thrust of this Bill is not about privatisation. It is enshrined in the Irish Water legislation that it will not be privatised. Other than incorporating it in law, I do not see what one can do. Deputy Colreavy is right. There may be a government of a different complexion at some stage in the future but all this Government can do is enshrine it in law, which it has done. In respect of critical infrastructure, be it the gas or energy networks, it is not the intention to privatise them and the new water utility is under State ownership.

Deputy Coffey is correct. It is a commercial venture.

Acting Chairman (Deputy Seán Kenny): The Minister is out of time. Is Deputy Colreavy pressing the amendment?

Question put: "That the words proposed to be deleted stand." The Dáil divided: Tá, 65; Níl, 35. Tá Níl Bannon, James.

<i>The Dáil divided: Tá, 65; Níl, 35.</i>	
<i>Tá</i>	<i>Níl</i>
<i>Bannon, James.</i>	<i>Boyd Barrett, Richard.</i>
<i>Barry, Tom.</i>	<i>Browne, John.</i>
<i>Breen, Pat.</i>	<i>Collins, Niall.</i>
<i>Butler, Ray.</i>	<i>Colreavy, Michael.</i>
<i>Buttimer, Jerry.</i>	<i>Cowen, Barry.</i>
<i>Byrne, Catherine.</i>	<i>Doherty, Pearse</i>
<i>Byrne, Eric.</i>	<i>Ellis, Dessie.</i>
<i>Coffey, Paudie.</i>	<i>Ferris, Martin.</i>
<i>Collins, Áine.</i>	<i>Flanagan, Luke 'Ming'.</i>
<i>Conaghan, Michael.</i>	<i>Fleming, Tom.</i>
<i>Conlan, Seán.</i>	<i>Halligan, John.</i>

<i>Connaughton, Paul J.</i>	<i>Higgins, Joe.</i>
<i>Conway, Ciara.</i>	<i>Keaveney, Colm.</i>
<i>Coonan, Noel.</i>	<i>Kelleher, Billy.</i>
<i>Corcoran Kennedy, Marcella.</i>	<i>Kirk, Seamus.</i>
<i>Costello, Joe.</i>	<i>Kitt, Michael P.</i>
<i>Creed, Michael.</i>	<i>McConalogue, Charlie.</i>
<i>Deasy, John.</i>	<i>McLellan, Sandra.</i>
<i>Deenihan, Jimmy.</i>	<i>McGrath, Mattie.</i>
<i>Deering, Pat.</i>	<i>McGrath, Michael.</i>
<i>Doherty, Regina.</i>	<i>Moynihan, Michael.</i>
<i>Doyle, Andrew.</i>	<i>Murphy, Catherine.</i>
<i>Durkan, Bernard J.</i>	<i>Nulty, Patrick.</i>
<i>English, Damien.</i>	<i>Ó Caoláin, Caoimhghín.</i>
<i>Ferris, Anne.</i>	<i>Ó Cuív, Éamon.</i>
<i>Fitzgerald, Frances.</i>	<i>Ó Fearghail, Seán.</i>
<i>Fitzpatrick, Peter.</i>	<i>Ó Snodaigh, Aengus.</i>
<i>Flanagan, Terence.</i>	<i>O'Sullivan, Maureen.</i>
<i>Hannigan, Dominic.</i>	<i>Pringle, Thomas.</i>
<i>Harrington, Noel.</i>	<i>Ross, Shane.</i>
<i>Harris, Simon.</i>	<i>Shortall, Róisín.</i>
<i>Hayes, Tom.</i>	<i>Smith, Brendan.</i>
<i>Heydon, Martin.</i>	<i>Stanley, Brian.</i>
<i>Humphreys, Kevin.</i>	<i>Tóibín, Peadar.</i>
<i>Kehoe, Paul.</i>	<i>Troy, Robert.</i>
<i>Kenny, Seán.</i>	
<i>Kyne, Seán.</i>	
<i>Lawlor, Anthony.</i>	
<i>Lynch, Kathleen.</i>	
<i>McEntee, Helen.</i>	
<i>McGinley, Dinny.</i>	
<i>McLoughlin, Tony.</i>	
<i>McNamara, Michael.</i>	
<i>Maloney, Eamonn.</i>	
<i>Mitchell, Olivia.</i>	
<i>Mitchell O'Connor, Mary.</i>	
<i>Mulherin, Michelle.</i>	
<i>Murphy, Dara.</i>	
<i>Murphy, Eoghan.</i>	
<i>Nash, Gerald.</i>	
<i>Naughten, Denis.</i>	
<i>Neville, Dan.</i>	
<i>Nolan, Derek.</i>	
<i>O'Donovan, Patrick.</i>	

<i>O'Dowd, Fergus.</i>	
<i>O'Mahony, John.</i>	
<i>Perry, John.</i>	
<i>Phelan, Ann.</i>	
<i>Phelan, John Paul.</i>	
<i>Rabbitte, Pat.</i>	
<i>Reilly, James.</i>	
<i>Ring, Michael.</i>	
<i>Ryan, Brendan.</i>	
<i>Stagg, Emmet.</i>	
<i>Walsh, Brian.</i>	

Tellers: Tá, Deputies Emmet Stagg and Paul Kehoe; Níl, Deputies Michael Colreavy and Michael Moynihan.

Question declared carried.

Amendment declared lost.

Deputy Michael Moynihan: I move amendment No. 3:

In page 4, between lines 32 and 33, to insert the following:

“4. (1) In circumstances where either the Board or the Board in conjunction with another company, while engaging in the business of providing electronic communications either under *section 2* or *section 3* or both, advertises specific broadband speeds to the consumer, the Board and or the company in question shall be obliged to provide such speeds to the consumer.

(2) Any person who fails to comply with *subsection (1)* shall be liable to penalty by way of a fine, the amount of which shall be prescribed by the Minister by way of regulation.”.

I tabled this amendment on Committee Stage and am doing so again to outline my concerns about the broadband speeds being offered to customers when a package is sold. The numbers do not add up at the end. If a product that is delivered does not match what was advertised - for want of a better phrase, if it does not do exactly what it says on the tin - there will be hell to pay. Some broadband providers claim that their services will increase speeds, yet those increases are not delivered.

I am tabling this amendment because it is important to enshrine this issue in legislation. I have also toyed with the idea of introducing specific legislation on this matter, given its level of importance.

Deputy Pat Rabbitte: The broadband speeds experienced at customers' premises are de-

pendent on a number of variables which are not within the control of Internet service providers. Connections using wireless equipment such as laptops, notebooks and tablets, improve portability and convenience for the user, but at the cost of the diminished speeds compared to fixed wire connections. Even in the case of fixed line connections, speeds will be compromised if they are routed across the internal house wiring, using power line adaptors. Other variables at the users' premises which can reduce the broadband speed delivered by service providers include the equipment used by the consumers, the distance from the consumers' equipment to the network access point, the number of users accessing the broadband network in any premises at any time, and the capacity of the server being accessed in the case of the Internet. It is important, therefore, to distinguish between broadband speeds delivered to customers' premises by service providers, and the customers' experience which can deteriorate due to circumstances within the premises and beyond the direct control of the service provider. I would point out, however, that broadband speeds in the marketplace are evolving rapidly and are likely to continue to do so in the future, as new technologies and enhancements arise.

The ESB proposal, as outlined, is to install an electronic communications network on its electricity distribution network using fibre optic technology. A feature of fibre optic technology is that it is future proofed, due to its ability to deliver broadband speeds comparable to or exceeding those predicted to evolve in alternative broadband technologies. Accordingly, it is highly likely that the ESB proposal would not have any technical impediments to delivering advertised speeds at any time of the day or night. In addition, if the ESB proposal proceeds, it will enter a fully liberalised market, using the most advanced technology.

The introduction of the amendment proposed by Deputy Moynihan would impose a more onerous obligation on the ESB than applies to other competing service providers. It will also create a biased penalty or sanction, applicable to the ESB and companies with which it deals, but not applicable to its competitors. On these grounds, I cannot support the amendment proposed by the Deputy. This is not to suggest that I am unaware of the complaints that he raises regarding the advertising of broadband speeds compared to the actual user experience. I am advised that ComReg, the independent market regulator, has taken a number of proactive initiatives to address consumer concerns with respect to broadband speeds. It has worked closely with the Advertising Standards Authority of Ireland to require that advertising campaigns are realistic in marketing indicative broadband speeds, based on typical performance in the busy hour. It also provides enhanced customer information and practical advice on its website.

More recently, ComReg has announced its intention to launch a pilot project to measure, quantify and report on broadband speeds delivered to customers' premises in different settings. This project will measure speeds on the network side of routers or modems to avoid the variables that I outlined previously at representative samples of individual customers' premises who volunteered to participate. It is ComReg's intention to make this information publicly available in a manner that will allow users to assess how competing Internet service providers compare in terms of their advertised speeds versus the speeds actually delivered. I understand that ComReg plans to launch this pilot in the second quarter of this year. I fully support this initiative, which I hope will contribute to addressing our shared concerns about misleading claims made by service providers with regard to download speeds.

It is my belief that a legislative remedy, along the lines proposed by Deputy Moynihan in this amendment, which would only apply to one potential service provider, is not the appropriate way to deal with this more general concern. I trust the Deputy will accept that, for the reasons outlined, I am unable to accept the amendment.

Deputy Michael Colreavy: I support Deputy Moynihan in what he is saying. Equally, I understand the Minister's point that this cannot be applied to just one company. Perhaps it could be firmed up a little bit more under the legislation governing the Advertising Standards Authority, because there seems to be such a huge discrepancy between the advertised speeds and the actual speeds.

I would be concerned about the speed of the roll-out of fibre optic broadband to areas other than the centres of population that have already been addressed in the discussions on this Bill. I would like to see some specific targets in respect of the public service obligation rolled out to the more rural areas. Perhaps the Minister can advise us on the schedule for that work.

Deputy Paudie Coffey: We discussed this issue at length on Committee Stage. I can understand the thrust of the amendment, in fairness to Fianna Fáil. There are many service providers advertising the provision of broadband at the moment, but when it is installed it is not what was understood to be the package or the service. There is an issue with the quality of broadband, the way it is advertised and the way it is sold. However, as the Minister has stated, I believe this is a matter for ComReg, which is the regulator of the sector, and perhaps consumer agencies as well, to look more closely at this area. The amendment should not be enshrined in primary legislation.

This is not a cheap political shot at Fianna Fáil, but the reason we have a substandard level of telecommunications and broadband infrastructure in this country is due to the lack of investment into the existing Eircom networks, because those Eircom assets were sold. It was one of the biggest mistakes that this country has ever made, and it has put us at a serious competitive disadvantage in the telecommunications area. In fairness, Eircom has recently outlined plans to invest in its infrastructure and that is to be welcomed. That will increase competition, efficiency and quality in this area. The Bill will allow for increased competition in this area, and I hope that prices will drop because we will have a new efficient competitor in the market.

In support of Deputy Colreavy, any Deputy from a rural constituency would be concerned about the speed at which quality broadband on fibre networks can be delivered to all regions in the country. I understand that this is a commercial venture. The companies will target large urban areas initially, and when they capture a customer base, I hope this Bill will allow the new service providers to target less populated areas in rural Ireland. They will have the infrastructure available to them under this Bill, and I hope we will see quality fibre-optic broadband delivered to the regions as soon as possible. I know that many Deputies will pursue this matter and campaign for better services in the regions.

Deputy Michael Moynihan: The amendment speaks for itself. We are trying to make sure that those who sell broadband can deliver what they are selling. I think it should be enshrined in primary legislation. I will not be pressing this amendment, but I wish to give notice that I intend to bring forward a Bill to make sure that these rules are in statutory legislation, and not just in a code of conduct. I hope the Minister will be mindful of that. Many services are providing broadband that does not add up to what they were selling.

Amendment, by leave, withdrawn.

Debate adjourned.

12 o'clock

Leaders' Questions

Deputy Niall Collins: Since last Sunday, the Government has engaged in a co-ordinated strategy that has served to undermine the Office of the Garda Síochána Ombudsman Commission. On Monday, the Taoiseach took to the media and demanded that the GSOC level with the Minister for Justice and Equality. He further chose to repeatedly misquote section 80 of the Garda Síochána Act 2005 and misinform members of the public in respect of the Act. All of this had the effect of placing significant public pressure on the GSOC, which was then publicly forced into a position in which it had to express regret to the Minister and publicly on national television. This was very damaging to the independent office of the GSOC. One would not expect the same to be asked of the Office of the Director of Public Prosecutions, any other Ombudsman or a judge who has been independently appointed by the President.

On Tuesday evening, we had statements in the House on the issue and the Joint Committee on Public Service Oversight and Petitions met yesterday for a further discussion of the matter. Speaking on Tuesday evening, the Minister for Justice and Equality stated that “no definitive evidence of unauthorised technical or electronic surveillance was found”. It was, he said, “unfortunate that An Garda Síochána has found itself, during the last 48 hours, the subject of what appears to be completely baseless innuendo”. The Minister also stated that “no information has been furnished to me by the GSOC suggesting that An Garda Síochána was involved in any way in what gave rise to the concerns which arose in the GSOC about its security”. In his opening statement to yesterday’s meeting of the Joint Committee on Public Service Oversight and Petitions, the chairman of the GSOC, Mr. Simon O’Brien, stated that on 8 October 2013 the commission invoked section 102(4) of the Garda Síochána Act 2005 and commenced a public interest investigation. The investigation was launched on the basis that the acting director of investigations was of the opinion that the threshold of a threat had been met and the commission commenced an investigation into the Garda Síochána. When I pointedly asked the Mr. O’Brien yesterday if he had informed the Minister of this fact when he briefed him he stated that he had done so. The Minister did not make Deputies aware of this matter in his statement to the Dáil on Tuesday. There is, therefore, a significant divergence of opinion in this regard.

Does the Tánaiste believe the Taoiseach was correct in demanding publicly that the GSOC level with the Minister? Was the commission right to apologise to the Minister? Has the independence of the GSOC been damaged as a consequence of this apology? Did the Minister for Justice and Equality withhold from the Dáil on Tuesday information he had received from Mr. Simon O’Brien? Why is the Government not running with the calls made by the Fianna Fáil Party and other Opposition parties for an independent inquiry into this matter?

The Tánaiste: I welcome the fact that the chairperson of the GSOC was before the Joint Committee on Public Service Oversight and Petitions yesterday to answer questions. I also welcome the fact that the committee intends to continue to have this issue examined. I understand it is inviting the Minister for Justice and Equality to attend-----

Deputy Michael Healy-Rae: He will not like that.

The Tánaiste: -----and he will be very happy to do so.

30 January 2008

I reject absolutely the suggestion made by Deputy Collins that there is some kind of co-ordinated strategy by the Government to undermine - I am not sure of the phrase he used - the GSOC. The Government entirely respects and values the independence of the commission. The GSOC was set up, after many years in which a body of this nature had been called for, to independently examine any questions of misconduct on the part of some gardaí. It does a very good job, it acts independently and every Member of the House, from whatever side, should and does respect its independence. This independence needs to be underpinned and affirmed in the current public controversy.

In respect of the Deputy's specific questions, he asked if the GSOC should have reported the issue to the Minister for Justice and Equality. The commission accepts that it should have done so. The Deputy also asked if I believed the independence of the GSOC had been damaged. I do not believe it has been damaged. If anything, what we have seen in the past couple of days is the commission asserting its independence, which is a good thing. I support the GSOC in asserting its independence.

I do not accept that the Minister withheld information from the Dáil. The information he gave the House was based on the briefing he was given by the GSOC.

Deputy Michael Healy-Rae: He got it wrong.

The Tánaiste: I understand the Minister has been asked to appear before the Joint Committee on Public Service Oversight and Petitions. He is willing to attend a meeting of the committee and answer whatever questions are put to him.

Deputy Niall Collins: It is difficult to figure out what the Labour Party stands for. The Tánaiste is continuing the narrative that the Government has been peddling all week. The message is that there is nothing to see here and we should move along. I asked the Tánaiste whether he was concerned that the Taoiseach publicly demanded of an independent office that it level with a Minister. Is he not concerned about the image that is projected when an independent ombudsman is brought into a Department and forced to express regret by way of an apology? Would he expect this to occur in the case of the Director of Public Prosecutions or any other independent office? Should the independence of the office of the GSOC not be respected?

Yesterday, I asked the chairman of the GSOC, Mr. O'Connor, if he had specifically informed the Minister for Justice and Equality that the commission had opened an investigation and inquiry into An Garda Síochána. He confirmed to me that he had done so in the briefing provided to the Minister on Monday. The Minister came to the House on Tuesday to spin the story in the opposite direction by stating there was nothing to it whereas completely contradictory evidence was presented to the joint committee yesterday. It is a disgrace that the Minister misinformed the Dáil as to the content of the information available to him. The Tánaiste is happy to continue to parrot the Minister's line. As the leader of the Labour Party, what does he stand for? Does he stand for upholding and promoting the independence of the GSOC?

This issue has knock-on consequences. As I stated, the Director of Public Prosecutions is not hauled before a Minister to explain the reason for not proceeding with a prosecution in the vilest of rape cases or where other grievous crimes have been reported. This is not good enough.

The Tánaiste did not answer my question on my party's call to establish an independent panel of experts headed by a High Court judge to examine this issue. The reason this issue is

so serious is that the Garda Síochána and the GSOC are two pillars of the justice system that go to the heart of democracy. The only message we have heard from the Taoiseach and Minister for Justice and Equality since Sunday and today from the Tánaiste is that there is nothing to see here and we should move along. The body at the centre of this issue presented a different version of events to the Joint Committee on Public Service Oversight and Petitions yesterday.

Deputy Paul Kehoe: It did not.

Deputy Niall Collins: The committee heard exactly the opposite of what the Government has been saying all week.

(Interruptions).

Deputy Niall Collins: It is not good enough. What does the Tánaiste stand for, if not for the independence of the ombudsman and supporting the individuals in question who were appointed by the President on the nomination of the Government? There is a real problem at the heart of government which is interfering with this independence by engaging in a strategy that has been co-ordinated.

Deputy Joe Costello: Rubbish.

The Tánaiste: I stand first for public confidence in the Garda Síochána, which does a very good job for the people of this country.

Deputy Bernard J. Durkan: Hear, hear.

The Tánaiste: Second, I stand for an independent Garda Síochána Ombudsman Commission-----

Deputy Robert Troy: Support it then.

Deputy Niall Collins: The Government is not supporting it.

The Tánaiste: -----to examine allegations of any misconduct on the part of the Garda Síochána. It is important there is public confidence in the GSOC. What I do not stand is the kind of clap-trap which Deputy Collins has just come out with.

Deputies: Hear, hear.

Deputy Michael Healy-Rae: It is the truth.

The Tánaiste: Deputy Collins is now seeking to politicise what-----

Deputy Niall Collins: The Government has been undermining GSOC all week. The Tánaiste should not now be trying to turn it around.

Deputy Robert Troy: The Government has been berating GSOC all week.

An Ceann Comhairle: Deputy Collins you have had your say.

The Tánaiste: Fianna Fáil sees this an opportunity to have a go at the Minister for Justice and Equality and the Government. That is bad politics, Deputy Collins.

Deputy Niall Collins: No, it is not.

30 January 2008

The Tánaiste: It is important public confidence in An Garda Síochána is restored. We have an independent Ombudsman commission. It is important we all respect that independence of the-----

Deputy Niall Collins: The Government did not show it any respect this week.

The Tánaiste: That is untrue.

An Ceann Comhairle: Sorry, speak through the Chair please.

Deputy Robert Troy: The Government berated GSOC in public.

The Tánaiste: The Government respects the independence of the Garda Síochána Ombudsman Commission. It is important that is underpinned and reinforced. As for the issue of whether or not the Garda Síochána Ombudsman Commission should have reported to the Minister for Justice and Equality about the issues in respect of which its investigation was conducted, the commission has itself acknowledged that it should have reported that issue to the Minister for Justice and Equality before he read about in a Sunday newspaper.

Deputy Bernard J. Durkan: Hear, hear.

Deputy Mary Lou McDonald: Following the evidence of the chairman of GSOC to the Joint Committee on Public Service Oversight and Petitions yesterday it has become evident that the Government has sought to mislead citizens about the bugging controversy. Let us be clear. To avoid surveillance, members of a Government oversight agency were forced to meet in cafés rather than hold meetings in their offices and to stop using their mobile phones. This is an outrageous situation. The Government response has been equally outrageous. The Taoiseach and Minister for Justice and Equality came into this Chamber and made statements on the record that have been flatly contradicted by the chairman of GSOC. It is clear that the Government tried to shut down the demand for transparency surrounding the bugging scandal at GSOC. According to the Taoiseach and Minister, Deputy Shatter, there was no evidence of bugging. They told us that claims of bugging were baseless innuendo, that the sweep of the GSOC office last year was routine and was prompted by no specific concern. The Taoiseach told the Dáil that we could now put this matter behind us - nothing to see here.

The Ombudsman believes, and has evidence to support his belief, that there was a credible threat to the security of the Garda Síochána Ombudsman Commission. We now know that the security sweep of the GSOC office was sparked by heightened concerns of breaches of confidentiality last May. We also know that following assessment of the threats identified in the sweep in September a public interest investigation was ordered as the Garda Síochána Ombudsman Commission believed authorised or unauthorised elements of the Garda Síochána may have been involved in this surveillance. Did the Minister know of this?

The chairman has now also confirmed that the third threat came from government level technology. The Minister for Justice and Equality was briefed on all of this but the account he chose to give to the Dáil on Tuesday is at odds with that outlined by the chairman of GSOC yesterday. The Minister for Justice and Equality, it appears, has sought to muddy the waters and this is unacceptable. Will the Tánaiste step up and move speedily to establish an independent inquiry?

The Tánaiste: It is important that this issue is fully explored. For this reason, I support

the process under way by the Joint Committee on Public Service Oversight and Petitions. As I understand it, that committee, on the conclusion of yesterday's meeting with the chairman of the Garda Síochána Ombudsman Commission, decided to do two things. First, to request the full report presented to the Garda Síochána Ombudsman Commission - it is a matter for the commission, which is independent, whether or not to provide that report to the committee - and, second to invite the Minister for Justice and Equality to appear before it to answer whatever questions it wishes to put him on the issue. The Minister is willing to do that.

In the first instance, we should allow that committee to pursue the line of inquiry in which it is engaged and to do the job it has to do. As in the case of every other public body, the Garda Síochána Ombudsman Commission appears before Oireachtas committees as appropriate to answer for its stewardship. That is what is being done in this regard. I believe that is the process that should be followed. We should allow that process to continue and not pre-empt it. We all regard as serious the possibility of the Garda Síochána Ombudsman Commission being subject to any kind of surveillance or leaking of confidential information into the public domain. The chairman of GSOC has set out the approach taken by the commission to date. As I said, the commission operates independently and we should all respect that. We should allow the process now under way to continue and to establish whatever information needs to be established.

Deputy Mary Lou McDonald: The Tánaiste is passing the buck, which is not all that surprising. Yesterday, it took a considerable period to have the Taoiseach admit that he had misquoted the Garda Síochána Act 2005. His first reaction when all of this came to public attention was to point the finger at the Garda Síochána Ombudsman Commission and apportion blame there. That is what the Taoiseach did. He now accepts that he misquoted the legislation. Does the Tánaiste accept that it was utterly inappropriate for the Taoiseach in the first instance to point the finger at the Garda Síochána Ombudsman Commission, which independent body the Tánaiste now lauds?

The record will reflect that the Minister, Deputy Shatter, was incomplete in his account of this matter to the Dáil. The Garda Síochána Ombudsman Commission did trigger a public interest investigation because it believed there may have been Garda Síochána involvement in surveillance of its offices. I am sure the Tánaiste grasps the full seriousness of this. Why, when the Minister, Deputy Shatter, was aware of this fact did he deliberately omit it from his statement to the Dáil? As the Tánaiste is aware, the Minister, Deputy Shatter, has form on these matters. When two garda whistleblowers stepped forward recently he was quick off the blocks to rubbish them. This controversy emerges and he is out of the traps to rubbish the Garda Síochána Ombudsman Commission. That is his style.

An Ceann Comhairle: A question please.

Deputy Mary Lou McDonald: It appears to me now that is the style of this Government. The Government has now placed a question mark over its ability to oversee impartial, accountable policing in this State. This is the gravest disservice which the Government can do to An Garda Síochána. Can the Tánaiste confirm that no agency of this State was authorised to put GSOC under surveillance? Can he categorically state that no arm of this State was authorised to put the Garda Síochána Ombudsman Commission under surveillance? Can the Tánaiste answer that question? Notwithstanding the investigation by the committee, can he confirm the establishment of the independent inquiry which these matters given their gravity require?

Deputy Paudie Coffey: Deputy McDonald is one to talk about surveillance.

30 January 2008

The Tánaiste: The serious issue here is the possibility that an independent body, whose job it is to investigate complaints or allegations of misconduct against the Garda Síochána, might have been under surveillance and that confidentiality in respect of information of which it is seized has been breached. I think that is the serious issue here. The GSOC brought in experts to do the sweep of its offices. It did a follow-up investigation following on from that. The chairperson of the commission has brought that information before the Oireachtas committee and the Oireachtas committee is going to have further investigations and will ask the Minister for Justice and Equality about issues arising from that. I believe that is the right course of action to take because the critical issue is that the independence of the commission is maintained and upheld and that there is public confidence in the Garda. I appreciate that members of the Opposition parties want to politicise that in some way and find a way in which-----

Deputy Mary Lou McDonald: Absolutely not.

Deputy Niall Collins: We want answers.

The Tánaiste: They figure this is a way in which they can put the Minister for Justice and Equality and the Government in the dock and that it is another issue with which to have a thump at the Minister, Deputy Shatter, and the Government. The Minister for Justice and Equality, Deputy Shatter, has been a long advocate of the establishment of an independent Garda ombudsman commission. He and the Government fully respect that and there is no issue or doubt about it. We have heard what the chairman of the GSOC has had to say.

Deputy Mary Lou McDonald: It did not tally with what the Minister had to say.

The Tánaiste: No. That is not the case.

An Ceann Comhairle: Sorry, we are over time. I am calling Deputy Joan Collins now.

Deputy Pearse Doherty: The Tánaiste should answer the question.

The Tánaiste: I have answered the question.

Deputy Pearse Doherty: The answer is “Yes” or “No”.

Deputy Ray Butler: The gate is broken and the bull is out.

The Tánaiste: The question Deputy McDonald asked was whether I was satisfied that no organ of the State put the Garda Síochána Ombudsman Commission under surveillance. Yes, I am.

(Interruptions).

Deputy Joan Collins: Last week, I asked the Tánaiste a specific question in respect of apprentices being forced to pay college fees. The Tánaiste’s reply was bordering on dishonesty. The specific question I asked the Tánaiste was whether the Minister for Education and Skills would meet representatives from the Technical Engineering and Electrical Union, the union representing these workers. They are not students, they are workers. The Tánaiste avoided that question. The Tánaiste said he would meet the Union of Students in Ireland, but that is not the body representing these workers. I am asking the question again. Will the Tánaiste ensure that a meeting is organised between the Minister for Education and Skills, the Minister for Jobs, Enterprise and Innovation and the TEEU, the union representing workers who have been affected

by the cuts in their fees?

This is a serious issue for these 7,500 apprentices. This is part of their training and education, something the Tánaiste should be supporting as a Minister. They are not workers who earn €750 per week. Far from it, most of them are on the minimum wage or less. They do not get paid during the college term since they are on a FÁS trainee allowance during that period and therefore they cannot afford to pay these fees. Will the Tánaiste organise a meeting with the TEEU effectively and as quickly as possible to discuss seriously the reinstating of these college fees, pending the major question he raised last week about the Minister for Education and Skills looking down the road at apprentices being broadened out and so on?

The Tánaiste: I recall the question Deputy Joan Collins asked me last week. She asked me if the Minister for Education and Skills would meet representatives of the TEEU and the USI. The Minister was sitting beside me. He told me he had planned to meet the USI and I gave Deputy Collins that answer last week. It is a little unfair for Deputy Collins to twist that into a refusal to meet the TEEU. I do not run the diary of the Minister for Education and Skills. If representatives from the TEEU want to meet the Minister for Education and Skills I imagine they are perfectly capable of arranging a meeting with him.

This Government has a long-standing policy of meeting trade unions, student unions and bodies that represent people who have difficulties and grievances. I do not expect there will be any difficulty in a meeting being arranged with the Minister for Education and Skills. There is no necessity for Deputy Collins to elevate it into some kind of refusal on the part of the Minister for Education and Skills to meet them.

Deputy Joan Collins: Up to last Thursday the TEEU had requested a meeting with the Minister and had heard no reply. I raised the matter last week and the Minister for Education and Skills said he would meet the Union of Students in Ireland, a body not representing these workers. A week has gone by. I spoke to representatives of the union some 15 minutes ago to confirm that the Minister had not contacted them at their request. He still has not replied to them. If the Tánaiste stands up for these workers' rights and conditions, then would he please arrange for the Minister for Education and Skills to meet the union representing these workers? It is a matter of "Yes" or "No". Will the Tánaiste consider reinstating the fees? Then the union will know where it stands in respect of this Government.

The Tánaiste: I do not see that there is an issue here.

Deputy Joan Collins: There is an issue.

The Tánaiste: If the TEEU wants to meet the Minister for Education and Skills, it requests a meeting with the Minister and I imagine it can be arranged. If the Union of Students in Ireland wants to meet the Minister for Education and Skills about the issue, similarly, it will ask the Minister about the arranging of that meeting. No Minister in this Government is refusing to meet representative bodies on issues that are of concern to them. I do not see that there is any difficulty whatever in a meeting being arranged with the Minister for Education and Skills. I suggest that if there is an issue then it should be pursued directly with the Minister for Education and Skills.

30 January 2008

Order of Business

The Tánaiste: It is proposed to take No. 21, ESB (Electronic Communications Networks) Bill 2013 - Report and Final Stages (resumed), to adjourn at 2 p.m. if not previously concluded; No. 2 - Public Health (Sunbeds) Bill 2013 - Second Stage (resumed); and No. 3 - Health Service Executive (Financial Matters) Bill 2013 - Order for Second Stage and Second Stage.

An Ceann Comhairle: There are no proposals to be put to the House. I call Deputy Niall Collins on the Order of Business.

Deputy Niall Collins: I have nothing on the Order of Business.

An Ceann Comhairle: Deputy McDonald, have you anything?

Deputy Bernard J. Durkan: I have something over here.

An Ceann Comhairle: Hold on, the normal practice is that the leaders are given preference. Cool down, Deputy Durkan, and I will get to you.

Deputy Mary Lou McDonald: All of us looked with horror at the storms, not least yesterday. Over 200,000 homes are still without electricity. As we know the cost of the damage will run into tens of millions of euro. I wish to ask the Tánaiste about the national co-ordination group. I understand it is meeting this morning to assess the damage. When will the committee report to Government? When will the Minister for the Environment, Community and Local Government come to the Dáil with a comprehensive report on the damages and the finances that will be required to begin the process of putting things to right?

The Tánaiste: I can only express surprise that none of the three questions on Leaders' Questions this morning referred to the suffering that a quarter of a million households in this country have endured as a result of the storm damage last night. I had prepared a detailed reply in anticipation that some member of the Opposition would consider the plight of these people sufficiently important to have raised it on Leaders' Questions.

(Interruptions).

Deputy Robert Troy: The Tánaiste is trying to dictate what the Opposition should ask questions on. It is pure Stalinism.

Deputy Niall Collins: We acknowledged the emergency workers working all night.

A Deputy: They missed an opportunity.

(Interruptions).

Deputy Paul Kehoe: They were looking for the Minister, Deputy Ruairí Quinn, to go to a meeting.

Deputy Ray Butler: What an opposition.

Deputy Joan Collins: We have been discussing it for the past two days.

(Interruptions).

Deputy Paul Kehoe: We will get Deputy Collins the Minister's number.

An Ceann Comhairle: Please allow the Tánaiste to reply and then you can have your chance of asking a question properly, rather than shouting at each other.

Deputy Ray Butler: What a jolly mixture.

Deputy Paul Kehoe: We will give Deputy Collins the Minister's mobile telephone number.

An Ceann Comhairle: That applies to you as well as the other side, Deputy Kehoe.

The Tánaiste: Over 2,000 ESB Networks staff are out repairing the electricity supply network. They will be supported by contractors that they are bringing in. They are bringing in crews from Northern Ireland Electricity and they have been mobilised in the worst affected areas.

It is expected that the restoration process will take a number of days. As the damage is assessed, more detailed information will be provided on expected restoration times in local areas. Helicopters are being used by the ESB and they are operating out of Dungarvan and Kilcullen to patrol the lines and assess damage to the network. Patrols will be deployed as necessary throughout the day traversing the south of the country. There are also patrols in a number of specific areas and there is a plan for the restoration of the electricity supply.

Separately, the co-ordination group is meeting now and they are looking at the reports they are getting from the local authorities about the extent of the damage that has been done in addition to the reports from the ESB. Earlier this week, the Government considered the position up to 6 January and made decisions on foot of that. The information continues to come in from local authorities to assess what is needed.

In addition, 350 members of the Defence Forces have been put on standby to assist the local authorities in the work they have to do.

Deputy Mary Lou McDonald: The Tánaiste did not answer the question. When will the co-ordination group report to Government?

The Tánaiste: It is reporting on an hourly and daily basis to the Minister. This is a serious emergency affecting many people.

Deputy Robert Troy: When will the housing (miscellaneous provisions) Bill come before the House to give all Members an opportunity to debate the grants payable by local authorities to the elderly and disabled? The recent changes announced by the Labour Party Minister of State with responsibility for housing can only be described as a callous, calculated attempt to restrict eligibility to grant aid for the most vulnerable people in our society.

An Ceann Comhairle: The Deputy can raise that during the debate.

Deputy Robert Troy: When will that most important legislation come before the House?

The Tánaiste: This session.

Deputy Brian Stanley: I refer to the 13,000 Irish Nationwide Building Society mortgage holders. What legislation is being put in place-----

30 January 2008

An Ceann Comhairle: The Deputy cannot raise that on the Order of Business. He should table a Topical Issue matter. I would be only too pleased to consider it.

Deputy Brian Stanley: Legislation is needed to protect these people. Their loans are being sold off to the highest bidder and they could be bought by an international company with no protection for them.

An Ceann Comhairle: The Deputy cannot do this on the Order of Business. He should table a Topical Issue matter and I will deal with it. I call Deputy Hannigan.

Deputy Pearse Doherty: There is legislation. It is No. 83 on the list.

An Ceann Comhairle: I do not know what is No. 83 on the list.

Deputy Pearse Doherty: The Bill is on the legislative programme.

An Ceann Comhairle: Which Bill?

Deputy Pearse Doherty: It is the Bill to protect loan books that are sold by regulated institutions to unregulated institutions. It is due for publication in 2015.

An Ceann Comhairle: I did not know that.

Deputy Pearse Doherty: The appropriate question is: will the Government ensure the Bill is brought forward because of the sale of the INBS loan book and those of other banks?

An Ceann Comhairle: That is grand. There is no point getting excited. The Deputy should just mention the legislation. That is all I ask.

The Tánaiste: The expected publication date of the Bill to which Deputy Doherty referred is 2015.

Deputy Mattie McGrath: That will be too late.

Deputy Brian Stanley: The loans will be sold next month.

An Ceann Comhairle: The Deputy should listen to the reply.

The Tánaiste: The issue is the sale of the loan book will take place long before that and that is why the Minister for Finance is working on this with the Central Bank in order that the mortgage holders concerned will not be put in a worse situation as a result of the sale.

Deputy Mattie McGrath: It could not be worse.

The Tánaiste: The Government is concerned about the position of the mortgage holders. It is being examined and I expect it will be dealt with.

Deputy Dominic Hannigan: The Tánaiste attended the Foreign Affairs Council in Brussels last Monday and the Minister of State at the Department of Foreign Affairs and Trade, Deputy Donohoe, attended the General Affairs Council on Tuesday. Climate change was one of the issues on the agenda. The climate action Bill is in preparation. When can we expect progress on that?

The Tánaiste: That Bill, which will be the first occasion on which climate change targets

will be put on a statutory basis, will be published later this year.

Deputy Bernard J. Durkan: I join the Tánaiste in expressing concern at the failure of the Opposition to raise the pertinent issue of storm damage all over the country, which is in the hearts and minds of everyone.

An Ceann Comhairle: The Deputy should get on with his question. We do not want a debate.

Deputy Mattie McGrath: The Deputy creates enough wind over there.

An Ceann Comhairle: I will move on to the next speaker if the Deputy does not put a question.

Deputy Bernard J. Durkan: I strongly support the Tánaiste.

With regard to promised legislation, what is the current position in regard to the employment permits Bill? I also refer to the heritage (amendment) Bill.

Deputy John Browne: Why does the Deputy not speak to the Ministers responsible? They are in his party.

Deputy Bernard J. Durkan: Have the heads been approved by Government yet? When will they come before the House? Can we help the Opposition to focus its attention on important issues in the future?

The Tánaiste: The Bill was approved by the Government on 28 January. Complex technical, legal issues are still being sorted out and the Bill is expected to be published this session.

Deputy John Browne: I am surprised the Deputy did not know that.

Deputy Mattie McGrath: When will the Minister for Communications, Energy and Natural Resources inform the House of the specific terms of reference of the so-called independent commission relating to EirGrid? I refer to the EirGrid legislation which has been put back to 2015 and I do not know why.

The Tánaiste: The Minister informs me that he would be happy to reply to parliamentary questions on that.

Deputy Mattie McGrath: I have tabled them.

Deputy Michael Healy-Rae: Inshore fishermen who have small boats have been unable to generate an income since Christmas. Will the Government do anything to support them under the sea-fisheries Bill? They do not have access to funds.

An Ceann Comhairle: We will discuss the Bill first and then we will see what can be done.

The Tánaiste: The Bill is due this session.

Deputy Dessie Ellis: People with severe disabilities cannot access public transport and this poses huge problems for them and imposes significant costs on them. The health (transport support) Bill, if enacted, will introduce a scheme whereby payments will be made to help with costs incurred using other transport means to allow them to do their essential business. When will the Bill be introduced? Has the Cabinet discussed it?

30 January 2008

An Ceann Comhairle: Members cannot ask about Cabinet discussions. That is out of order.

The Tánaiste: The health (transport support) Bill will be taken this year.

Deputy Sandra McLellan: According to *The Irish Times* today, Chartered Land is preparing to demolish No. 18 Moore Street. Will the Tánaiste support the outstanding issues relating to this national monument under the national monuments Bill?

The Tánaiste: The Bill is due later this year. The Government supports the enforcement of the national monuments legislation.

Deputy James Bannon: Fuel laundering is costing the State millions of euro and black market operators pose a major threat to the economy. At least four fillings stations have closed in my constituency.

An Ceann Comhairle: That is all very interesting but the Deputy should refer to legislation.

Deputy James Bannon: This is impacting greatly on jobs.

Deputy Robert Troy: The Deputy has not brought too many to Longford over the past three years.

Deputy James Bannon: The energy (miscellaneous provisions) Bill will impose financial penalties for the infringement of energy undertakings. When is it due?

The Tánaiste: Next year.

Deputy Kevin Humphreys: With regard to the climate change legislation, the Minister for the Environment, Community and Local Government made a commitment to set up an expert advisory group prior to its introduction on an *ad hoc* basis? Is legislation needed to set up the advisory group? When will the group be established?

The Tánaiste: I understand the Minister is working on the composition of the group and I expect it will be established shortly.

Deputy Seán Ó Fearghail: The Tánaiste expressed concern about, and interest in, the plight of INBS and IBRC mortgage holders and he indicated work is being done with the Central Bank to address this. Why will the Government not bring the publication of the sale of loan books to unregulated third parties Bill forward from 2015? It appears this legislation could offer practical assistance to the people to whom I refer. In the past the Government demonstrated its ability to bring forward legislation as a matter of urgency. Why is this legislation not a matter of urgency?

An Ceann Comhairle: Is there any chance that the Bill might be introduced earlier?

The Tánaiste: The preparation of the Bill is obviously a matter for the Minister for Finance. As stated previously, the concerns of mortgage holders are being dealt with by the Government as a matter of urgency in any event. The mortgage books of two institutions have already been sold. In both cases the purchasers are applying the code of conduct relating to mortgage arrears. Work has already been done on this matter.

Deputy Paudie Coffey: There are serious concerns with regard to rateable valuations and the review that is currently under way in many local authority areas. Of course, that review presents challenges for small businesses and retailers. Reform is proposed under the Valuation (Amendment) (No. 2) Bill 2012. When will that legislation be introduced in the Dáil?

The Tánaiste: The Bill is currently before the Seanad. It is quite complex and technical in nature. Due in part to the issues that were raised during the consultation process, a large number of amendments will be proposed on Committee Stage. There has been a delay in the context of proceeding with Committee Stage in the Upper House. Issues relating to the consultation process and the complexity of the legislation and the retirement of the official in the Office of the Parliamentary Council who was overseeing its drafting during 2013 has contributed to that delay. The amendments that will be proposed on Committee Stage in the Seanad are at an advanced stage of drafting. Every effort is being made to expedite the passage of the Bill. It is expected to progress through the Oireachtas before the summer recess.

ESB (Electronic Communications Networks) Bill 2013: Report Stage (Resumed)

Bill recommitted in respect of amendment No. 4.

Minister for Communications, Energy and Natural Resources (Deputy Pat Rabbitte):
I move amendment No. 4:

In page 5, after line 38, to insert the following:

“Change of name of Bord Gáis Éireann to Ervia

8. (1) The name of the body (established by section 7 of the Gas Act 1976) the present name of which is, in the Irish language, Bord Gáis Éireann and, in the English language, The Irish Gas Board, shall, on and from such day as the Minister appoints by order, be Ervia.

(2) References in any enactment, statutory instrument, legal proceedings or any other document to Bord Gáis Éireann or The Irish Gas Board shall, on and from the day appointed under subsection (1), be construed as references to Ervia.”.

Amendment agreed to.

Bill reported with amendments.

Bill, as amended, received for final consideration.

ESB (Electronic Communications Networks) Bill 2013: Fifth Stage

Question proposed: “That the Bill do now pass.”

Minister for Communications, Energy and Natural Resources (Deputy Pat Rabbitte):
I thank the parties and Independents opposite for facilitating the passage of this legislation. It is, as those on all sides have agreed, important in the context of enhancing the quality of broadband available in provincial Ireland. I welcome the investment by the main companies in the

sector that is proceeding in conjunction with this legislation.

Deputy Colreavy inquired about rural areas which may not be covered by the current initiative. I must inform him that the mapping exercise relating to the implementation of the national broadband plan is very well advanced. As soon as that process is concluded and our negotiations with the EU have been completed, we will proceed as fast as may be with the implementation of the national broadband plan. What we are doing here - with the approval of the various parties in the House - is enacting enabling legislation to permit the ESB, on its own or in conjunction with another company or companies, to use its existing supply infrastructure to roll out to areas of provincial Ireland fibre-optic technology that has been future proofed. This will be a very significant step in enhancing the level of connectivity that is available to those in provincial Ireland.

I again thank colleagues for facilitating the passage of the legislation.

Deputy Robert Troy: I wish to convey to the Minister and his officials the appreciation of Deputy Moynihan, who could not be present because he has an appointment elsewhere, in respect of this legislation. While I understand that the legislation will greatly improve the provision of broadband services in urban settings, I take this opportunity to refer, as I did during a Topical Issue debate prior to Christmas, to the provision of such services in rural areas. I welcome the Minister's confirmation to the effect that the mapping process is well advanced. I plead with him and his officials to make this matter a top priority. Rural Ireland is dying. The provision of broadband services to rural areas is critical. The village from which I come contains four small shops and it is no longer possible to purchase mobile phone credit at any of them. The only place one can get such credit is the local post office. The reason for this is that there is no broadband coverage in the area. The local petrol station only opens four days per week instead of seven. If there was broadband coverage available, the owner would be able to install a special machine so that people might purchase fuel on a self-service basis even when the station is closed.

The provision of broadband services would help, to some degree, in alleviating the problems rural Ireland is facing. I appeal to the Minister to make dealing with deficiencies in the provision of broadband services in rural areas a top priority. On behalf of my colleague, Deputy Moynihan, I thank the Minister and his officials for bring the Bill before the House.

Deputy Michael Colreavy: Notwithstanding my continuing concerns with regard to the possible sale of the utility involved, from the outset I have stated my belief that this is very good legislation. I will seek another way to ensure that my concerns in respect of the selling of networks might be addressed.

The legislation has the potential to improve broadband access dramatically throughout the country. However, it also increases the possibility that a two-speed Ireland will be created. If one looks at a map of this country, one will discover that there is very little infrastructure in the west. Broadband is the one area in respect of which the west should be able to keep up to speed with the remainder of the country. I appreciate the Minister's comments to the effect that the mapping exercise is almost complete. I am aware, however, of a number of businesses which cannot continue to operate because they cannot obtain broadband access. I know the owners of two businesses who are obliged to drive around in their cars in order to locate a signal strong enough to allow them to transact business electronically. People should not have to do that in this day and age.

As soon as the information becomes available to him, will the Minister provide an indicative timescale regarding when the public service obligation aspect of this matter will be addressed? There will be no difficulty providing broadband services to centres of population because the number of potential customers will make it commercially viable to do so. Will the Minister, as soon as is possible, outline an indicative timescale as to when broadband services will be made available to people who live in areas to which the provision of such services would not be considered commercially viable? This is an important matter and it is having an impact in the context of existing and potential future employment. Each day or week the people to whom I refer are obliged to wait for broadband services is a day or a week too many.

Deputy Paudie Coffey: I thank the Minister and his officials for bringing the Bill before the House. I welcome the passage of the Bill. The weaknesses in the broadband infrastructure have been highlighted by Deputies on all sides of the House and it is important to note the concerns expressed by colleagues, especially those who represent rural Ireland and the regions. However, I firmly believe this legislation will be a game-changer in the delivery of broadband infrastructure. These networks will provide the opportunity to reach parts of Ireland that were never reached before. I understand the commercial element and that the service-providers will target clusters of population but the Bill empowers those service-providers and the ESB to reach out to other communities who had not been reached before. We have been playing catch-up as a result of the lack of investment in telecommunications infrastructure. This legislation will increase competition in the sector and present opportunities to expand fibre network into areas in the country which could not be reached heretofore. I welcome the Minister's assurances to the House that this service-provider, along with all service-providers will be monitored to ensure the provision of broadband to the citizens and regions of the country. The Minister has assured us that he will pursue the national broadband plan, which is essential. This Bill is an important step in the provision of high standard quality broadband and it is to be welcomed.

Question put and agreed to.

An Ceann Comhairle: The next business is a very appropriate - it is the sunbeds Bill.

Public Health (Sunbeds) Bill 2013: Second Stage (Resumed)

Question again proposed: "That the Bill be now read a Second Time."

Deputy Jerry Buttimer: I concluded my contribution yesterday by saying it is important that the risk of exposure to UV rays be reduced as well as the incidence of skin cancer. There is a clear link between sunbeds and skin cancer. In 2009 the international agency for research on cancer placed sunbeds in the highest category for cancer risk and rated sunbeds to be as carcinogenic as tobacco and plutonium.

Today's meeting of the Joint Committee on Health is dealing with the legislation to provide for plain packaging for tobacco products. The tobacco companies are attending the meeting to discuss this legislation. We need to tackle the issue of sunbed use in tandem with that of cigarette smoking. The World Health Organisation reclassified sunbed use from what was termed a group 2A carcinogen which is probably carcinogenic to humans, to group 1 carcinogen which means it is carcinogenic to humans. This is an extraordinary reclassification because it firmly links sunbed use with cancer.

30 January 2008

Deputy Alex White is the Minister of State with responsibility for primary care and it is appropriate that he is here. We need to send a message to parents that it is not acceptable for young children to be exposed to UV rays through the use of sunbeds in preparation for first holy communion or confirmation, debs or grads. That message must go out from this House.

The British Association of Dermatologists has advised that certain groups should never use sunbeds. These include those under the age of 18; those with fair, freckled skin that does not tan with exposure to the sun; those with a large number of moles; those with a history of skin cancer; those with abnormal sensitivity to the sun due to photo-sensitive diseases such as sun allergy; those on certain medications. These groups comprise a significant swathe of people.

I wish we could ban sunbeds altogether. I stand corrected but as of now, anyone can set up a tanning salon because there are no regulatory restrictions on the type of equipment. In 2012, the Irish Cancer Society conducted a secret shopper survey which showed that seven out of ten tanning shops would allow a fair-skinned child use a sunbed without any advice or warning. Deputy Billy Kelleher referred to the use of goggles and other types of protection used. I ask if there are regulations in place to ensure eye protection is used. There is no regulation of the use of sunbeds. All that is required for these devices to be used is to have a strategic location for a tanning salon.

We must aim to reduce the risk of cancer and implement customer safety standards which will allow the National Consumer Agency to take measures against products posing a serious risk to the health and safety of consumers. This Bill will provide for those standards and it will provide for robust measures to deal with the risk and threats from sunbed use.

Some will argue that sunbeds are beneficial in that they give access to UV rays which are converted into vitamin D. However, unless one never ventures out of house, one will get sufficient vitamin D to avoid any deficiency. Even those who attempt to argue for the benefits of sunbeds cannot argue the case that they should be unregulated. At the very minimum their use needs to be regulated.

The Bill prohibits the use of sunbeds by people under the age of 18 either in a tanning shop or in a similar premises. This is in keeping with the World Health Organisation recommendations. It also prohibits the use of sunbeds in unsupervised premises; it makes it mandatory that sunbed operators make users fully aware of the risks involved; and it requires warning signs to be put in place in all sunbed locations.

What regulation will govern the training for those who provide these services? This aspect could be examined on Committee Stage. Thankfully, the trend for sunbed use is decreasing, down from 9% of the population to 4% in 2010. A source of concern is that 88% of sunbed users are women. The age categories of users of sunbeds are those between the ages of 15 and 24 and 35 to 49. I think those categories puts all of us in this Chamber in those risk categories. I hope all of us would avoid the use of sunbeds.

I refer to a study on sunbed use by adolescent girls carried out in Cork by Mairead McDonnell. The girls, aged 17 and 18 spoke about their experience of and attitude to the use of sunbeds. Among the main findings were that 28% of the respondents had used sunbeds. Of these, 71% had first used a sunbed between the ages of 14 and 16 and 8% had used a sunbed before the age of 14. The youngest age for reported use was ten years and there was an association between sunbed usage in respondents and family sunbed usage.

1 o'clock

Home was the most common place where sunbeds were used. The percentages were 35% in the home and 28% a combination of beauty salon and the home. The author of the report said this is worrying as sunbeds in the home are unsupervised with no control on the length of time they are being used in terms frequency of use and on wearing eye protection. Only 37% of sunbeds users received advice from a member of staff when using the equipment in the salon and one third occasionally did not use eye protection, which is a worrying trend on top of what we have heard already.

The key findings around attitudes in this group were that 62% felt a tan made them look healthy, 68% said a tan made them look and feel more confident, 85% said they considered sunbeds to be harmful and 87% said they agreed that sunbeds can cause skin cancer. The relationship between sunbed use and beliefs shows that the issue should be tackled by Government. Sunbed users seem to be more tolerant of sunbeds and they see them in a more positive light than those of us who do not use them. A point which should be made is that non-users seem to be more aware and better informed of the negative effects and consequences of repeated sunbed use.

To go back to the survey, when asked if sunbeds should be used to get freckles, 43% said that they were unsure. People who get freckles are recommended never to use sunbeds. The author of the report recommended that legislation should be backed up by education on sunbed usage - that is, in schools, whether through social, political and health education, and in a media campaign for children and adults along with a public health campaign in this area.

It is appropriate that the Oireachtas Joint Committee on Health and Children dealt with plan packaging for cigarettes and the use of tobacco today. We heard the tobacco industry say it never targeted young people and that it was not interested in doing so. Those involved in operating sunbeds would probably make the same claim. However, we cannot dispute or ignore the fact there is a clear link between using sunbeds and melanoma and skin cancer. That is why I am particularly pleased this legislation has come before the House ahead of the summer season - a time when many are getting ready to go on holiday. This legislation is about protecting young people, in particular, by regulating the use of sunbeds. One would think it would be a given that people would not use sunbeds but unfortunately that is not the case.

In its briefing document, the Irish Cancer Society gave a very striking statistic that people who start to use sunbeds before the age of 30 have a 75% increased risk of malignant melanoma, the most serious form of skin cancer. That figure cannot be ignored or downplayed. Buy-in is required from sunbed operators who need to be brought along on this journey. The Irish Cancer Society said seven out of ten tanning shops would allow a fair skinned child to use a sunbed without any warning or advice. How can that be justified?

I welcome this important legislation which will perhaps not get much prominence in the national media and may go unnoticed but it will send a very strong message that this Government is concerned about public health. The Bill will afford protection to all citizens. We need to have an efficient and effective enforcement regime. That is why clarity is required in regard to enforcement. The Minister said the HSE will establish a list of sunbed businesses and the Bill will include a notification system where those operating sunbeds, whether the seller or the hirer, will have to notify the HSE and that there will be a notification fee involved. That is welcome but follow up is required in terms of enforcement of the legislation and training for staff in

salons. Is the fine of €4,000 for a first offence - a class B fine - sufficient? We are talking about the lives of people and about public health in respect of a group of people who use sunbeds. The Minister spoke about a sunbed non-compliance list which would be a bit like the Revenue Commissioner's list of those who have not paid their taxes.

This is a first step which is about protecting children from the harmful effects of sunbeds and ensuring adults make informed choices. I welcome the Bill and hope it will pass and that we will see further public health measures around the area of cancer.

Deputy John Browne: I welcome the Public Health (Sunbeds) Bill 2013, which probably should have been implemented many moons ago. I certainly hope the Minister accepts amendments on Committee Stage to strengthen the Bill and takes on board some proposals from the Irish Cancer Society and other people who deal with cancer on a daily basis.

This Bill stems from the growing evidence that the use of sunbeds, especially by children, should be restricted because of the associated increased risk of skin cancer and other health problems. As has been outlined, the Bill will prohibit operators of sunbed premises from allowing anyone under 18 years of age to use sunbeds. It provides for controls on the remote sale or hire of sunbeds by way of Internet transactions and it imposes a requirement that sunbed operators provide training for staff which is very important because in my county - I am sure it is the same in other counties - there are coin-operated and unmanned sunbeds and the need for staff who are trained to advise people on the use of sunbeds is irrelevant. This aspect must be included in the Bill.

The Bill proposes an enforcement regime to enable inspections to be carried out by the HSE and to impose penalties for non-compliance, including fixed payment notice. Perhaps the Minister might explain how the HSE will carry out these inspections. Would it not have been better to have had HIQA carry out the inspections rather than the HSE which does not seem to have the manpower or ability to do so?

All sunbed operators will be obliged to provide protective eye wear and ensure sunbeds are maintained in a clean and hygienic condition. Many operators run their premises to a high standard but there are people involved in this business who leave a lot to be desired. There will be a requirement for warning signs to be displayed in all sunbed premises, which is very important in terms of advising and warning people on the implications of using sunbeds.

The Irish Cancer Society sent us a briefing document which spells out starkly the implications for people who have been diagnosed with cancer. It is also traumatic for the families, where an individual is suffering from cancer. The society points out that skin cancer is the most common cancer in Ireland. In 2010, some 9,500 people were diagnosed with skin cancer and almost 10% were diagnosed with melanoma, the most serious form of skin cancer. There were 158 deaths from skin cancer in 2011. The incidence of melanoma in Ireland is increasing dramatically. For example, it increased by 137% between 1994 and 2010. Up to nine out of ten cases of skin cancer are caused by ultraviolet rays from the sun or from sunbeds and can therefore be prevented. If one reduces one's exposure to ultraviolet rays, one significantly reduces one's risk of developing skin cancer.

There is clear evidence of a link between sunbeds and skin cancer. In July 2009, the International Agency for Research on Cancer placed sunbeds in the highest cancer risk category and rated sunbeds to be equivalent to tobacco and plutonium in terms of causing cancer. Sunbeds

have been linked to a variety of adverse health conditions and problems, including eye damage, premature skin ageing and skin cancer. The incidence of skin cancer is increasing worldwide. As I have said, the number of melanoma cases in Ireland has increased alarmingly over the past ten years.

Research commissioned by the Irish Cancer Society and published in June 2010 shows that 140,000 people in Ireland use sunbeds. That number has probably increased substantially since 2010. Some 88% of those who use sunbeds are women and 20% of them are between the ages of 15 and 24. We are all concerned about this age group. The legislation introduced by the Minister deals specifically with this cohort.

The problem, as I see it, is that any individual can set up a tanning salon. There are no regulatory restrictions on the type of equipment that can be purchased. There has certainly been a dramatic increase in the variety of types of equipment. This has been accompanied by the dramatic increase in adverse effects of sunbed use to which I have alluded. People are advertising that one can get a suntan on a sunbed in ten or 15 minutes, or even less. Regulations are needed to deal with such practices. The Minister needs to provide in legislation for a strict regulatory regime.

Young people are particularly at risk when they use sunbeds. People who start using sunbeds before the age of 30 have a 75% increased risk of malignant melanoma, which is the most serious form of skin cancer. The Irish Cancer Society and the World Health Organization have advised that people under the age of 18 should not use sunbeds because of the increased risk of developing skin cancer. I do not think that message has been understood, however, as the facts and statistics demonstrate that a huge number of young people use sunbeds. The Irish Cancer Society suggested in 2010 that 28,000 people under the age of 25 were using sunbeds. That number is likely to have increased dramatically in more recent years.

As previous speakers have said, when the Irish Cancer Society carried out a secret shopper survey, it found that seven out of ten tanning shops would allow a fair-skinned child to use a sunbed without any warning or advice. The society is very concerned about the lack of regulation in this area. It is asking for regulations comparable to those in Australia, where fair-skinned people are prohibited from using sunbeds, to be implemented here. I think the Minister should give serious consideration to that proposal on Committee Stage.

In parts of Australia, tanning shops must carry out a skin type assessment before allowing a person to use a sunbed. As we all know, the Fitzpatrick scale outlines clearly the implications, in terms of skin cancer, of sunbed use for people with various skin types. It would be easy for all shops to use the scale, which is a universal assessment with six points. The legislation should deal with this issue. Perhaps that can be facilitated on Committee Stage.

The Bill before the House is certainly welcome. The authorities across the water in England and Wales have introduced similar regulations and legislation. I understand it started off as a Private Members' Bill before ending up in legislation. The main purpose of the UK Act is to prevent the use of sunbeds on commercial business premises by children and young people under the age of 18. Our legislation is somewhat similar. The UK legislation also prohibits the use of coin-operated sunbeds and unmanned sunbeds. I ask the Minister to examine this particular area.

This legislation includes provisions restricting the use, sale or hire of sunbeds, requiring

information to be provided to sunbed users and requiring protective eyewear to be supplied. When the Minister has brought this legislation through, will he have the power to introduce further regulations at a later stage if he feels they are required? Bills are often introduced in this House that allow the relevant Minister to introduce further regulations over a period if he feels additional penalties are needed. This happens in the case of road traffic regulations, for example. I do not always agree with Ministers giving themselves too many powers, but in this case I think the Minister should be allowed to attach additional regulations to the legislation we are discussing if he feels they are necessary.

It is important to ensure young people get the message that sunbeds are not the be-all and end-all. They need to appreciate that sunbeds can be dangerous, particularly for fair-skinned people. While I welcome the Minister's decision to ban the use of sunbeds by people under the age of 18, I think he could tighten the legislation further. My party's health spokesperson, Deputy Kelleher, will table amendments on Committee Stage to strengthen the Bill and help the Minister to introduce further controls. Perhaps the Minister will consider what has been done in Australia with regard to people with fairer or lighter skin who seem to be more likely to contract skin cancer.

Overall, I welcome that the Bill is before the House. It has been a long time coming, but it is here now and it is welcome. In addition to banning the use of sunbeds by young people, it is important we ensure sunbed salons and health salons that operate sunbeds have to adhere to a strict regulatory framework. People should not be allowed to open sunbed salons without having to meet the proper regulations and criteria the Minister plans to introduce.

I am not sure the HSE will have the manpower to investigate this activity by carrying out sporadic visits to ensure sunbed salons are operating properly. Perhaps it would be more appropriate to give this responsibility to HIQA, which seems to be able to bring people to heel. It is able to change the views of those who are operating outside the legislation and bring them on board. I suggest that HIQA be asked to carry out these investigations.

I welcome this Bill. I hope it will pass all Stages as soon as possible because the summer period is approaching and, as we all know, people like to prepare for that by visiting sunbed salons. I have never had the pleasure of lying on a sunbed, but many of my friends and constituents use them frequently. Some of these establishments are very well run and some of them not so. We are taking a step in the right direction by ensuring people under the age of 18 are not allowed to use sunbeds, just as we have banned young people from buying cigarettes and other tobacco products.

Deputy Mary Mitchell O'Connor: I would like to share time with Deputies Regina Doherty and Peter Fitzpatrick.

Acting Chairman (Deputy Joe O'Reilly): Is that agreed? Agreed.

Deputy Mary Mitchell O'Connor: Last Tuesday was World Cancer Day, a sad day. Like so many others I have lost many relatives and friends to cancer, including skin cancer and melanoma. Yet only a few years ago a well-known song, entitled "A Sunbed Song" was played on radio stations, encouraging our young children to go out and top up their summer tan through the use of sunbeds.

I am therefore extremely pleased to welcome the Public Health (Sunbeds) Bill, which firmly prohibits anyone under the age of 18 from using these extremely harmful machines. I have

just come from attending a meeting of the Oireachtas Joint Committee on Health and Children, at which I shed crocodile tears because the tobacco industry is so concerned about children's use of tobacco that it wants schools to undo the damage of the tobacco industry and to educate children about the dangers of tobacco while it walks away with a massive profit and a clear conscience.

We must protect our young people. I was horrified when I heard that young children were being sent for a few quick sunbed sessions so that they could have a nice tan on the day of their First Holy Communion. I was also disgusted to hear that some operators offer harmful promotion, such as receiving an extra half hour when they buy one hour of tanning.

For too long the use of sunbeds has been commonplace and used as the quick and easy option to give our naturally fair skin a brown glow. According to the Irish Cancer Society almost 28,000 young people use sunbeds in Ireland each year. These people are deliberately exposing themselves to high doses of ultraviolet radiation. The dangerous effects of sunbed use takes years to be fully known, as there is often a long time delay between sunbed use and the onset of medical problems.

The Bill will protect the public and in particular young persons from the risk of skin damage and the increased risk of developing skin cancer. The World Health Organization recently reclassified sunbed use from a group 2A carcinogen to a group 1 carcinogen. With this classification, how can anyone even proclaim that sunbeds have any benefits? In 2011, some 158 people died from melanoma cancer in Ireland. This number could and must be greatly reduced. The Bill will take a step towards doing so. It will help promote a greater public awareness across all age groups of the dangers of developing skin cancer, premature ageing and eye damage from exposure to ultraviolet radiation.

While the Bill does not prohibit everyone from using sunbeds, I welcome its stricter controls and requirements on sunbed operators, such as requiring that sufficient staff training, accurate health information and warning signs are provided. Adults planning to use sunbeds must be correctly informed and instructed on how to use them safely. A young man contacted my office after he went to a sunbed-tanning salon and received no instructions. The unfortunate man, because he knew no better, sprayed himself with what he thought was a product for use with a suntan bed. However, instead it was a detergent cleaning product and consequently he was very badly burnt.

The Bill prohibits dangerous promotional marketing practices and certain claims that attribute ludicrous health benefits to sunbed use. Overall the Bill will strongly encourage a reasonable code of conduct among sunbed operators.

Thankfully the Government is making unprecedented moves towards ensuring a healthier and safer Ireland, not just through this Bill, but also through our moves towards making Ireland a tobacco-free country by 2025 and I am proud to be part of that campaign.

As the Minister stated yesterday, prevention is better than cure. The Bill will help ensure such prevention and contribute to a reduction in the incidence of unnecessary skin cancers over the coming years.

Deputy Regina Doherty: The pioneering designer and fashion icon, Coco Chanel, has a lot to answer for because in the 1920s she popularised the idea of tanning. At that stage the sun was promoted to represent pleasure, relaxation and, obviously, good health. We all want to look

our best and people will often go to any lengths to do so. Self-image is particularly important for young women and the cult of tanning has led to an obsession with being brown, not just during the summer, but all of the time. This is at the expense of health and encourages increased incidence of skin cancer and other related issues.

It is estimated that a staggering 140,000 people in Ireland use sunbeds, of whom 20% are aged between 15 and 24. There is anecdotal evidence that parents send children as young as seven for sun-tanning sessions, particularly in advance of their First Holy Communion. What is that about? The world has gone mad if mothers are sending their seven-year old children to sun-tanning salons to make them look good on the day of their First Holy Communion. Are we so concerned about how we look on the outside that we completely ignore the health risks and effects this treatment has on our bodies?

We need to focus on the statistics and get the information out there. I cannot believe that any mother would knowingly do something like that to her child if she knew the risks. Every year 8,000 people are diagnosed with skin cancer, of whom 896 are diagnosed with melanoma, which is the most serious form of skin cancer. Some 156 people died of skin cancer last year and 148 in the previous year; the problem is growing. How many more statistics do we need to see in stark detail the extreme damage caused beneath the surface when people lie underneath these machines? We need to stave off the temptation to hit the sunbeds by showing people the ugly truth beneath the tan. As long as sunbeds are available to the public, we clearly need legislation to reduce the risks associated with their use and therefore I am very pleased to support the Bill.

The research has already shown that people, who use sunbeds for the first time before the age of 35, increase the risk of contracting malignant melanoma by 87%. They are not going to do someone any good. In the very best-case scenario they will age and damage a person's skin and in the worst-case scenario will cause death. The Bill will ensure that any sunbed operator will be banned from allowing anyone under the age of 18 from using them. The operator's premises will need to be licensed and staff trained. The sale or hire of sunbeds online will be controlled. The HSE will be mandated to carry out inspections. Penalties and fines will be levied on operators for non-compliance. I agree with some of the previous speakers who have said that the penalties are not large enough. They need to be sufficiently large for people to take them seriously.

Sunbed operators will be required to provide goggles and sunbeds must be maintained in a clean and hygienic condition with appropriate warnings and sidelines for those people who want to continue to use them. In addition there will be a ban on claims that attribute health benefits to sunbed use and a ban on promotional marketing practices.

The number of cases of skin cancer in this country is rising every year. Regulations such as this are very welcome and will in time reduce the rate of skin cancer. The Bill is literally a lifesaver and I congratulate the Minister on bringing it to the House.

Deputy Peter Fitzpatrick: The Public Health (Sunbeds) Bill 2013 aims to restrict and regulate the use of sunbeds in order to protect the public from the risk of skin cancer posed by UV radiation exposure. The Bill would ban sunbed operators from allowing the use of sunbeds by people aged under 18 on their premises or through sale or hire to this age group. It also introduces a mandatory notification system for those operators and a range of regulations relating to staff training and health warnings among other things.

The HSE will be the enforcement body and the Bill provides for a range of penalties. People who use sunbeds generally do so for cosmetic and psychological benefits. However, medical evidence accepted by authoritative bodies such as the World Health Organization show that exposure to UV radiation during sunbed use may cause skin cancer, eye damage and premature skin ageing.

Skin cancer is the most common form of cancer in Ireland. In 2010, 9,450 people were diagnosed with skin cancer in Ireland and, of those, 896 were diagnosed with melanoma, the most serious form of skin cancer. A 2010 survey for the Irish Cancer Society estimated that just fewer than 140,000 people in Ireland use sunbeds on a regular basis. Some 88% of those who use sunbeds are women and 20% are between the ages of 15 and 24. The incidence of skin cancer is increasing worldwide and the number of melanoma cases in Ireland has increased more than 66% in the past ten years.

Sunbed use in increasing and tanning devices are more powerful than even a decade ago. Consequences of regular sunbed use could include pain and suffering, early death, disfigurement and substantial cost for the national health systems in screening and monitoring skin cancer patients.

Most skin cancer is caused by ultraviolet radiation through sun exposure and sunbed use and is therefore preventable. Other causes of skin cancer include genetic factors and a history of sunburn. Young people are particularly at risk when they use sunbeds as people who start using sunbeds before the age of 30 have a 75% increased risk of developing malignant melanoma, the most serious form of skin cancer. As a result of this additional risk, there has been longstanding professional advice against children using sunbeds. However, this message does not appear to be getting through and a large number of children are using sunbeds.

Research conducted by the Irish Cancer Society in April 2010 found that 28,000 young people under the age of 25 use sunbeds in Ireland. The majority of these children use sunbeds once a week. The British Association of Dermatologists has identified a number of groups who should never use sunbeds. They include those under the age of 18, those with fair, freckly skin that does not normally tan with sun exposure, those with a large number of moles, those with a history of skin cancer, and those with abnormal sensitivity to the sun due to photosensitive diseases, sun allergies or the taking of medication. They also argued that advertising material claiming health benefits of sunbed use should be prohibited.

The Bill provides for the control of the remote sale or hire of sunbeds; Internet transactions; a requirement that sunbed operators provide training for staff; an enforcement regime to enable inspections to be carried out by the HSE and the imposition of penalties for non-compliance including fixed payment notices; an obligation on sunbed operators to provide protective eye-wear and that the sunbeds are maintained in a clean and hygienic condition; a requirement that warning signs be displayed in sunbed premises; a prohibition on certain claims attributing health benefits to sunbed use; a prohibition on promotional marketing practices; a requirement on operators to ensure that sunbed users are made fully aware of the potential dangers of sunbed use and that they are given an opportunity to read the health information form and sign it; and an exemption to enable medically supervised phototherapy treatment within the health system.

It has also been suggested that the broader public health information campaigns about the dangers of sun and sunbed exposure are important in achieving an overall policy goal of reducing illness related to ultraviolet radiation exposure. Many people use sunbeds before holidays

in sunny countries in the belief that a sunbed-acquired tan will afford them protection from the sun as well as improving their appearance. The level of protection afforded by a sunbed tan is, however, small and is associated with morbidity.

The HSE is under an obligation to compile and maintain a list of persons who own sunbed businesses under section 13. At present there is no such list or registration process. Owners of sunbed businesses are under a duty to notify the HSE in writing that they provide sunbeds for use, sale or hire. This notification must be made within six months of this section being commenced. A person who intends to carry on a sunbed business must notify the HSE of this intention no later than 30 days before commencing business.

Up to nine out of ten cases of skin cancer are caused by ultraviolet rays from the sun or from sunbeds and, as such, can be prevented. Reducing exposure to ultraviolet rays significantly reduces the risk of developing skin cancer.

Deputy Tom Fleming: Medical evidence accepted by authoritative bodies such as the World Health Organization shows that exposure to ultraviolet radiation occurring during sunbed use may cause skin cancer, eye damage and premature skin ageing. Skin cancer is the most common form of cancer in Ireland. It is estimated that 794 deaths per year in the EU-18 countries are attributable to sunbed use.

A 2010 survey for the Irish Cancer Society estimated that nearly 140,000 people in Ireland use sunbeds and most of these are women and one in five are aged between 15 and 24. In a report in 2012 it was ascertained that about one in 20 cases of the most dangerous form of skin cancer can be attributed to sunbed use. Researchers from the International Prevention Research Institute in France and the European Institute of Oncology in Italy analysed the results of 27 studies on skin cancer and sunbed use carried out in Europe between 1981 and 2012. The number of skin cancer cases included in the analysis was 11,428. A study published by the *British Medical Journal* enabled doctors to calculate that out of 643,942 new cases of malignant melanoma diagnosed each year in Europe, an estimated 3,438, or 5.4%, are related to sunbed use. The authors estimate that from 69,942 new cases of melanoma diagnosed every year in the EU countries 498 female and 296 male deaths would be caused by sunbed use. Some 721 cases of melanoma are diagnosed in Ireland each year.

Modern indoor tanning equipment mainly emits rays in the ultraviolet A range, a fraction of the spectrum is in the ultraviolet B range. Powerful ultraviolet tanning units may be ten to 15 times stronger than the midday sunlight on the Mediterranean Sea and repeated exposure to large amounts of rays in the ultraviolet A range delivered to the skin in a relatively short period, typically ten to 20 minutes, poses a huge risk to humans.

The International Agency for Research on Cancer has classified the whole ultraviolet spectrum and indoor tanning devices as carcinogenic. A study from 2005 found a 75% risk of developing melanoma if sunbed sessions were started during adolescence or early adulthood. Adolescence is the most dangerous period in the lifecycle. However, no studies since then have estimated the impact of melanomas due to sunbeds in western Europe. This latest research estimates the risk of skin cancer doubles if the sunbed use starts before the age of 35. The author of the report believes that earlier studies tended to underestimate the risks of indoor tanning because the use of these devices is relatively new. Furthermore, from 2005 to 2011 most risks have increased.

Further studies could therefore demonstrate an even higher risk, particularly for high risk Irish skin, which is more prone to cancer. Irish people are at a higher risk because three out of every four have skin types 1 or 2 which burn very easily and almost never tan. Sunbeds and sunlamps artificially recreate the sun's ultraviolet rays resulting in the development of a suntan but they also contribute to skin damage and increase the risk of cancer.

A report by the World Health Organization in 2009 showed that the chance of developing skin cancer increases by 75% if a person regularly uses sunlamps under the age of 35. In July 2009, it reclassified sunbed use from a group 2A carcinogen, which is probably carcinogenic to humans, to a group 1 carcinogen, which is definitely carcinogenic to humans.

Sunbeds also raise the risk of non-melanoma skin cancers, particularly when people start using them before the age of 25. Research found that up to 28,000 people under the age of 25 use sunbeds in Ireland each year. Although indoor tanning devices are linked to the most deadly form of skin cancer, melanoma, a new study states they also trigger other damaging forms of the disease. Non-melanoma skin cancer is triggered by sun damage and, although not usually fatal, may be disfiguring without treatment. These non-melanoma skin cancers are slow-growth cancers that can look like a skin bump on the face, the scalp or the hands. The latest study shows that sunbed users have a 67% greater risk of developing squamous cell skin cancer and a 29% higher risk of basal cell carcinoma compared with people who have never used indoor tanning. It found that exposure to sunbeds before the age of 25 was significantly linked with a higher risk of basal cell carcinoma.

The European Commission has highlighted that the impact of sunbed use takes years to be fully known as there is often a long time delay between sunbed use and the onset of medical problems. Wide use of indoor tanning is also of relatively recent date, which means the detection of these long-term effects is still difficult. The British Association of Dermatologists has identified a number of groups who should never use sunbeds. These include people under 18 years of age, those with fair skin that does not normally tan with sun exposure, those with a large number of moles, those with a history of skin cancer and those with abnormal sensitivity to the sun due to sun allergies or medication. I believe there are very strong reasons to make amendments to this Bill to include some of the above categories and I hope some of these measures will be introduced on Committee Stage.

There is also a need for greater awareness of general health hazards of sunbeds and outdoor sun conditions. Legislation should be backed up by education and a public health campaign both for young people, through the schools, and for adults, through a public relations exercise. This campaign would provide the relevant information and outline the need for protective screening lotions in outdoor sun situations. We have a great opportunity to link in with the sunbed legislation to get the message across to a wider audience that, due to several factors, the sensitivity of Irish skin is an issue we need to address. I ask the Minister either to incorporate this into the Bill or have the HSE take strong action, with the Department of Health, to create a widespread sense of awareness of the sun and the elements we encounter every day.

Some 48% of respondents to a recent survey use sunscreen regularly in this country, which means more than half of the population do not avail of any type of screening. In addition, the majority of those who use protection use only a factor 15 screen. I believe cost is a disincentive to sunscreen use. Like the majority of drugs, the cost of sunscreen in Ireland is very high compared with the cost in most other countries. Irish people who go abroad to enjoy the Mediterranean sun in Spain, Portugal, Greece and so on are astounded by the high cost of general medi-

cation here, and the same applies to sunscreen. None the less, they must purchase it, for good reason, given the high level of sunshine when they go abroad. When we get the odd occasion of high sun exposure in this country, however, I believe we neglect to use sufficient sunscreen, and this is particularly the case among the younger generation.

Climate change and global warming are also a factor. We have seen extremities in the past month and also last summer, when we had unusual weather conditions for this country. We must be more careful in future to get the message across that people must use sunscreen regularly.

Melanoma is the most serious form of skin cancer and its incidence has increased in Ireland by 138% between 1994 and 2010. This is a very serious statistic. I know the Minister introduced the melanoma drug 12 months ago, which was a very welcome addition to the medication for the treatment of skin cancer. However, we must introduce more preventative methods and get the message out there. We should talk to and renegotiate with the drug companies. If there was additional demand and additional sales, perhaps the drug companies would reduce the cost of these products, which would make it more favourable to the consumer.

Traditionally, we are not very careful with sunshine when outdoors, for example, with regard to protective clothing. When we get the first splash of sun in May, people rush to the seaside and perhaps are not properly protected. In the past, when people in rural Ireland were in the meadow or the bog, they always wore straw hats but this is no longer the case. The older generation had a lot of common sense and those hats were a great protective measure, without having any other form of screening. Perhaps we need to get back to the old traditions given that generation were wise enough to use this form of protection.

Avoiding the most dangerous time of the day, from noon to 2 p.m., is important and there should be more awareness that people should stay indoors at this time.

We are very fortunate that there are a large number of recreational areas, playgrounds and facilities available outdoors for our younger generation and all age groups. The appearance, one hopes, of longer summers and days of sunshine is all the more reason we need to get the message across to people. We will save ourselves millions and avoid much suffering on the part of our citizens in future.

There is a high level of support for the regulation of sunbeds. According to a briefing paper from the Irish Cancer Society, 90% of people support a ban on sunbeds, be it a complete ban, of which 47% are in favour, or a ban for under 16 year olds, of which 43% are in favour. It is very interesting to see that 38% of sunbed users did not see guidelines posted or receive any verbal information on sunbed use from the sunbed operator. The briefing paper states that:

Self-regulation of the industry is clearly not working. In August 2012, the Irish Cancer Society found that a fair-skinned, seventeen year old child was encouraged to use sunbeds by all seven of the tanning shops she visited as part of an undercover survey. The advice from the tanning salons, which included well-known chains, told the girl that she should be tanning at least three times a week in order to be tanned for a wedding in October. One salon claimed that she would need to use a sunbed more frequently than someone with dark skin because she would find it harder to get a tan. None of the salons asked the child her age or advised her against using a sunbed because of her very fair skin. All salons pressured her to start using a sunbed as soon as possible. The survey revealed that without any regulation,

children and people with fair skin are being actively encouraged to use sunbeds by sunbed operators. We are extremely concerned that without regulation that would prevent under 18s and those with Type 1 and Type 2 skin (very fair skin) from using sunbeds, those people most at risk from skin cancer are not being protected.

The paper also lists the jurisdictions that have introduced legislation prohibiting those under 18 from using sunbeds. The array of jurisdictions that have introduced the necessary legislation include Austria, Belgium, Finland, France, Germany, Italy, Norway, Portugal, Spain, Sweden, England, Northern Ireland, Scotland, Wales, British Columbia, Newfoundland and Labrador, Nova Scotia, Quebec, California, New York, Vermont and Iceland. Brazil has banned all tanning beds for commercial purposes and Tasmania, Victoria and Western Australia have introduced legislation that will ban tanning beds from 2014. We are lagging behind in respect of introducing the necessary legislation. It is long overdue for us to proceed with this and introduce the necessary safety measures. I hope we can over the next few weeks improve on what is contained in the draft Bill. I am sure we will have a better and safer country as a result of this.

Acting Chairman (Deputy Joe O'Reilly): I understand Deputy Breen wishes to share time with Deputies McLoughlin and Kyne.

Deputy Pat Breen: I welcome the opportunity to speak about the Public Health (Sunbeds) Bill 2013. So many people have spoken about this Bill over the past day or so. It is one area where everybody agrees. The purpose of this Bill is to reduce the cancer risk specifically for children by prohibiting anyone under the age of 18 years from using a sunbed. It is very welcome legislation and all parties support it. I compliment the Minister for Health and the Minister of State with responsibility for primary care, who is in the House this afternoon, on taking this action and for introducing regulation in this area, particularly given the conclusive evidence linking sunbed use to skin cancer.

Next month is very important for the Irish Cancer Society when it operates Daffodil Day. According to the Irish Cancer Society, skin cancer is the commonest cancer in Ireland and in 2010, 9,450 people were diagnosed with the disease and, of these, 986 were diagnosed with melanoma, which is the deadliest of all skin cancers, with 158 people dying from skin cancer in 2011. Other countries have similar figures and there is compelling international evidence that there is a link between the increased incidence of skin cancer and the use of sunbeds and that the risks are even greater for younger people. The International Agency for Research on Cancer has classified the use of sunbeds as a class 1 carcinogen because when one uses a sunbed, one is exposed to both UVA and UVB rays which damage one's skin and lead to cancer. The World Health Organization agrees with these conclusions and has described the use of sunbeds as one of the most dangerous cancer-causing habits, describing sunbeds as being as lethal as cigarettes. The fact they are as lethal as cigarettes speaks for itself.

In spite of all this research and warnings, the use of sunbeds in this country has grown, which is a bit like cigarette smoking as well. The Irish Cancer Society report stated that around 140,000 people regularly use sunbeds. The most worrying statistic I read recently is that 20% of these are aged between 15 and 34 years of age, so that in 2010, 28,000 young people under the age of 25 used sunbeds here.

Given our weather patterns, it is not surprising that Irish people have been attracted to using sunbeds, and their popularity may be another effect of the Celtic tiger. That so many young people have been using sunbeds is very alarming and if action is not taken to address this, we

30 January 2008

will see our skin cancer rates spiral out of control in a few years' time. In a survey of six single-sex Cork city schools carried out in November 2011, 71% of respondents reported that they first used a sunbed before the age of 14 while the youngest reported age was ten years. Children as young as seven and eight are being exposed to sunbeds because it has become common practice for children to have a number of sunbed sessions ahead of their first holy communion. Their parents have a huge responsibility because they do not realise the dangers to which they are exposing their children. It is obvious the message is not getting out about exposure to these sunbeds and is not getting through to people, especially when one sees parents letting their children use sunbeds. This is why I welcome the legislation that will ban those under 18 years of age from using them. The UK, Germany, France and several Australian and Canadian states have introduced similar bans because the evidence is clear in terms of the link between sunbed use and skin cancer.

The fact that up until now, sun tanning salons were unregulated and coin-operated and unsupervised sunbeds were in existence made access easier for young people. The question of how this ban will be enforced is very important because there is no doubt that some young people under the age of 18 will try to break the ban. While I understand that salons will have to display signs advertising the fact that those under 18 cannot use sunbeds, I suggest that the regulations should include the requirement for proof of age in cases where the salon owner is not sure of a person's age.

2 o'clock

As well as banning the use of sunbeds for children under 18 years of age, a focused educational programme should be introduced in our schools to highlight the devastating effects of using sunbeds. Such a programme would be effective in deterring young people from using sunbeds, particularly as they get older. A media campaign including a blitz on social media could also come on stream at the same time, as it would be a great way of connecting with young people, many of whom are on Twitter, Facebook, etc.

The message needs to get out and people need to be fully informed and aware of the consequences and the risks that they are taking when they use sunbeds. In the course of my research for this debate, I read a number of articles about people who have developed cancer as a result of using sunbeds. Their stories are horrific. I am sure that most Deputies have heard of them. I read one story of a 25 year old girl in the UK who was fighting skin cancer after spending 20 minutes per day for eight years on a sunbed. She started going to tanning salons when she was 17 years of age. She described the day the doctor told her that she had cancer as devastating. She stated: "No tan is worth the pain of an operation, scarred skin and the constant feeling of what if while waiting for my results". In another case in the US, a young 26 year old woman died from a melanoma three years after being diagnosed. She had also been a regular sunbed user.

Making people aware of the risks will have an impact, just as similar campaigns have impacted on smokers and drink drivers. Will the Minister for Health or the Minister of State, Deputy White, who is present, discuss with the Minister for Education and Skills the possibility of introducing an awareness campaign in our schools as soon as possible? A *laissez-faire* attitude has been adopted towards the use of sunbeds, particularly by users who have continuously ignored the risks in favour of having tans. The onus, therefore, will need to be placed on the salon. It is also important that salons display warning signs advising people of the risks associated with their use and that new protocols be put in place, including training and inspections.

Some sunbed users claim that they are just doing what other sun worshippers are doing while on summer holidays. However, we need to take precautions when sunbathing, given the fact that sunburns have been associated with lasting skin damage. One blistering sunburn in childhood can lead to the development of melanomas later in life. People are always warned about the risks of lying under the midday sun when the chance of sunburn is at its greatest and are encouraged to use sun protection creams. The risk is even greater in the case of sunbeds, with scientists calculating that a ten-minute session on a sunbed is twice as likely to cause skin cancer as spending the same amount of time in the midday sun in the Mediterranean. We cannot ignore this stark statistic.

Having been informed of all the risks, some people will continue using sunbeds. As such, it is important that the equipment they use be fit for purpose. Sunbeds produce ultraviolet radiation, which makes it possible to tan. Therefore, the equipment should be maintained to the highest standards. Operators and their staff should be familiar with the correct operations of UV tanning equipment and ongoing health and safety training should be provided to ensure that employees can operate the equipment correctly and are able to provide customers with information about the risks. Staff should be aware of the risks to themselves from working with UV tanning equipment and how to reduce or avoid those risks.

There is also the issue of UV emission levels. The Minister of State has departed, but I would be interested in the Minister's views on whether the regulations will include a restriction on emission levels. In the UK, regulations introduced in 2009 restrict the emission level to 0.3 W/m² compliant, which means that a UV emission is guaranteed to be no higher than that of the midday Mediterranean sun. In spite of these regulations, however, a study carried out by Cancer Research UK - indeed, many studies have been carried out - on 402 sunbeds across England in 2010 and 2011 found that nine out of ten sunbeds failed to meet British and European safety standards. It found that the levels of UV radiation emitted by the 400 sunbeds were on average twice as high as the recommended limits. This is an interesting statistic.

It is important that we learn from the experience in other countries so that the regulations being introduced in Ireland provide the best international practice. This legislation is about protecting lives, especially among young people, from the evil that is skin cancer. Benjamin Franklin once stated, "An ounce of prevention is worth a pound of cure". That is true. By avoiding risks such as overexposure to sunbeds and adopting a healthy lifestyle, people can reduce their risk of cancer by up to 50%. For this reason, I support the legislation and trust that it will be enacted as soon as possible.

Deputy Tony McLoughlin: I thank the Leas-Cheann Comhairle for the opportunity to contribute on this Bill, which will undoubtedly have a positive impact on many families. Many consumers have the tendency to believe that if a product is on the market it has been deemed safe. This assumption is wrong and it is our job to have laws in place that protect our citizens. We all know the dangers of tobacco and alcohol. Over the years, new legislation has come into place in order to protect people, especially children, from the harmful effects of those substances.

It is widely known that most forms of ultraviolet radiation contribute to skin cancer. The main contributors of UV radiation are the sun, sunbeds and sun lamps. Over the years, the use of sunbeds has become more common among Irish people, contributing to a variety of medical conditions, with skin cancer being the most serious and dangerous one. Research published in the *British Medical Journal* reveals that 794 people die each year in Europe from sunbed-

induced skin cancer. In Ireland, the situation is even more serious, with 158 deaths from skin cancer in 2011. In up to 90% of cases, the cause of the cancer is mostly the exposure to one or more cancer causing factors. The majority of people are aware of the dangers that prolonged exposure to the sun can cause, yet many still choose to use sunbeds for cosmetic purposes not knowing that the intensity of the UV rays of some sunbeds can be five or more times stronger than what they would get from the midday sun. People need to know that using a sunbed is not a safer way to tan.

Lack of regulation of the industry only makes the situation more dangerous, with information on the number and standard of sun tan studios difficult to come by. Studies have shown a lack of public knowledge about the health risks associated with the use of sunbeds. The main reason people use them is to have an all year round “healthy look” not knowing about or dismissing the dangers and health risks that come with it. I am aware of some people, mostly women, who engage the services of tanning salons for a period of weeks before they go on two-week sun holidays. One can only imagine the damage done if this is a yearly practice for some people.

Sunbeds are more dangerous for some than others. People who have a frequent sunburn history, a large number of moles or a family history of skin cancer are more likely to be diagnosed with cancer. It is also widely known that people with fair skin are more likely to get sunburn and, as a result, have a higher risk of developing skin cancer. The protection of citizens is a priority for the Government. We must spread the knowledge and, where necessary, use the power of law in order to ensure that people’s health is being protected. For this reason, the Bill should prohibit people with the fairest skin, referred to as type 1 and type 2, from using sunbeds.

The Irish Cancer Society, the World Health Organization, WHO, and the Environmental Health Officers Association agree that no one should use a sunbed to get a tan. In fact, the WHO has classed sunbeds alongside cigarettes on the list of the most cancer causing substances. The current Fianna Fáil leader and former Minister for Health and Children took a bold step some years ago in prohibiting smoking in public places, including workplaces. That Act will be forever seen as one of the most innovative pieces of legislation on the protection of people’s health against the damages caused by passive smoking. This Bill is as important as that one in our quest to tackle bad practices that lead to cancer and will be seen in years to come as vital in reducing the number of cases of skin cancer in particular. Some of the proposals contained within the Bill include the control on the remote sale or hire of sunbeds, provisions that tanning salons provide training for staff and that inspections can be carried out by the HSE.

Education on the dangers of over exposure to sunbeds is paramount. The decision to have warning signs displayed in all sunbed premises alongside the prohibition on promotional marketing practices is very welcome, as is the requirement on operators to ensure that sunbed users are made fully aware of the potential dangers of sunbed use and who must be given an opportunity to read the health information form and sign up before they use the sunbeds. I also welcome the decision by the Minister to prohibit persons under 18 to use a sunbed in tanning salons, and to prohibit the use of sunbeds in unsupervised premises. It galls most people to see little girls, many under 12, spending hours in tanning salons before their First Holy Communion or Confirmation ceremonies. Apart from anything else, this is a religious occasion and it is sad that some parents in our society would be so reckless as to encourage their children to partake in such a vanity exercise and to ignore all the health implications.

Finally, I congratulate the Minister for introducing and indeed all parties in the House for

supporting this Bill, which is very timely.

Deputy Seán Kyne: I welcome the publication of the Public Health (Sunbed) Bill 2013. Earlier this month, the UN's International Agency for Research on Cancer presented research showing that the number of cancer cases will rise by 50% by 2030, which is just 16 years away. Cancer deaths globally are likely to rise from 8.2 million per year to 13 million. These worrying figures have been compiled by teams of more than 250 scientists from over 40 countries. Several reasons are put forward for this surge in cancer cases, including the aging populations of many nation states, as well as growing populations. However, behaviour is also cited as a factor, and included in this category is the use of sunbeds. For over half a century we have known that there is a definite link between certain behaviours and cancers. Smoking is one such behaviour which as we all know now causes cancer, despite the initial denials by manufacturers. Without doubt the use of sunbeds is also a behaviour which substantially increases the risk of skin cancer.

Skin cancer is the most common cancer in Ireland, with the skin type of the majority of people in Ireland particularly susceptible to the disease. The Irish Cancer Society's finding that nine out of every ten cases of skin cancer is caused by ultraviolet rays from the sun, or from sunbeds, demonstrates the higher risks that most Irish people face. The statistics provide further evidence and show the alarming increase in the incidence of melanoma by 137% between 1994 and 2010. Yet much of this risk can be avoided. We need to realise that wearing sunscreen or sun cream is no longer just for travelling to foreign places. We also need to realise that by using sunbeds, we are putting ourselves at ridiculous risk of developing life-threatening cancers. The effects on children are even more pronounced. When parents permit their children to use sunbeds, they are increasing the risk of their children developing skin cancer by 75%. This is a fact that cannot be disputed and should serve as a startling wake-up call to anyone using sunbeds.

Ideally the Government would not have to regulate the use of sunbeds; parents and guardians would know better and would realise the potential harm. In legislating for any issue, there is a balance to be achieved in promoting the common good and in protecting or respecting individual, personal rights. To be very clear, the World Health Organization has classified sunbeds as belonging to the highest cancer risk category, which also contains tobacco and plutonium. Despite this, some people go to great lengths to get that so-called healthy glow. More ludicrous still are the efforts to which some parents go to have their children use sunbeds, even when it is common knowledge that children have sensitive skin and so are at even greater risk of developing skin cancer. Armed with the evidence of what is happening, it is clear the Government has a duty to step in.

The WHO's International Agency for Research on Cancer provides the following advice to governments, policy-makers and health-planners:

Lessons from cancer control measures in high-income countries show that prevention works, but that health promotion alone is insufficient. Adequate legislation plays an important role in reducing exposure and risk behaviours.

This Bill vital to help reduce the risk and exposure to skin cancer. Indeed, the Irish Cancer Society refers to the Bill as "life-saving legislation", which is completely accurate. As a result of medical research and evidence and as a result of concerns from parents, guardians, health professionals and others, the Bill is being enacted to ban outright the use of sunbeds by those under the age of 18. It rightly contains other essential provisions to ensure persons are informed

and fore-warned of the potential, and likely, dangers and risks. It also prohibits ridiculous and groundless health benefit claims that some sunbed operators make. Marketing nonsense can be very powerful and we are all susceptible to it, which is why accurate, verified information is essential to help people make informed and wiser choices.

The HSE is to be instrumental in the enforcement of the regulations, and will be responsible for the register and for appointing authorised officers. I have concerns about enforcement and compliance, which has been problematic in other jurisdictions, and about how measures can be put in place to ensure someone who claims to be 18 is in fact 18. A similar situation occurs in nightclubs, where some people may unfortunately not be of legal age, in spite of the measures put in place.

In Victoria, Australia, a person with fair skin of type 1 or type 2 is not allowed to use tanning salons. Every client must have a skin type assessment made prior to using a sun tanning facility. I think that should be examined here, because those with the fairer skin types are most prone to melanoma and to skin cancers.

The Bill also provides for the control of the remote sale or hire of some beds, and I welcome that. There is also a requirement that sunbed operators provide training for staff, with which I fully agree. There is an obligation on all sunbed operators to provide protective eye wear and to maintain all sunbeds in a clean and hygienic condition. Warning signs are very important for these premises, and there is a prohibition on certain claims being made about alleged benefits of sunbeds, as well as a prohibition on promotional marketing practices.

This is a very welcome Bill. We see it is getting cross-party support, which is also welcome. The protection of children is very important, but I reiterate my concerns about how this will be enforced. Rules and regulations are fine, but when someone rushes into a salon who may not be 18, what measures will be in place so if the child is under the age of 18 she will not be able to use these facilities? I am not sure how the HSE will enforce that. There are issues with enforcement of other legislation, and the HSE has many different pressures to deal with, so I wonder where that body can ensure that this is enforced. I reiterate the concerns about skin type restrictions in Victoria, Australia. The Irish Cancer Society has stated that it would prefer if nobody used sunbeds. The evidence shows that sunbeds are a risk for every skin type. People with skin type 1 and skin type 2 have double the risk of developing skin cancer than people with skin type 4. We have heard it said that rules are being put in place to force people to do something, but when we look at something which has the potential to save lives, it is more important that we provide that level of protection. I commend the Government on introducing this very important Bill.

Deputy Patrick O'Donovan: I welcome the opportunity to speak on this Bill. I am glad it is not being opposed and is being welcomed on both sides of the House. Sunbeds are cancer-causing agents and, as with the case of tobacco, the State has a duty to act in respect of all such agents. Previous speakers noted Government action on the control of tobacco in the workplace. This legislation is another positive development which brings Ireland into line with other states both in the European Union and further afield. It also adopts the recommendations made by the World Health Organization on sunbed use, especially by children. Children are being exposed to ultraviolet radiation in an unregulated manner. When a conflict arises between individual rights and the public good, the Government must err on the side of the public good by introducing regulation.

Children of seven and eight years preparing to make their first holy communion are being exposed to ultraviolet radiation in an unregulated manner. This has the potential to cause serious short-term and long-term problems. I find it difficult to understand how a parent could expose his or her child to the possibility of developing skin cancer for the sake of appearing tanned or standing out from his or her peers in a photograph at a religious ceremony. This practice, which Deputies will be familiar with from their constituencies, is wrong and must be stopped. It is a sad reflection on society that legislation of this nature must be introduced to protect children.

In 2012, some 156 people died from melanomas and 7,000 others contracted melanomas and survived. Clearly, not all of these cancers can be ascribed to the use of sunbeds and some will have been caused by exposure to other forms of ultraviolet radiation. It is not pleasant to watch someone die from skin cancer. I speak from personal experience as my uncle died of skin cancer and secondary cancers. It is not a nice experience. Children are essentially being placed in what could be described as a microwave oven and cooked from the outside in to look good on a photograph. Government action to address this practice is long overdue. The Bill is, therefore, appropriate.

I welcome the proposal to regulate sunbed use for people aged over 18 years. If adults wish to continue to use sunbeds, so be it, but the Bill provides that they will do so in a regulated environment. As previous speakers noted, there is little point introducing legislation if it is not enforced by health authorities at local level or the Health Service Executive. The legislation must be enforced in a manner that is mindful that people make a living from sunbeds, which are a legitimate business. The position here is similar to the position in respect of cigarettes. One cannot have shops selling cigarettes to ten and 11 year old children or treat children of that age the same as 18 year olds. This is the kernel of the Bill.

We must consider the broader of issue of respecting the sun. The weather of recent days makes discussion of the sun appear irrelevant. We should contrast the programmes introduced in Australia to protect children from ultraviolet radiation from the sun with what is being done here. One of the advertisements running on television illustrates the Irish mentality in matters relating to sun. As soon as a ray of sunlight appears, everybody togs off and tries to get a good burn to ensure they have a tan. This mentality must be changed through education programmes that show people that exposure to ultraviolet radiation increases the risk of dying from a painful condition, namely, skin cancer. As was the case with the tobacco industry, we must appreciate the effects of ultraviolet radiation and exposure to the sun. We must cop on and accept that sunbeds have the potential to cause serious damage.

This is welcome if overdue legislation as it is probably being introduced too late for many people who may have been exposed to radiation from sunbeds in an unregulated environment. It is a start and I hope the Minister and his officials will make arrangements to ensure it is properly enforced.

An Leas-Cheann Comhairle: I note some Deputies did not appear at the correct time. We will sort everything out in due course.

Deputy Terence Flanagan: I welcome the Bill, which introduces measures to restrict access to sunbeds for those aged under 18 years. Sunbeds will also be prohibited in unsupervised premises. I am pleased the Government is acting on the advice of the World Health Organization that no person under the age of 18 years should be allowed to use a sunbed. Legislation prohibiting those aged under 18 years from using sunbeds is already in place in the United

Kingdom and a number of other European countries.

It is a matter of concern that the sunbed industry in Ireland has been unregulated until now. This legislation will ensure greater safety for sunbed users and is, therefore, welcome. Important measures included in the Bill will control the sale of sunbeds over the Internet and require all sunbed operators to employ fully trained staff. Fines will be imposed on any premises that are found not to be in compliance with the new rules set out in the legislation. The Bill provides that the Health Service Executive will carry out site inspections. As Deputy O'Donovan stated, while it is fine to introduce regulation, the inspection regime will be crucial. Legislation is pointless unless adequate resources are provided to ensure the law is respected.

Everyone will have a family member or friend who has been affected by cancer. This is a silent killer and one of the leading causes of death. For this reason, any measure that reduces the number of people who die from cancer is welcome. Skin cancer has become the commonest cancer in Ireland and the increased use of sunbeds has without doubt contributed to the increasing number of skin cancer diagnoses. People who use sunbeds for personal and fashion reasons are placing themselves at risk.

One in ten women in Ireland will develop skin cancer and the incidence of the disease has been increasing each year. Ireland has the fourth highest skin cancer rate in Europe, with 148 people dying from the condition in 2012. This figure needs to be reduced in the same way as we reduced fatalities in road traffic accidents. People are unnecessarily putting their lives at risk and regulation is required to address the problem.

The dangers of sunbed use are being increasingly recognised. The World Health Organization reclassified sunbed use in 2009 and upgraded it from a group 2A carcinogen to a group 1 carcinogen. The amount of ultraviolet radiation to which a person is exposed on a sunbed can be up to 15 times higher than the midday sun in Spain. People are doing serious damage to their skin and bodies through exposure to deadly ultraviolet A and ultraviolet B rays on sunbeds. These rays damage skin cells and can eventually lead to skin cancer.

Statistics from the Irish Cancer Society show that people who use a sunbed only once increase their chance of contracting a melanoma by 15%. Melanoma is the most dangerous type of skin cancer and can prove fatal if not detected early. Cases of melanoma increased by 138% in Ireland between 1994 and 2010. People who use sunbeds before they reach 30 years of age increase their chances of getting melanoma by 75%. Two thirds of sunbed users have reported to the Irish Cancer Society that they first used a sunbed when under the age of 24. Alarmingly, 7% of those interviewed first used a sunbed under the age of 15. Those who use sunbeds on a monthly basis increase their risk of getting skin cancer by more than 50%. With these statistics in mind, it is shocking that up until now people under the age of 18 have been allowed to use sunbeds frequently without any element of regulation. This cohort of people are not permitted to drive until they are 17 years of age or to vote until they are 18 years of age yet they are able to use sunbeds regularly, thus greatly increasing their risk of getting skin cancer. Younger sunbed users are not fully aware of the consequences of using a sunbed and of their increased risk of getting skin cancer. It is often too late for them when they become aware of this risk.

The Bill also imposes an obligation on sunbed operators to display warning signs in their premises, and on sunbeds, regarding the risks of sunbed usage. It is important this provision is included in the legislation to ensure users are fully aware of the risks of using sunbeds. While people are more aware these days of the consequences of exposure to ultraviolet rays, there is a

need for greater public awareness of the dangers of exposure to the sun and the use of sunbeds, perhaps through schools, universities and national media campaigns. Research commissioned by the Irish Cancer Society in 2010 highlights that approximately 28,000 young people under the age of 25 use sunbeds each year. It is important that this age group is properly targeted with the full facts about the danger of sunbed usage. It is important that this happens at a younger age to prevent young people from using sunbeds in the first instance. The Minister might when responding indicate if he has any plans to launch a public health information campaign in this regard.

It is vitally important that premises that operate sunbeds are regularly checked to ensure that their staff are fully trained. If used incorrectly, sunbeds can cause substantial burns on the body. Last year, the media reported on a case involving a woman in her 30s, a first-time user of sunbeds, who as a result of not being given proper advice by the salon owner in regard to sunbed usage, had used the sunbed at an unsafe power setting for an unsafe length of time and had suffered first degree burns to the majority of her body, leaving her unable to walk or sleep comfortably and having to take time off work. She was awarded damages as a result of the owner's negligence.

I am aware of the concerns of the Irish Cancer Society that people with type 1 or type 2 skin, which are the two fairest skin types, should be banned outright from using sunbeds. I believe the Minister should consider inclusion of such a provision in the Bill. As people with fair skin are more likely to develop skin cancer, this may require further consideration in the future. An estimated 794 deaths each year in the EU are as a result of skin cancer through sunbed use. The European standard in respect of sunbed usage was amended in 2009. Worryingly, a 2013 study by the University of Dundee revealed that nine out of ten sunbeds in the UK do not meet these safety standards. It is important that the tanning equipment being used in Irish tanning salons is monitored to ensure it is of a safe standard.

Another important aspect of this Bill is that it will ban sunbed operators engaging in promotional marketing practices. Sunbeds are often marketed in an appealing way, usually using photographs of male and female models posing on sunny beaches, which is misleading from a consumer perspective in that it suggests that the user will look the same as the model following usage of the sunbed. Sunbed salons often provide buy one get one free offers and other deals to entice customers to sign up for a number of sessions. Prohibition of this type of promotional marketing would help to reduce the number of users, which I would welcome.

I welcome the significant fines that will be imposed on salons found to be in breach of the regulations. I am confident that they will act as a deterrent to sunbed operators allowing under age users to avail of their services. Fines of up to €4,000 or a period of six months imprisonment will be imposed in respect of committal of a first offence. Further offences may be subject to a fine of up to €5,000 or 12 months imprisonment. These penalties, coupled with site visits by the HSE, should help to sufficiently address the issue. If not, tougher action may need to be considered, including a ban on people with fair skin using sunbeds or an outright ban on the use of sunbeds in Ireland.

Enforcement of this legislation is crucial. We all know what happened when we fell down in terms of regulation in other areas, in particular in the banking sector. I ask that the Minister confirm that this issue will be taken seriously and that following enactment of this legislation the necessary inspections will take place.

30 January 2008

An Leas-Cheann Comhairle: As some members did not turn up at the appointed time, I will be calling Deputies in the following order: Deputy Brian Walsh, Deputy Joe O'Reilly, Deputy Kevin Humphreys and Deputy James Bannon, all of whom have five minutes each, followed by Deputy Eamon Maloney.

Deputy Brian Walsh: I welcome the opportunity to contribute briefly to the debate on this Bill. I thank the Government Whip for sharing time to facilitate my participation in this debate. This is extremely important legislation. I have no doubt it will result in lives being saved. The Minister and his officials are to be commended on the introduction of this legislation. While like Deputy Terence Flanagan I had a difference of opinion with the Minister in relation to other significant legislation, there is no such difference of opinion between us in respect of this Bill. I commend the Minister on his work not alone in this area, but in tackling the tobacco industry. I also commend the Minister of State, Deputy White, on his work in tackling the drinks industry. The legislation that will ensue from that body of work is equally as important as the legislation being discussed today.

Unfortunately, cancer is all too common in Irish society today. It is a scourge that has claimed many lives and affected so many others. In many respects, we are powerless to hinder its march. If there is anything we can do to lessen its toll, it is incumbent upon us as legislators to do so. This Bill is a step in that direction. Most skin cancer is caused by UV radiation through sun exposure and sunbed use and is, therefore, preventable. People have a choice in regard to whether to use sunbeds. In many cases cancer is visited upon individuals without any warning or tell-tale signs. We have all had conversations on numerous occasions with friends or acquaintances in which we have heard of someone known to us who is being treated for cancer. We talk about that individual and say he was the last person we would ever expect to be treated for cancer because he lived a healthy lifestyle, did not smoke or drink, took exercise and led an active lifestyle. Such people do not have a choice and this disease is visited upon them without any warning. However, that is not the case with skin cancer. The choices we make can greatly reduce our vulnerability to this form of cancer.

All Deputies and Senators get a good deal of documentation from various bodies. I have before me one document which I received last year from the Irish Cancer Society. The statistics contained in the documentation are frightening and I will highlight some of them. The average risk of skin cancer from sunbed use is more than double that of spending the same length of time in the midday Mediterranean sun. Young people are particularly at risk when they use sunbeds. People who start using sunbeds before the age of 30 have a 75% increased risk of malignant melanoma, the most serious form of skin cancer. In 2012, the Irish Cancer Society carried out a secret shopper survey. It found that seven out of seven tanning shops surveyed would let a fair-skinned child use a sunbed without any warning or advice. Sunbeds are ranked in the highest cancer risk category and are rated as being as carcinogenic as tobacco and plutonium. Skin cancer is the commonest cancer in Ireland. In 2010, almost 9,500 people were diagnosed with skin cancer. Of these, 896 were diagnosed with melanoma, the most serious form of skin cancer. There were 148 deaths from skin cancer in Ireland in 2012. The incidence of melanoma rose dramatically by 130% between 1994 and 2010. These are some of the statistics the Irish Cancer Society has brought to our attention in recent months and they highlight the need for this legislation, which I welcome and enthusiastically support. I am pleased to see it is not being opposed by the Opposition.

Deputy Kevin Humphreys: I thank the Leas-Cheann Comhairle for facilitating my participation in the debate. It struck me when Deputy Flanagan was making his contribution that the

area of buy one, get one free was a problem. At the time the Visitors Gallery was full of young ladies. Often, this is the very market that is exploited on the basis that sunbeds will enhance their good looks. Sunbed operators sell a product, wrongly, to convince, for the most part, young women to go under sunbed treatment. It is a treatment. This involves burning their skin to change its colour. In theory it makes them better looking and feel better about themselves, etc. It is all part of a marketing ploy.

I was pleased to see various school classes in the Visitors Gallery as the debate got under way. They were for the most part made up of young women. They were listening to the debate and they heard the seriousness of it. Certainly, when I was their age I never thought about cancer or its serious effects. Every family has been touched by the horrible C word. I am referring to when the investigation has been carried out, the medical personnel arrive, the curtain is pulled back and the person is told he has cancer. Unfortunately, I was one of those people many years ago. I was told at short notice I had cancer and had to undergo surgery. It is somewhat ironic in many ways that Professor Crown entered the Seanad at the same time I entered the Dáil. He was my doctor and treated me throughout eight months of chemotherapy, successfully, as everyone can see at the moment.

Deputy Eamonn Maloney: He saved Deputy Humphreys.

Deputy Kevin Humphreys: However, not all families come through that. Often, when a person is going through treatment he does not necessarily think of the effects on a wider circle. The process immediately affects a man's wife, children, mother, brothers and sisters. This is what is being sold, mainly to young ladies in their early 20s. They come in and get under the sunbeds. They put their skin into an oven, a little like a chicken, and get it burned. Ten or 15 years later they get diagnosed with cancer. Is it really worth it? Is it really worth having a little brown skin or looking well at their debutante ball or wedding day but possibly not live to see their children grow up?

Melanoma cancer, as the Irish Cancer Society continuously points out, is a killer. Using sunbeds amounts to playing Russian roulette. The odds are stacked against Irish people because we have fairer skin and we are more prone to skin cancer. Other Deputies have read the statistics. They are the cold figures. Irish people are more likely to get skin cancer than people from many other European countries. That is a fact and that is why I welcome the Bill.

I have no wish for other families to go through what my family went through. I have no wish to see any woman become ill because she wanted to have a lovely colour on her debut day or wedding day. Is fashion that important? The more we speak about it, the better. The purpose of the Bill is to control and regulate sunbeds, but more important is the discussion to highlight the impact the problem has on our families and friends. We could go to the hospital in Elm Park and talk to anyone there about it. When I was going through my treatment, there was a woman from Carlow with three young children. The effects are felt ten or 15 years after the people being treated used sunbeds. If they had been warned or if the regulation we are proposing now had been in place at the time, many lives could have been saved. We have a responsibility not only to bring through regulation and legislation but to discuss the dangers openly and ensure safeguards are put in place such that in the middle of a young man's or young woman's life, when their families are young, they need not go through the traumatic experience of chemotherapy and surgery. I thank the Leas-Cheann Comhairle for the time and opportunity to debate the matter today.

Deputy Joe O'Reilly: I welcome the move to professionalise further the sale and hire of sunbeds. I commend the Government, specifically the Minister for Health, Deputy Reilly, and the Minister of State, Deputy White, on their efforts to ensure the members of the public who avail of these services not only use them in a safe environment under professional supervision but understand the dangers associated with their use as well.

Most people in Ireland are exposed to ultraviolet radiation from daily exposure to the sun. However, some people expose themselves to high doses artificially through the use of sunbeds and sunlamps. For many, this type of exposure is a deliberate lifestyle choice, often made without prior knowledge of the serious risks it carries. In 2006, a review by the European Commission Scientific Committee on Consumer Products concluded that there is strong evidence to suggest exposure to sunbeds increases the risk of cancer of the eye, also known as ocular melanoma. In 2009, the International Agency for Research on Cancer classified sunbed use as a known carcinogenic closely linked to the development of skin cancer. In the same year, the Office of the Chief Medical Officer conducted a review which highlighted that sunbed users aged under 30 were at a 75% higher risk of developing skin cancer. It is even more concerning that using a sunbed without ever burning appears to be no safer. That can increase the risk of malignant melanoma and early onset BCC diagnosed in people aged under 40 by more than 60%, according to the Yale School of Public Health.

The operators of these services are not obliged to provide adequate eye care to their customers nor are they obliged to inform the customer of the potential dangers that may arise due to the use of these services. This is a cause of concern and it is one of the main reasons I am relieved that this legislation is finally going through the House. Sections 6, 7 and 15 address these concerns by ensuring not only will customers be provided with approved eye protection but there will also be an obligation on the owner or employee to ensure the customer receives the correct information and is fully informed. Section 6 ensures people can only use beds under supervision while section 8 ensures proper hygiene. The legislation also ensures there will be no offer of free use as an attractive carrot and no promise of health benefits, which would be bizarre.

Section 14 provides that the Minister shall prescribe training leading to a qualification in the safe use of sunbeds to be recognised under the National Framework of Qualifications. This will ensure qualified persons are available to operate and maintain these services safely and to also act as a point of information regarding concerns customers may have. In light of the fact that in my own constituency Cavan Institute of Further Studies runs a wide range of excellent beauty therapy courses, will the Minister indicate the timeframe for the introduction of these training courses? My local college, along with other PLCs, would be excellent venues for the provision of such courses.

Section 13 provides for the introduction of fees to cover investigation costs and costs associated with the enforcement of the Act. A list of non-compliant businesses will be maintained. All the evidence suggests something needs to be done in this regard. It is bizarre that youngsters aged under 18 can use these facilities and I am delighted the legislation bans them from doing so and ensures they will have to furnish identification if there is a doubt about their age. Under 18s will also be prevented from hiring or buying sunbeds. Nothing exemplified more the tragic way our society evolved during the Celtic tiger years than youngsters using sunbeds prior to making their first communion or confirmation. It was a travesty and it is great that the legislation will prevent this happening in future.

I welcome this Bill as part of a suite of legislation that will create a healthier Ireland. Leg-

islation to ban tobacco and introduce plain packaging for tobacco products and to ensure the moderate use of alcohol are on the way. We need to adopt a new attitude culturally to the use of alcohol. It is important that we not only order society from an economic perspective and get our people working but that we also create the proper health conditions to ensure a better quality of life for people and a healthier society. This is a significant step in that direction.

Deputy James Bannon: I am pleased to have an opportunity to contribute to the debate. I commend the Minister on bringing this important, life-saving legislation before the House. No one in this country has not in some way or another been affected by cancer, whether in his or her own home as he or she witnessed the downward spiral of a family member or through the death of a loved one.

Cancer treatment is a significant challenge to our health services. It is a major cause of death in Ireland with 28,000 people diagnosed with the illness each year. That number has increased annually over the past ten years. Improving cancer care support services for patients is a priority for the Government. It has been accused of tiptoeing around the problem, which is not the case, as we have appointed additional consultants specialising in cancer care since coming into office. More people are treated for cancer in our hospitals now compared to ten years ago. We are all aware of links between some forms of skin cancer and the use of sunbeds, especially among younger people with fair skin, and that is the major reason this important Bill to control the use of sunbeds is before us.

Doctors and consultants throughout the country are concerned that sunbeds are overused by children. Previous speakers referred to this and it was a particular phenomenon during the Celtic tiger era. This legislation brings into focus the Government position on an effective approach to sunbed misuse. A total of 9,450 people were diagnosed with skin cancer in Ireland in 2010, of whom 896 people were diagnosed with melanoma, the most serious form of this cancer. There is a 75% increase in the risk of developing melanoma when sunbed use begins before the age of 25. Alarming research by the Irish Cancer Society found that up to 28,000 young people under the age of 25 use sunbeds each year. Without adequate legislation to regulate the use of sunbeds, they could be putting their health at risk in search of a golden tan.

In our programme for Government we are committed to regulating the use of sunbeds. Last year I called on the Minister to bring forward the necessary legislation in order that people, young and old, would be aware of the dangers of over use or over exposure from this type of tanning method. I very much welcome this Bill. Proper regulation of this sector will at least help prevent further cases of skin cancer developing in the future. There is a need for the development of appropriate health education strategies at community, family and individual levels, which require the use of appropriate education methods. The legislation recognises that there are many approaches to the education surrounding sunbed misuse. Research has proved that sunbeds are as dangerous as tobacco or plutonium in causing cancer.

Aside from blocking parlours from admitting anyone under age, the Bill will seek to control the sale and hire of sunbeds, introduce enforcement and ensure staff members receive training. I welcome these restrictions but I believe the legislation should have prohibited people with certain skin types from using sunbeds. There were three children in my family and all of us were red heads while my mother was fair skinned. She always ensured we were not exposed to the sun and she always covered our heads when we attended sports events and so on. Thankfully, we are all still healthy as a result. The Bill should prohibit people with type I and type II skin from using sunbeds, as most people in Ireland have these skin types. Given the evidence

30 January 2008

that the use of sunbeds poses a major cancer risk, the Bill provides for many controls and I very much welcome that.

3 o'clock

I compliment the Minister, his officials and all of those who were involved in drafting this legislation, which is important in the context of the health and safety of the public.

An Leas-Cheann Comhairle: I call Deputy Maloney. Does the Deputy wish to avail of five or ten minutes for his contribution?

Deputy Eamonn Maloney: I will need fewer than five minutes. The Leas-Cheann Comhairle can distribute my additional time. I am sure someone will avail of it.

Deputy Bernard J. Durkan: We will encourage the Deputy to use all of his time.

Deputy Eamonn Maloney: There is no need for that.

I thank the Department of Health and the relevant Ministers for bringing forward this legislation. The health issue with which it deals is extremely important. The evidence for the relationship between sunbeds and skin cancer is indisputable. Previous speakers went into great detail in describing that relationship. There is no argument which can be used in defence of the use of sunbeds. The legislation focuses on people under a particular age. Sunbeds are bad for young people but they are also bad for those who are not so young. The only distinction which can be made between the two is on the basis of age. Some very good research has been carried out internationally and here in Ireland in respect of the relationship between cancer and sunbeds and all of it shows that using sunbeds is bad for people, both young and old.

I only have one reservation about the Bill. I understand the Minister's comment to the effect that the use of sunbeds must be regulated. There is ample evidence which shows that self-regulation has not worked. Previous speakers referred to deals where people can buy one sunbed session and get another free. Deputy O'Reilly was right to mention the huge expansion in the number of sunbed operators during the Celtic tiger era. To use that awful phrase, "They have not gone away, you know". What sunbed operators have done is reduced their prices and introduced the two-for-one deals to which I refer. If one avails of such offers, one will die more quickly. The more often one uses a sunbed, the more likely one is to develop cancer.

I have already informed the Minister, Deputy Reilly, of my reservation in respect of the Bill. My mind has not changed since I spoke to him so I take this opportunity to formally place that reservation on the record of the House. My reservation relates to the fact that the Bill does not go far enough. There should be an outright ban on the commercial operators of sunbeds. I have yet to hear anyone in this House argue in defence of commercial sunbed operators. On Sunday last the authorities in the Australian state of Queensland very bravely decided to introduce an outright ban on such operators. Those involved will only be compensated to the tune of \$1,000 or \$2,000. If one visits the state of Queensland after 31 December, one will not be able to find commercial operators offering the use of sunbeds. As already stated, Ireland should follow suit and opt for an outright ban. I hope the Minister of State, Deputy Costello, will restate my view on this matter to the Minister. We have an opportunity to introduce an outright ban in respect of this very important health issue. Let us vote to ban sunbeds altogether.

Deputy Dan Neville: I welcome the opportunity to contribute to the debate on this Bill.

The Irish Cancer Society has welcomed the Bill but it also expressed concerns to the effect that it does not go far enough. Under the Bill, the operators of sunbed premises will be prohibited from allowing anyone under 18 years of age to use their facilities. The use of sunbeds on unsupervised premises will also be prohibited. In addition, operators will be required to make users fully aware of the risks involved and all sunbed operators will be obliged to put in place warning signs on their premises. As already stated, however, the Irish Cancer Society is concerned that the Bill does not go far enough and does not prohibit, as is the case in other countries, particularly parts of Australia, people with type 1 and type 2 skin - the fairest types - from using sunbeds.

Skin cancer is the most common cause of cancer in Ireland. Some 9,450 Irish people were diagnosed with skin cancer in 2010 and, of these, 896 cases were melanoma, the most deadly form of skin cancer. A total 158 people died as a result of skin cancer in 2011. The incidence of melanoma in Ireland increased by 137% in Ireland from 1994 to 2010. Nine out of ten cases of skin cancer are caused by exposure to ultraviolet rays, from both the sun and sunbeds. Skin cancers can be prevented. Reducing exposure to ultraviolet rays in turn reduces the risk of developing cancer. There is clear evidence of a link between sunbeds and skin cancer. Sunbeds were placed in the highest cancer risk category by the International Agency for Research on Cancer in 2009, which rates them as being as carcinogenic as tobacco and plutonium. Sunbeds have been linked to a variety of adverse health conditions including eye damage, photodermatitis, photosensitivity, premature skin aging and skin cancer.

The incidence of cancer is increasing worldwide and the number of melanoma cases in Ireland has increased by over 66% in the past ten years. According to the most recent data available, there were 8,145 new cases of skin cases in 2009. Young people are particularly at risk of melanoma as there is a 75% increased risk of developing melanoma when sunbed use begins before the age of 30. Sunbed use among young people is a big problem in Ireland. Research conducted by the Society found that approximately 28,000 young people under the age of 25 are using sunbeds in Ireland each year. Two thirds of sunbed users began using sunbeds when they were under 25. The incidence of all types of cancer increased dramatically - by almost 75% - between 1997 and 2007. Research commissioned by the Irish Cancer Society and published in June 2010 shows that 140,000 people in Ireland use sunbeds on a regular basis, that 88% of those who use sunbeds are women and that 20% of the latter are between the ages of 15 and 24. Sunbed use is increasing and tanning devices are more powerful than was the case a decade ago. Research published in 2009 by the International Agency for Research on Cancer indicated that there is a 75% increase in the risk of contracting melanoma among people who begin tanning regularly before the age of 30.

Any individual can set up a tanning salon and there are no regulatory restrictions on the type of equipment that can be purchased. Young people are particularly at risk when they use sunbeds because, as already stated, there is a 75% increase in the risk of contracting malignant melanoma - the most serious form of skin cancer - among those who begin tanning regularly before they reach 30. Both the Irish Cancer Society and the World Health Organisation advise that those under 18 years of age should not use sunbeds because of the increased risk they run of developing skin cancer. However, this message does not appear to be getting through and large numbers of children are using sunbeds.

Research conducted by the Irish Cancer Society in April 2010 indicates that 28,000 young people under the age of 25 in Ireland use sunbeds each year. That research also highlights the fact that the majority of children who use sunbeds do so once a week. I welcome the Bill and

the debate on it, which has been very positive.

Deputy Bernard J. Durkan: I am pleased to have an opportunity to speak on Second Stage of this important legislation. As can be seen, I am not a regular patron of sunbed salons. However, the danger of over-exposure to ultraviolet radiation either from the sun or from sunbeds has been brought to my attention. I refer to the important points made by earlier speakers. We need to identify the full extent of the danger and this process has been happening over the past years. Sadly, the Bill has been pending for a long time but the matter has come to the fore and we must attempt to deal with this health legislation as quickly as possible.

We must be responsive to concerns about health. Members of the public have concerns and they need to be reassured in particular with regard to carcinogens. It may be necessary to expand this legislation in the future or to include in it other similar threats to the health and well-being of our people. Smoking and excessive alcohol consumption have long been identified as being detrimental to public health and creating a significant burden on the Exchequer not only in this country, but across the globe. The extent to which that can be alleviated by legislation should be considered.

I believe the use from an early age of sunbeds or over-exposure to direct sunlight will have serious consequences for the children at the time but also further down the line as they grow older. It is at that stage in middle age that some of the excesses and over-exposure to such threats become more obvious but by then it is too late, unfortunately. In many cases, young children are unnecessarily exposed to ultraviolet rays either by the use of sunbeds or by over-exposure to direct sunlight in order to get a healthy look and to get a better tan and to stand out in a crowd. I am told sunbed use is not necessary as one can buy a bottle of paint in a chemist's shop to do the same job. Purists will say that this is a fake tan and people in this country are very suspicious of anything fake. However, it is far better to err on the side of safety and take a chance on being ridiculed for using a fake tan. Some cosmetics are also deemed to have been carcinogenic and there have been changes in that area. I would like to know the extent to which carcinogenic substances have been eliminated from our lives, from cosmetics, exposure to sunbeds or from other products.

On a related issue, irradiation of food products is commonly accepted. Food products will not last on a shelf for three weeks without some treatment and this is irradiation. This treatment has been deemed to be safe and sufficient and I presume it is safe. However, to what extent is that tested regularly? Testing is applied to products used by the farming sector on the basis that they may have a negative ecological impact or have carcinogenic concerns.

Many years ago I promoted the establishment of the national cancer register and I have tabled many parliamentary questions to the relevant Ministers in an effort to identify the causes, the incidence and the most prevalent cancers. We still have not succeeded in identifying the many various contributory causes in every region in order to decide that certain behaviours or practices may be to blame. We need to identify the extent to which cancer-causing practices, substances or devices are in use in society. This, in turn, will have a significant impact on the level of expenditure required by the health services.

This legislation is timely although it may be too narrow in its scope in that it only deals with the use of sunbeds. The time has come to examine the menu of substances that are alleged to be carcinogenic in order to determine whether they are carcinogenic. We should be knowledgeable in order to debate such subject matter. We should dispense with myth and clarify the issues.

Deputy Bannon referred to people with fairer skin. My skin was not always the same colour as it is now. A large number of people are very sensitive to ultraviolet rays which can be very damaging to their lifelong health. Many substances, cosmetic procedures and applications can be detrimental to health. The cost to the Exchequer of dealing with the effects of these products can be measured.

Any discussion of radiation should include electronic pulse radiation and electromagnetic radiation. We should become more conversant with the full extent to which these issues affect our daily lives. For example, experts contribute readily to any argument. We need to examine the issues and the arguments for and against in an effort to determine the precise effect such issues may have on the health of the people both here and globally.

We need to be forewarned. We live in a world that readily accuses institutions, governments and communities of failure to warn people in advance. It is one thing to fail to warn people when the information is available; failure to warn people in advance when the information is not available, but in some cases should be available, is another issue. That is something which perhaps should be considered in the context of this legislation.

We need to educate our children through the education system. It is of critical importance that children get the message about the negatives of having a nice colour if it is achieved through exposure to ultraviolet rays, whether through prolonged exposure to direct sunlight or a sunbed. We must remember that people with different skin colours react to such treatment. Some can withstand it while others cannot and have a very serious reaction. We need to know more about the long-term effects, whether permanent or temporary, of exposure for people with various skin pigmentations. We need to be informed on a regular basis of the wider implications and to point out if there are alternatives. The Leas-Cheann Comhairle will know I would not resort to fake tan but if it has the same result and if it is harmless, why not use it in preference to something which can be very harmful and have a prolonged effect on the life and well-being of the child or even the adult?

The Bill is important and the Minister should look at extending this kind of legislation to a wider number of services and products which may have a detrimental effect on the lives of our children and on adults and at whether it would be possible to draw up a list of areas at which we should look more carefully to try to prevent the problems that might occur in years to come rather than attempting to deal with them when they become a reality.

Deputy Olivia Mitchell: I am very happy to have the opportunity to speak on this legislation, which I support. It has four main planks. The first and second planks are broadly the ban on salon sunbed use for children under 18 years of age and the prohibition on the sale and hire of sunbeds to children under 18 years of age. The third plank is mainly about regulation, registration, supervision, improved standards and inspection, which is very important in terms of ensuring eye protection is provided and so on. The fourth plank is about a health information campaign.

Of these four planks, the fourth is the most important because the key here is to change attitudes. By changing attitudes, we will change behaviour. It is not easy to change the attitudes of a nation and there is no doubt but that it will be a slow process. However, an ongoing campaign of substantiated and accurate information will, ultimately, inform attitudes and alter behaviour. If that did not work, companies would not spend millions of euro on advertising, so it will work.

30 January 2008

Over the past number of years, attitudes have already changed as information about the science behind these machines has become more widespread. Usage has dropped by almost a half over the past ten years, although I am not sure to what extent that is due to economic circumstances in Ireland. Nevertheless, there is more information available about sunbeds.

What I find most disturbing is the fact we need this legislation at all. I am amazed there are people who are so uninformed that they would expose their children to sunbeds. It is hard to believe the information about the potential damage caused by sunbeds and crucially the particular vulnerability of children to damage by sunbeds has not filtered down to the general population, in particular to parents.

Ongoing dissemination of accurate information and regular information campaigns are crucial if we are change behaviour and ensure people make informed decisions in their homes because not all sunbeds are in spas, hotels or salons. If there is a problem with the legislation, it is that it does not, or probably cannot, control or ban home usage. Statistics in this whole area are very hard to come by. I know the Irish Cancer Society said 140,000 people in Ireland use sunbeds regularly but I am not sure how it knows that. It may be of that order but accurate information is very difficult to come by.

It is accepted that we do not know how many premises hire out these facilities and how many are providing these facilities in salons, gyms, spas and hotels. We certainly do not have a clue how many of these products are in people's homes. Whatever about sunbeds, the single lamps are relatively cheap and it would be fairly reasonable to assume there are probably quite a lot of them in people's homes, certainly more than in the commercial setting.

At least in the commercial setting, there is the possibility of some professional advice and supervision and there is someone to prevent people from staying on sunbeds long enough to burn themselves. However, in the home there is absolutely no such outside controls and no one to ensure there is not overly long exposure, one uses eye protection and children under 18 years of age or, indeed, under ten years of age do not have access to sunbeds. As long as ultraviolet lamps are available to buy on the Internet or elsewhere and people have them in their homes, the vast majority of sunbed use will remain largely outside the scope of this legislation, a point which others have made. I suppose it has to stay outside the scope of this legislation because even if we thought it desirable to legislate for what happens in private homes, it would be impossible to enforce it.

If we want to achieve a situation where there is a real reduction in the number of people exposing themselves or their families to what the World Health Organization gives the status of a group 1 carcinogen and to do what the Minister said is the purpose of this legislation which is to reduce the incidence of skin cancer which seems to be heading towards high numbers, the only way to do so is by persuasive information about the potentially damaging effects on children and the particularly damaging effects it has on certain skin types. Although it is not covered by this legislation, it should be because the skin type which is most prevalent in Ireland - the real Celtic skin - is particularly vulnerable to damage from ultraviolet rays.

The information campaign is the most important aspect of the legislation because it will have a society-wide impact whereas the legislative ban will only touch the tip of the iceberg. I do not think there is any doubt among the experts and most of us in this House that ultraviolet rays are carcinogenic and that they cause skin cancer. The word "cancer" puts such fear in people's hearts but the timelag between exposure to a lamp and the development of cancer cells

could be 20, 30 or 40 years, or even longer and somewhere in between, the message is lost. If such a campaign is to work, we need to have a lot more information about attitudes, what causes the attitudes we have to tanning, what is the motivation behind them and why it is more prevalent among young women. The most common usage is between 15 and 34 years of age. In our society, we talk about a healthy tan and associate a sense of well-being with having a tan. On the other hand, we talk about people being pale and miserable. It seems that we have a positive image of the whole process of tanning. If we really want to change attitudes to tanning, we need to learn more about the psychology of our attitudes. People in Victorian times had a completely different view. A pale face was regarded as a thing of beauty. Any sign of a freckle or a tan was a sign of something highly undesirable and was associated with poverty. We need to change attitudes so that we return to that point. I know some research has been done on attitudes, but we need to know much more. One cannot change an attitude if one does not know what causes it.

Despite the limited application of the proposed legislative ban, I believe it is worthwhile. This Bill will require the registration of premises which provide the commercial setting for tanning activities. It will also ensure certain standards are met. I am sure that many premises are already meeting these standards and equally that some are not. I have heard of gyms that have coin-operated tanning beds in their changing rooms which can be used entirely without supervision. Nobody would know someone was in there. Information is not necessarily provided in such circumstances. The length of time for which people use such machines is not controlled as there is no way of knowing the machines are being used.

I will give an example of an even less regulated environment. I have heard of women buying tanning machines to run mini-businesses in their own homes. They charge their friends and neighbours for the use of sunbeds. It is hard to see what training these operators might have. Basically, they are just ordinary women who see a business opportunity. They have no training, really. They are not able to provide any proper supervision to protect against misuse. While it will be a challenge for the HSE authorities to inspect sunbed facilities that are provided in private homes, it will be important for them to do so. The inspection process should not concentrate solely on those who run spas and salons. They are an easy target because they advertise their businesses. Many of the publicly available and highly advertised sunbed businesses are already operating to the standards that will be required of them.

I will add some balance to this debate by pointing out that we need some sunlight and sunshine. Those with dark-pigmented skin might need more than the rest of us. We all need vitamin D to ensure calcium absorption. There are reports of children of good, careful and conscientious parents in the developed world showing signs of rickets, which is often regarded as a disease of the past and associated with poverty. These children might lack vitamin D because they have been exclusively breastfed. If they are smothered in factor 50 sunscreen, they might never get a ray of sun on their skin. This problem is caused by parents who listen to medical advice but bring it to such an extreme that it ultimately damages their children. The lesson is that campaigns should be balanced, moderate and comprehensive. Parents should be given an idea of the dangers of sunbeds and sunburn and the need for minimal exposure to natural sunlight. We have been waiting a long time for this legislation. I am delighted to support it.

Minister for Health (Deputy James Reilly): I was going to say I am a lonely man as I gaze across this Chamber without seeing another soul in it.

Deputy Olivia Mitchell: We are here.

30 January 2008

Deputy Joe Costello: We are behind the Minister.

Deputy James Reilly: I am well covered from behind, but there is nobody in front.

Deputy Olivia Mitchell: We are always here for the Minister.

Deputy James Reilly: Skin cancer is the most common type of cancer in Ireland. It represents a major public health challenge in both the short and long terms. For most people, the main source of exposure to ultraviolet radiation is the sun. However, there is clear evidence that some people are exposed to high doses of ultraviolet radiation through artificial sources. Sunbeds and sunlamps used for tanning purposes are the main sources of deliberate exposure to artificial ultraviolet radiation. As we know, all forms of such radiation contribute to skin cancer. We cannot ignore the frightening figures and projections provided by the National Cancer Registry. I will repeat those figures for anyone who might think this proposed legislation is frivolous or indicative of a nanny state approach. There are over 850 new cases of melanoma in Ireland each year. Over 150 Irish people die each year from melanoma. There were over 7,000 people alive with this type of cancer in 2011.

Data from the HSE indicate that the cost of treating skin cancer ranges from €6,000 to €10,000 per patient, depending on the complexity of the disease. New high oncology drugs, such as ipilimumab, have become available recently. This treatment is effective in a number of cases but is extremely expensive. It costs between €50,000 and €80,000 to treat each patient with this drug. Between 60 and 80 patients present with such advanced melanomas each year. The incidence of cancer in Ireland is expected to double by 2040. The fastest growing number of cancers are expected to be skin cancers. These are not mere statistics. Behind each of these numbers, people are fighting painful and debilitating cancers. Many of them are winning that fight, but far too many of them are losing. The impact of these cancers on individuals and their families cannot be underestimated. The long-term treatment and its cost on individuals, families and the health system are significant. The sad reality is that we know this disease is totally avoidable. As I have already said, this is a true case of prevention being better than a cure that is sometimes very painful.

We must legislate now to put measures in place to protect our children and allow adults to make better informed choices. We must do all we can to discourage the use of sunbeds and encourage a healthier attitude to protecting ourselves and our children from ultraviolet radiation. Research and recommendations from the World Health Organization, the International Agency for Research on Cancer, the national cancer control programme and the chief medical officer have pointed to the abundant evidence in support of public health measures to regulate the use of sunbeds. Legislative action is required and justified to protect the public, particularly children and young people, from the risk of skin damage and the increased risk of developing skin cancer and to promote a greater public awareness across all age groups of the dangers of developing skin cancer, premature ageing and eye damage from exposure to ultraviolet radiation. I am convinced that this Bill will contribute to a reduction in the incidence of skin cancers in the long term. It is a comprehensive response to a serious public health issue. The Government's key objective in the Bill is to protect young people. Therefore, we propose to make it an offence to sell or hire a sunbed to a person under the age of 18, or to allow such a person to use a sunbed on a sunbed premises. I have taken note of the interventions in this House. I will ensure the measures aimed at the protection of children set out in this Bill will be commenced and implemented as a priority.

I wish to take this opportunity to call on parents to act responsibly when it comes to permitting or encouraging their children to use sunbeds. Parents may think that they are doing something positive in allowing their children to use a sunbed, but in fact they are risking their children's health. Parents must act responsibly to protect their children. There is no justifiable reason to allow the use of sunbeds by children under 18 years of age. Many Deputies have referred to the need to raise awareness about the health risks associated with sunbed use. We have taken this issue seriously in the Bill. To ensure adults who are considering the use of sunbeds fully understand the implications and risks associated with sunbed use, we will require sunbed businesses to display warning signs on the sunbed premises and on any social media used for advertising sunbeds. In addition, the operator of a sunbed business will be required to provide information to potential sunbed users on the dangers of sunbed use, including the risk of skin and eye cancer. This information will be set out in a specified form. The operator will be required to ensure the client has the opportunity to read and consider the information, and has signed the form confirming he or she has done so before being allowed to use a sunbed.

Concerns have been raised during this debate regarding claims that sunbeds can in some way be good for people or can help with certain conditions such as acne. We know from all the scientific evidence that any claimed benefit for sunbed use is far outweighed by the risks. Where a patient is in need of phototherapy, the Bill provides a clear exemption for such therapy under the supervision of a relevant medical practitioner. Therefore, to avoid industry presenting confusing messages and making health claims for sunbed use, we will prohibit the use of health claims unless such claims are prescribed in regulations. We will also prohibit certain marketing practices aimed at incentivising people to use sunbeds more than they may have originally intended. There will also be a requirement that sunbed use on sunbed premises be supervised.

Through the Bill and the wider Healthy Ireland agenda, we will create awareness of the dangers of using sunbeds. We will promote healthy lifestyle choices among the public by building on this legislation and by supporting and monitoring collaboration between areas such as primary care, hospitals, cancer screening and clinical programmes.

I note the concerns raised by Deputies with regard to the quality of protective eyewear. The Bill requires that such eyewear should comply with the relevant harmonised EU standards.

A question was raised as to why we would require recognised training for those supervising sunbed use. We know that despite all the warnings and information campaigns around cancer risks, some people will continue to insist on using sunbeds. We need to ensure these people are fully aware of the risks, are properly supervised in the use of sunbeds, and that their use of sunbeds takes place in as hygienic an environment as possible. To this end we have, in line with many other jurisdictions, provided for the training of those who will supervise sunbed use.

I have been asked why we would not provide for a prohibition on sunbed use based on skin type. People with skin types 1 and 2 are melano-compromised and the World Health Organization recommends they do not use sunbeds. I strongly agree with this advice. The chief medical officer has suggested that those sections of the adult population at increased risk from ultraviolet radiation could be dealt with by way of regulation rather than prohibition. The HSE national cancer control programme has confirmed a similar viewpoint. The Department of Justice and Equality has advised that a prohibition based on skin type may be incompatible with equality legislation. Recognising the risks and legal complexities, we have taken the decision to deal with this issue by ensuring any adult wishing to use a sunbed is fully informed of the risks and is given appropriate advice to enable him or her to make informed choices.

I was also asked whether consideration was given to the provision of a complete ban on sunbeds in commercial premises. Having reviewed a number of options, it was considered that such a ban would be ineffective for the following reasons. It would simply move sunbed use from commercial premises, which will be regulated, underground to domestic premises where sunbed use would be much more difficult to supervise if it could be done at all. We could not, for example, be assured that warning signs would be in place or that the relevant information on health risks would be available to potential users of sunbeds as well as making it more difficult to protect children. Such an approach would be markedly different from the approach to similarly harmful items, for example, tobacco. It is possible that such a ban would be challenged on EU Internal Market and anti-competitive grounds. Industry might seek compensation through the courts for loss of livelihood. For these reasons it was decided that an outright ban on the use of sunbeds in commercial premises was not appropriate at this time.

I concur with the Deputies who highlighted the need for effective enforcement of this important legislation. I have no intention of passing the Bill for it merely to be left on the shelf. The environmental health service will be responsible for compliance building and enforcement. Environmental health officers, EHOs, have a proven track record in the enforcement of a broad range of environmental health legislation. They play a lead role in the enforcement of food safety and tobacco control legislation. As Deputies will be aware, over the past ten years since the introduction of the smoke-free legislation, EHOs have actively engaged in building compliance. When such efforts have been exhausted, the EHOs have been instrumental in initiating legal proceedings and defending the legislation in the courts. The significance of enforcement is reflected in the consistently high compliance rates of above 90% for smoke-free legislation.

Last November, in preparation for the introduction of this legislation, my Department established a national implementation group with the HSE and the Environmental Health Association of Ireland. This group will work with us in the development of comprehensive information and guidance to facilitate compliance by industry and to inform consumers of the new legislative requirements to protect their health and well-being.

I have listened to the concerns raised regarding the proposed level of penalties. I fully understand and agree with the sentiments expressed. This is why the proposed penalty rates are so significant while still being proportionate. The maximum rate for a first offence will be €4,000 rising to €5,000 for subsequent offences. It will also be possible to commit offenders to prison. These penalties are, as has been noted elsewhere, far higher than the penalties imposed for the sale of alcohol to minors. Given the medical evidence available to us and the worrying trends facing us, it is essential that we act now. I thank all Members of the House for their contributions and I look forward to the Bill being further considered on Committee Stage. I again thank the Deputies opposite for their support.

Question put and agreed to.

Public Health (Sunbeds) Bill 2013: Referral to Select Committee

Minister for Health (Deputy James Reilly): I move:

That the Bill be referred to the Select Sub-Committee on Health pursuant to Standing Orders 82A(3)(a) and (6)(a) and 126(1) of the Standing Orders relative to Public Business.

Question put and agreed to.

Health Service Executive (Financial Matters) Bill 2013: Order for Second Stage

Bill entitled an Act to amend the Health Act 2004 to provide that the Health Service Executive shall cease to have a separate appropriation vote and shall become part of the appropriation vote of the office of the Minister for Health; to make a consequential amendment to the Valuation Act 2001; and to provide for related matters.

Minister for Health (Deputy James Reilly): I move: “That Second Stage be taken now.”

Question put and agreed to.

Health Service Executive (Financial Matters) Bill 2013: Second Stage

Minister for Health (Deputy James Reilly): I move: “That the Bill be now read a Second Time.”

I am pleased to introduce the Health Service Executive (Financial Matters) Bill 2013 to the House. The Bill provides for the disestablishment of the Vote of the Health Service Executive and the funding of the executive through the Vote of the Office of the Minister for Health. It also provides for a new statutory financial governance framework.

The Government is reforming the health services and it is reform of unprecedented breadth and depth. It is radical and will ultimately see the introduction of universal health insurance. In November 2012, I set out the building blocks for this reform in *Future Health: A Strategic Framework for Reform of the Health Service 2012-2015*. Many of the initiatives, such as the eventual replacement of the HSE, will require further legislative changes. The Bill is, therefore, a transitional measure, building on earlier changes provided for in the Health Service Executive (Governance) Act, which was passed last year.

The Health Act 2004 provided that the HSE had its own Vote and that the Minister for Health had no legal role in setting its budget. The House will understand that the intention was to give the HSE greater operational autonomy from what, at the time, was characterised as a politicised decision-making system. In my view, it crucially weakened the accountability of the HSE to the Minister for Health and the Department of Health, and thus this House.

The Bill seeks to rectify that situation by restoring the Vote of the HSE to the Office of the Minister for Health and thus re-establishing appropriate and proper accountability for the HSE to Government. It is also another step on the reform journey, including the dissolution of the HSE, the establishment of a health commissioning agency, new community care structures and the establishment of hospital trusts.

It is appropriate that I take this opportunity to tell the House that we have been progressing our reform since the publication of *Future Health* just over a year ago. We published reports on establishing hospital groups and on the future of smaller hospitals. Since publication, we have appointed chairpersons for each of the seven groups and we are currently in the process of appointing the chief executive officers. In March 2013, we published *Healthy Ireland*, our

strategy for empowering people in Ireland to get healthier. As part of Healthy Ireland, we published Tobacco Free Ireland, our strategy for making Ireland tobacco free by 2025. I am aware that the Members opposite were at the Oireachtas Joint Committee on Health and Children at which this important issue was discussed with the tobacco industry and the Law Society of Ireland. We have also published a package of measures to tackle alcohol misuse in the form of a Public Health (Alcohol) Bill. We are moving to tackle obesity through the special action group on obesity. We have also published an e-health strategy and will be progressing work on that through 2014. Shadow funding for selected hospitals under the “money follows the patient” system commenced in 2013 and it is being rolled out to all hospitals this year.

In addition, a draft of the White Paper on universal health insurance is being completed and I anticipate that this will be published shortly. Deputies will also be aware that there have been a number of reports highlighting the need for changes in the way the health services are financially managed. The successful implementation of the reform programme requires a fundamental change in the financial management systems in the HSE. To this end, a financial reform programme has been initiated within the executive with the establishment of a finance reform board to oversee the programme and, in particular, to oversee the establishment of a national financial management and procurement system in the HSE.

The Bill provides for the disestablishment of the Vote of the Health Service Executive from January 2015 and from that date the funding of the executive will be mainly through the Vote of the Office of the Minister for Health by way of grants paid to the executive. The executive will itself continue to collect the income it generates through statutory charges, superannuation contributions and other miscellaneous income. The director general of the HSE will become an accountable person rather than an Accounting Officer and the Bill sets out an alternative statutory framework to govern the funding of the HSE and ensure that proper controls, in regard to its expenditure, are exercised by the director general. The Bill also makes consequential changes to the service plan process to align it with the new budgetary arrangements.

The Bill is divided into three Parts. Part 1 provides for preliminary matters. Part 2 contains the amendments to the Health Act 2004. Part 3 contains transitional provisions which are required to enable the change from the current statutory regime to the new regime and ensure continuity in accountability for the expenditure of the executive. Part 1 has three sections which are technical provisions covering matters such as the Title, commencement, definitions and repeals. They are standard provisions. The only provision being repealed is section 34 of the 2004 Act, which required ministerial sanction for any capital project in excess of an amount determined by the Minister. This provision is redundant as a new process for approval of a capital plan is being provided in a new section 33B as inserted by section 11.

Part 2 contains the body of the Bill, which is designed to amend the 2004 Act, as amended by the governance legislation, to put in place the new statutory framework. It amends a number of sections and inserts a number of additional sections. Section 4 amends section 5A of the 2004 Act. Section 5A provides that expenses incurred by the executive are payable out of moneys provided by the Oireachtas subject to the approval of the Minister for Health and the sanction of the Minister of Public Expenditure and Reform. The amendment limits the application of this provision up to 1 January 2015. This is because the provision is being replaced by a new provision, section 33A, which is being inserted by section 11, which I will outline shortly.

Section 5 amends section 16G, which was inserted by the 2013 Act. Section 16G sets out the general functions of the director general. The section specifically provides that the director

general is responsible to the directorate, as the governing body, for the performance of his or her functions, except where he or she is acting as chairperson of the directorate. The amendment provides an additional exception where the director general is required to report to the Minister for Health if he or she is of the view that the actions of the executive are likely to lead to a breach of its budget limits, which is provided for in section 34A, as inserted by section 12 of this Bill.

Section 6 amends section 28 of the 2004 Act, which provides specific definitions for Part 7 of that Act. Part 7 sets out the accountability framework for the Executive. This section adds further definitions which are required arising from the other provisions of the Bill. The main ones are in regard to net determinations - budgets - an approved capital plan and related matters.

Section 7 inserts a new section, section 30A, enabling the Minister to determine a net budget for the HSE and sets out the process for doing so. Essentially, the Minister is required to notify the HSE of its budget no later than 21 days after the publication of the Estimates for the Public Services, more commonly known as the Abridged Estimates Volume, or AEV. In practice it is likely that the net determinations will be issued on the day the AEV is published or the next day. The section also allows the Minister to adjust a net determination for the HSE in the course of the year.

Section 8 amends section 31 of the Act, which provides for the executive to prepare and submit a service plan to the Minister for his or her approval. The amendment is consequential on the insertion of section 30A and requires the HSE to submit its service plan 21 days after receiving notification of its budget from the Minister. The section is also amended to require the HSE to submit an estimate of its income and expenditure as part of the plan and ensure that the plan complies with the budget notified to it by the Minister.

Section 9 amends section 32, which allows approved service plans to be amended. This is a consequential amendment to the insertion of section 30A(3) and sets out the process for amending a service plan if a Minister amends a net determination during the year.

Section 10 inserts a replacement section for the existing section 33, which requires the HSE to manage services in a manner that is in accordance with the approved service plan. The section is being expanded to require the executive to manage the services within the net determination notified to it by the Minister. Subsection (2) reintroduces the concept of first charge principle. Under this principle if the HSE exceeds its budget in one year that deficit is a first charge against the following year's approved budget. If the Executive has a surplus it would be allowed to carry over the surplus into the following year. In the interests of proper governance and accountability, I will be bringing forward an amendment on Committee Stage to make the latter provision subject to the agreement of the Minister for Health and the consent of the Minister for Public Expenditure and Reform.

Section 11 inserts two new sections. Section 33A is a technical provision allowing the Minister to issue grants to the executive, with the agreement of the Minister for Public Expenditure and Reform. This effectively replaces section 5A, as I already mentioned. Section 33B is also inserted by this section. It provides for a separate process for approving a capital plan and provides for the governance arrangements regarding the approval of such a plan.

Section 12 inserts 2 new sections regarding the functions of the director general of the HSE. The new section 34A gives the director general the statutory responsibility to ensure that the

30 January 2008

HSE operates within its budget, both in respect of capital and non-capital expenditure. It also obliges the director general to notify the Minister if actions being undertaken by the executive are likely to lead to it breaching its financial limits. A new section 34B provides that the director general shall be accountable to the Committee of Public Accounts in respect of the HSE's annual financial statements and any other reports made by the Comptroller and Auditor General. This provision is required as section 40G of the governance legislation making the director general the Accounting Officer of the HSE is being amended so that he or she ceases to be the Accounting Officer with effect from 1 January 2015.

Section 13 amends section 40G and makes the director general the Accounting Officer for the HSE for the years 2005 to 2014. This means that the director general is still accountable for the appropriation accounts for those years and that the HSE has to produce appropriation accounts for 2014.

Section 14 amends section 401, as inserted by the 2013 Act, which sets out the functions of the Audit Committee of the HSE. The existing subsection (3)(b) reflects the current statutory position of the director general as being the Accounting Officer. It is being amended to delete that reference and replace it with an obligation on the audit committee to ensure that the executive is complying with the implementation of the service plan in accordance with the net determination and the capital plan in accordance with the limit set under section 33B.

Part 3 provides for the transitional arrangements to enable the change over from the current system to the new funding arrangements. Section 15 provides that the HSE's Vote shall be abolished on 1 January 2015 and that funding will be arranged through the Vote of the Minister for Health in 2015.

4 o'clock

It also provides funds in the Vote of the Minister for Health for 2015 so as to enable the Department to provide grants to the HSE, pending Dáil approval of the Minister's office's Vote. The provision will cease to have effect when the Dáil approves the Estimate for the Minister for Health for 2015. Section 16 is a technical amendment to the Valuation Act, designed to ensure that the buildings of the Health Service Executive continue to remain exempt from rates.

As I have outlined, this Bill is another step on the reform journey, the ultimate destination being universal health insurance. The central aim of the health reform programme is to improve equity and access to services. The Bill is an essential, if somewhat technical, part of that goal. Transparency and accountability around service delivery are fundamental tenets of the health reform programme. I believe the Bill, together with the other changes I am making, will help ensure more accountability during the time the HSE continues in existence. This is yet another very important building block in achieving our goal of universal health insurance and better outcomes for patients and for our citizens. I commend the Bill to the House.

Deputy Billy Kelleher: I welcome the opportunity to speak on the Bill. The consensual arrangement we had earlier in regard to the sunbeds legislation has to stop at this stage and we have to go into a more adversarial mode. I do that in the best interests of the need for us to have a very open debate on how we fund our health services in the years ahead.

Reference was made in the Minister's opening speech to universal health insurance, which is the Holy Grail of his policy in terms of how we are going to fund the health services in the years ahead. There has been an element of slippage with that commitment and, for example, the

Minister is now talking about 2019 for the full implementation of universal health insurance, as envisaged by him. Our difficulty is that we are not actually sure what the Minister envisages because we are still waiting for the publication of the White Paper on universal health insurance. I know it is imminent because the Minister has informed the Dáil of that and the Taoiseach has also informed us it will be published in the very near future. However, because we are still waiting for it, we are speaking in the dark in terms of the funding model, whether that is a sustainable model and how we will fund the health services in the years ahead.

Our concern is that the Bill transfers substantial powers to the Minister of the day. I am obviously critical of the Minister of the day at present, and there will be other Ministers in the years ahead. I am not always critical, however, but on the funding of the health services I have been consistent because I look at the record and adjudicate in a fair manner. I believe that, to date, a strategic plan with regard to how we fund the health services has been lacking.

I am aware there is pressure on the public finances and the Minister is always trying to remind me, as if I need to be reminded, of why we are where we are. Of course, there is an inquiry to be set up in a non-biased way to assess that, but that is for another day. In the meantime, the obligation on the Minister for Health is to ensure there is a sustainable health service that is adequately funded and that can provide patients with the services they need in a safe environment. I do not believe that is in place at present.

One only has to listen to the reports today from Tullamore Hospital, where a large number of people are waiting on trolleys, trying to access the hospital, and it is in almost a crisis mode. I do not use such wording lightly from this side of the House. However, it is a fact the health service has huge pressure points. We are informed from time to time that there are seasonal factors, such as flu epidemics, adverse weather and so on, and this can have an impact and can build pressure points into the system, for various reasons. However, there is almost a consistency beginning to emanate in terms of pressure on our emergency departments and concerns about the fact that the recommendations of the Tallaght hospital report on overcrowding in emergency departments have not been fully rolled out across the country.

The point that will be made by the Minister is that this is what he is trying to resolve and that he is trying to take ownership from the HSE and bring it back into the Department under the auspices of the Minister of the day. However, I am not sure that will be beneficial to patients in the longer term. In my experience, while we all come in here with the best of intentions in terms of seeking a mandate from the public for our policies to be implemented, I believe the over-politicisation of our health services has had a corrosive effect on their delivery for many years. There has been an over-politicisation of the health services by every Government and every Opposition, which is, inherently, a difficulty we will further face if we go down his route of vesting further authority and more powers in the Minister of the day.

I have listened to and read many debates in this House over the years. I find that much of what is said is irrational in many ways. It is drummed up and what it advocates is not necessarily in the best interests of the patients but rather in the best interests of political parties and individuals. We must acknowledge this is clearly something that has had a damaging effect on the ability of the State to provide health services to the public.

The old health boards system was abolished in the context of developing the HSE in 2004. That was the first step in trying to bring forward a national health service that would have uniformity across the country, and that would provide and allocate resources based on what people

needed in particular areas, as opposed to being based on the whims of politicians. When we have limited resources, it is clearly imperative that this money is provided for patients and the delivery of health care, as opposed to being provided for political purposes.

I have made accusations in the House before of pork barrel politics. It is not the first time that accusation has been made as it has been encountered many times across the floor of the House. However, I believe that when we actually vest all of this in one individual, it can have that impact, either intentionally or unintentionally. For example, on this matter the Bill states:

Insertion of sections 33A and 33B in Act of 2004

11. The Act of 2004 is amended by inserting the following sections after section 33:

“Power of Minister to make grants to Executive 33A.

On and from 1 January 2015, the Minister shall, with the consent of the Minister for Public Expenditure and Reform [there are now two of them in it] out of moneys provided by the Oireachtas, make grants to the Executive.

Determination by Minister of capital funding and submission by Executive of capital plans

33B. (1) The Minister shall—

(a) subject to subsection (9) and with the consent of the Minister for Public Expenditure and Reform, in respect of each financial year of the Executive, determine the maximum amount of funding that the Minister will make available to the Executive in that year for capital expenditure, and

(b) notify the Executive in writing of that amount as soon as is practicable.

If we go down this road of allowing State funds to be distributed in a way that is not necessarily conducive to the delivery of health care itself it can happen in the context of Cabinet collegiality, for example, where Ministers may assist one another in terms of the provision of funding - in other words, I scratch your back and you scratch mine. There has already been evidence of this in terms of funding of hospitals located in the constituencies of certain ministerial colleagues. I am concerned that we could now have this corrosive element being brought back into our health services.

The suggestion is continually being made that the HSE and the Minister of the day would be a political puppet in the sense that there would be no real accountability to this House. The HSE has its own board of governance and is accountable to the Houses of the Oireachtas through the committee system but, at the end of the day, the Minister does not have full oversight of the HSE, which limits its accountability to this House. That is a valid point. Certainly that is an area where amendments to the 2004 Act could have been made that would have obliged the HSE to report on a more regular basis. However, the committees had the authority to bring in the HSE. The HSE was obligated under the 2004 Act to explain decisions in the context of its budget, financial arrangements, management, planning and policy. All of those things were part and parcel of the Act. Perhaps Oireachtas committees and individual Members did not exercise that power to its fullest extent previously but there was certainly accountability in that form.

The Minister was at one remove and very often was the political figurehead but unable to

decide the policy. One could argue about whether this was a good or bad thing. I have reservations about the Minister having absolute control over the health service for the reasons I have outlined today and on previous occasions in respect of decisions that are made without any clear reason as to why they were made. A Minister of State resigned because of the issue of favouritism towards constituencies. That is a fact. It actually happened in the context of a motion of no confidence in the Minister tabled by Fianna Fáil at the time. The Minister of State resigned on foot of the fact that she had such concerns about interference in a process that had been clearly established to identify and address a health need. Certainly, some health centres were expedited. We have tried, but we will never get to the bottom of it. I highlight this because it will happen again. There will be another Minister who may also have a tendency to decide things based on political reasons as opposed to absolute need in terms of health. That is why this Bill is of concern to us.

In respect of the broader issue of health and where we are regarding the provision of health care, the Minister says he has made reasonable efforts to address outpatient and inpatient waiting lists and the number of people on trolleys, that we are providing a reasonable service with €4 billion less and fewer staff and that everything is fine. However, everything is not fine because as late as last year, the Minister acknowledged that everything is far from fine when he tried to secure additional funding. At one stage, he told his Cabinet colleagues that he would be seeking almost €1 billion extra in the context of the budget deficit that was being carried forward and the requirement to provide an additional figure of over €600 million to maintain safe health services and guarantee patient safety. That is a fact. The Minister did not secure that funding so that is not being spent around the country this year but we already see evidence of difficulties in the provision of basic care through our emergency departments and in moving people from hospitals to step-down facilities and into community care settings. That is evidence.

Deputy James Reilly: It is better than it was in the previous Government's day but it is still there.

Deputy Billy Kelleher: I am highlighting the problems and would like to highlight the solutions some day. In the meantime, there is no point in me coming into this House and pretending, as the Minister is doing, that everything is okay. Everything is not okay.

Deputy James Reilly: Nobody ever said that everything was okay.

Deputy Billy Kelleher: The point we make is that this legislation will not add anything to patient safety and the delivery of health care.

There were a few planks in the Minister's manifesto. The key one was the development of primary care and the other one was to move to universal health insurance. We are certainly putting the cart before the horse in this legislation in respect of the abolition of the HSE, the establishment of hospital groupings and then trusts and the roll-out of universal health insurance. One thing is certain. We know that the funding model the Minister wants to bring forward is along the lines of private health insurers providing health cover to those who can afford it and a subvention from the State to those who cannot afford private health cover or a purchase by the State of private health cover for those people. I assume that this is the basic principle, that there was a suite of services that health insurers will be obliged to provide at certain rates and that competition between health insurers will find the level in terms of the market itself. Of course, there are a few major flaws in that. The first is that we do not have a very vibrant health insurance market in this country. There will be a massive subvention from the State to the private

health insurance market because the numbers of people covered by private health insurance are tumbling. This is evidenced week in and week out by the massive numbers of people who have dropped out of private health insurance further burdening the public hospital system. While we continue down the road of speaking about universal health insurance, we are forgetting that the central plank that underpins it - the foundations on which it will be built - is a vibrant private health insurance market. Every policy that is being pursued by the Minister, the Minister for Finance and the Government collectively undermines the foundations on which the Minister wants to build the funding model of health.

The Minister absolves himself of it because he says it is a taxation matter and I agree it is a taxation matter but surely the Minister for Finance would be conscious of the fact that a policy is being developed by the Minister for Health that aims to promote a vibrant private health insurance market. What did he do? He waltzed into the Dáil last October and with one swoop of his pen decided to inflate the cost of private health insurance for ordinary families throughout the country. Reference was made at the time that the change only related to gold-plated policies. If every private health insurance premium taken out by ordinary families throughout the country is gold-plated, let the Minister say that. The bottom line is that it was an intentional sleight of hand or word to insinuate that somehow it would only affect a few premiums. It affected the average family plan offered by health insurance companies in this country. That is a fact and is happening as we speak when families get their renewal notice and bill from the private health insurance companies telling them that the policy has now gone up by "X" amount. It has gone up multiples of health inflation. The key reasons result from policies pursued by the Ministers for Health and Finance.

Full cost recoup for private patients in public beds is another area that will have an impact on the cost of health insurance. If the Minister or Government was serious about trying to provide a sustainable model of private health insurance, they would pursue policies that would attract and encourage as many people as possible into private health insurance to underpin the entire concept of inter-generational solidarity where the youngest and healthiest support those who are older and require more treatments. The basic principle of insurance is that one spreads the load and burden across as many people as possible but the Government's policies are doing the exact opposite. There is now an almost obsessive attempt to drive younger people out of private health cover. I cannot understand the rationale behind it and I think, deep down, the Minister for Health probably does not support that policy either but has been hung out in Cabinet and is now scratching around everywhere for funding to support the health services and the funding of same. It certainly does not make sense to charge full cost for private patients in public beds when facilities are not available through the private hospital system. These patients are already taxpayers, are making an effort through their own means to fund their own health care and are already entitled to that care anyway under the 1970 Act.

We need the White Paper soon. If it is delayed further, it will just be fanciful. A vibrant, private health insurance market that provides cover for 4.3 million people who either purchase it directly or on whose behalf it is purchased by the State will not happen. That system will not be sustainable if something is not done quickly. This is another key area in respect of which we need a full debate.

The Minister stated that he would welcome our input into the universal health insurance White Paper. We will have views on it, but my instinct is that this process is going down a poorly thought out route. The Minister claims that he achieved a mandate for the implementation of universal health insurance. It was undoubtedly a central plank in Fine Gael's policies,

but its lines have become unclear. We must elucidate the policy dramatically.

The provision of care that is both safe and costs the State the least amount is often discussed. This will be done through primary care centres, general practitioner, GP, practices, public health nurses, community and home care packages and home helps. The aim is to keep people out of acute hospital settings. Given the budget and its individual elements, however, primary care is being underfunded considerably. Chronic illnesses are to be moved from the acute hospital setting into primary care where GPs will be expected to take it on. They have the expertise and the willingness, but there must be *quid pro quo* in terms of resourcing and support. The Government cannot keep stripping away supports while expecting to maintain the traditionally strong relationship between GPs and patients, customers or whatever one wants to call them. It will erode the services provided by GPs. As the Minister stated, they are doing work that nurse specialists could do and nurse specialists are doing work that care assistants could do. Would it not be a good idea to provide resources in order to address this deficiency and ensure that patients are treated by the most appropriately qualified clinicians? Clearly, this should be done, but the Minister has done the exact opposite. He has undermined primary care and eroded the ability of GPs, nurse practitioners and others to provide care in the community setting. This will create significant difficulties in the short and medium terms.

Last year, the Government decided to proceed with providing free GP care for five year olds and under. It was a good idea on the face of it. It would also have been a good idea to provide adequate funding and resourcing, but this is seemingly only being done by removing resources and supports from vulnerable people. The budget arithmetic in the HSE service plan as announced last October leaves one in no doubt about the Government's decision to target discretionary medical cards on a consistent basis. In fact, they have been so well targeted by now that the Government has decided to remove the word "discretionary" from the HSE service plan. When I submitted a Dáil question to the Minister of State, Deputy White, he told me that there was no such entity as a discretionary medical card. At one stage, there were nearly 96,000 of them. How they disappeared overnight is a mystery.

What has happened has had a major impact on the lives of the many people who struggle daily with illness, disease and disability and have been doing their level best to continue with family supports, etc. Those supports have been stripped away by the callous decision to undermine the discretionary medical card system, which had been built up over many years. Although it contained geographical inconsistencies, its principles were humanity and fairness. The suggestion that medical cards can no longer be awarded on a discretionary basis - the Health Act 1970 says otherwise - is simply not right. It is within the gift of the HSE and the Minister to ensure the availability of discretionary medical cards to people with long-term and life-limiting illnesses and disabilities. Financial hardships arise because of their circumstances. Removing discretionary cards is an incredible decision by the Government and the Minister in particular.

Health funding has been vested in a Minister who can callously cut services from the most vulnerable. When the Department of Health, the HSE and the Minister's office panicked in recent years, home helps, home care packages, disability supports and discretionary medical cards were the first services to be cut. I am not confident about giving more control to a Minister who can make such decisions. This is another reason for our opposition to the Bill.

Myths have grown up about the establishment of the HSE. It brought the health boards and all areas of health under its umbrella. The Minister makes great play out of the fact that

30 January 2008

we retained all staff, but his predecessor as Fine Gael's health spokesperson, Deputy Twomey, insisted at the time that there be no forced redundancies, only voluntary ones, and that packages be put in place. He stated:

The view of workers must be respected. Although the Minister said there will be no forced redundancies, many of the employees of the health service are extremely concerned about what their roles will be.

Fine Gael asserted the need to retain all employees, but it has now decided to vilify that decision. Consistency is scarce around this place, particularly given the comments made then and those being made now because the Government wants to abolish the HSE. The Government will regret its decision to politicise the health services again. It will regret its decision to give the Minister more power over capital expenditure. More importantly, the people who depend on services will be the ones who see whether there is fairness and impartiality in the decisions on capital expenditure and resourcing. This legislation will bring decision making and accountability back under the Minister's umbrella.

For these reasons, we need a sincere debate. Yes, the HSE was cumbersome and posed difficulties, but are we now saying that we should revert to a system of competing rather than complementary trusts scattered throughout the country that try to undermine one another in the provision of health care? This decision has not been fully considered. If it was fully thought out, the Minister would have published that White Paper already. Four years ago, he had an idea in his mind about the Dutch model, but now that model has been moved off the catwalk completely and we are somewhere completely different, still waiting for a funding model we can analyse in the context of the Irish market. We do not have a population of 18 or 19 million people, unlike the Netherlands. We do not have 18 or 19 health insurance providers. We have a population of 4.3 million and we have only four health insurance providers, with one very dominant player. We now see that the whole edifice of the health insurance industry is beginning to crack and crumble. That is primarily down to policies that are being pursued by the Minister. Consistency about how to go about rolling out the Government's health policy does not even exist in the first place. That is why I have little confidence that we are going to see a model that is sustainable and fair, because the decisions the Government has made to date to rein in spending have been mainly unfair. In fact, they were downright lousy in terms of the areas targeted.

However bad the Minister may say the HSE was, let us have an honest debate about what way we will fund the health services and how we will fund them. The Government should publish the White Paper, but I must question going down a road into a cul-de-sac where we end up with an unsustainable funding model for a health service that will not be fit for purpose and that will be torn apart into trusts. That is why we will not be supporting this Bill.

Deputy Caoimhghín Ó Caoláin: This Bill follows almost exactly a year after the introduction of the Health Service Executive (Governance) Bill 2012 and is part of the Government's claimed programme of change in the public health services. When the HSE was first established, we in Sinn Féin claimed it represented bureaucratic change rather than real reform. It was not the replacement of the inequitable and inefficient two-tier system with a truly equitable and efficient universal system based on need alone, something which we certainly want to see in place. We stated last year that the Health Service Executive (Governance) Bill 2012 represented more bureaucratic change, perhaps delivering a more streamlined bureaucracy but nothing more. We stated that that Bill might increase accountability to, and the powers and re-

sponsibilities of, the Minister. However, we asked at the time whether this particular Minister and this particular Cabinet were worthy of such responsibilities, and whether it would make the Minister more accountable to the Dail and to the people. Sadly, the past year has demonstrated that we were correct in answering “No” to both questions.

We have seen the debacle over health funding in the budget and in the HSE service plan, and the inevitable Supplementary Estimates as a result of underfunding, year on year. We have seen the memorandum to the Cabinet from the HSE director, admitting the reality that the 2014 budget funding means it will be impossible to provide the necessary services over the course of the year. Of course, this memorandum was suppressed and changed to try to disguise the unsustainability of the cuts being imposed this year. It is essentially a technicality whether budget funding for health services is voted, as it has been up to now, in separate HSE and health Department Votes, or as it will be under this Bill, in one Vote. What matters is that there is sufficient funding and that such funding is used to best effect. On both counts this Government is failing like its predecessors. By the end of 2014, under the HSE service plan, almost €4 billion will have been taken out of our public health services since 2008. In terms of staff numbers, a further 2,600 whole-time equivalents are to go in 2014, on top of the 12,500 that have gone since 2007.

Under the recently published HSE divisional plans, hospitals are expected not only to function as last year, but to perform better with a reduction of €200 million in their budgets. Already struggling acute hospitals face an average reduction of 4% in their funding. Front-line care is being affected, even by the HSE’s own admission, with a projected drop of 25,000 in the number of day cases and 3,000 in the number of inpatient treatments during 2014. An example of how unrealistic these plans are is the target to reduce the delayed discharge of patients from acute hospitals by 4%. We addressed this issue in the House earlier today. However, the allocation for nursing home beds has been reduced this year, which will mean many more older people will spend longer in scarce hospital beds because there are insufficient nursing home places for those requiring residential care.

This Bill, therefore, is essentially technical legislation as it provides for the ending of the HSE’s separate Vote in the budget. In future, it is to be funded through the Vote for the office of the Minister for Health. We have no issue with that. In reality, it amounts to the same thing. However, in light of what I have pointed out regarding budget underfunding in 2013 and the resultant necessary Supplementary Estimates and the underfunding in 2014, section 10 is a cause for concern. It would mean that an overspend in any one year would be carried over to the following year as a charge on the HSE budget. Is it the case that this would mean no more Supplementary Estimates in the health area? Perhaps the Minister can address this when summing up on Second Stage.

As with the Health Service Executive (Governance) Bill, we are debating this Bill in a vacuum of knowledge as far as the Government’s overall health reform plans are concerned. The promised White Paper on financing universal health insurance has still not been published, even though it was supposed to appear early in the life of this Government. The Government’s document, *Future Health*, stated the White Paper would be published in 2013. It has been reported in the media in recent days that a draft of the White Paper is in the Minister’s hands and that he will circulate that draft to the Government in the coming weeks. Can he confirm that? It has also been reported that the Government is planning to consult the public through a citizens’ health assembly about its health insurance plans. Is that the case? Is it also the case, as reported, that the White Paper refers to universal health insurance being introduced by 2019?

30 January 2008

The programme for Government states: “A system of Universal Health Insurance ... will be introduced by 2016, with the legislative and organisational groundwork for the system complete within this Government’s term of office.” Is that now being pushed beyond 2016, which is the crucial watershed of a general election?

It is long past time we had clarity on the Government’s plans for health reform. From the quite detailed media reports we have seen this past week, it seems journalists have had access to the draft White Paper on universal health insurance. If that is the case, it is disgraceful. It is the elected representatives of the people in this House, not journalistic recipients of leaks, who should receive that information in the first instance.

This is essentially a technical Bill, which may well be a piece in a jigsaw. If so, it remains a puzzle to me as I cannot yet see a picture. If the Minister has such a picture, it is long past time that he made it known to the Opposition spokespersons on health.

Debate adjourned.

Topical Issue Matters

An Leas-Cheann Comhairle: I wish to advise the House of the following matters in respect of which notice has been given under Standing Order 27A and the name of the Member in each case: (1) Deputy Timmy Dooley - the need to provide funding for the upgrade of Kilrush Marina in County Clare;

(2) Deputy Dan Neville - the increasing risk of Lyme Disease here;

(3) Deputy Derek Nolan - the impact of a further increase of carbon tax;

(4) Deputies Kevin Humphreys, Joan Collins, Seán Kyne and Éamon Ó Cuív - the need to prevent the destruction of heritage vessel, *Naomh Eanna*;

(5) Deputy Paul J. Connaughton - the lack of consultation period in relation to the closure Barnaderg Post Office, Tuam, County Galway;

(6) Deputy Gerald Nash - the need to enhance the number of courses available in Solas, Drogheda;

(7) Deputy Patrick O’Donovan - the need to review practices which currently prevent land-owners and local authorities from removing debris and solid material from rivers, streams and drains;

(8) Deputy Martin Ferris - the use of the Local Government Fund to subvent Irish Water;

(9) Deputy Clare Daly - the need to address the issue of Margaretta D’Arcy’s imprisonment;

(10) Deputy Mick Wallace - the need to address the issue of Margaretta D’Arcy’s imprisonment;

(11) Deputy Billy Kelleher - the measures that will be taken to assist those impacted by recent storms;

(12) Deputy Robert Troy - changes to the housing adaption grant for the elderly;

(13) Deputy Seán Ó Feargháil - changes to the housing adaption grant for the elderly;

and (14) Deputy Dessie Ellis - the effects of the loss of the training allowance on the Traveler community.

The matters raised by Deputies Kevin Humphreys, Joan Collins, Seán Kyne and Éamon Ó Cuív; Patrick O'Donovan; and Paul J. Connaughton have been selected for discussion.

Topical Issue Debate

Heritage Projects

Deputy Kevin Humphreys: The Minister of State, Deputy Fergus O'Dowd, will be aware of media reports this week on a proposal by Waterways Ireland to dismantle the *Naomh Éanna*. I have been contacted on this issue by a number of people in my constituency. The *Naomh Éanna* was built in the Liffey shipyards in Dublin in 1956 and operated by CIE as the ferry to the Aran Islands from 1958 until 1988. Throughout that period, the vessel failed to sail on only eight occasions.

The Minister of State may be aware of a similar ship, the *MV Cill Airne*, which has been beautifully restored and operates as a restaurant and bar on the River Liffey adjacent to the convention centre. The *Naomh Éanna* has lain in disrepair in the Grand Canal Basin for several years. As one of the last ships built in this country using rivets, it is part of our maritime and industrial heritage and it would be a terrible shame if we lost it. I ask for a six month grace period to be provided to allow the *Naomh Éanna* Trust to produce a business plan for restoring the vessel. It could then be left in the Grand Canal Basin or moved to the River Liffey or Galway Harbour as it has historical links with all three locations. If done successfully, the project would provide a great model for the restoration of other vessels. I call for a six month stay on the proposal by Waterways Ireland.

Deputy Joan Collins: Having heard about this case in media reports, I subsequently received an e-mail on the issue from Sam Field-Corbett. I, too, call for a six month reprieve to allow some time for interested parties to produce a plan for the restoration of the *Naomh Éanna*. Mr. Field-Corbett, with whom I spoke briefly, notes in his e-mail to me that the *Naomh Éanna* is an iconic vessel and one of the last riveted ships built in the world. She retains many of her original fittings and machinery and, according to Mr. Field-Corbett, her ingénue will never again be seen as she represents an era of the nation's industrial heritage which people have long forgotten. Ownership issues have meant she has remained unattainable since 1986. Waterways Ireland could dismantle and put her in dry dock very quickly as local councillors and members of the community have unsuccessfully sought a reprieve for the vessel.

If restored, the *Naomh Éanna* could be an asset to the local community in the inner city and could also be used for tourism purposes. I understand the National Asset Management Agency and the Irish Ship & Barge Fabrication Company have expressed an interest in stepping in with an investment plan to restore her to her former beauty. It would be a great loss to Dublin and the nation if the vessel were dismantled.

Deputy Seán Kyne: Ba mhaith liom cuidiú leis an méid atá ráite ag mo chomhghleacaithe

30 January 2008

maidir leis an *Naomh Éanna*. Tá seans againn fós an bád stairiúil seo a shábháil ar son na nglúnta atá le teacht. Tá an Irish Ship & Barge Fabrication Company ag iarraidh stop a chur leis an mbriseadh suas. Tá sé i gceist ag an ngrúpa seo plean gnó a chur le chéile.

I concur with the remarks of previous speakers on the proposal to dismantle the *Naomh Éanna*. I ask the Minister of State to ensure the vessel is granted a reprieve from the breaker's yard. The boat is not in good condition and I am not sure if it is safe. It should be brought to dry dock and a reprieve granted to allow various parties sufficient time to put together a business plan to save it. The *Naomh Éanna* is one of the last riveted ships built anywhere in the world. I would love to see it docked in Galway Harbour, Inis Mór or elsewhere. It would be great for tourism and locals. I join my colleagues in calling for a reprieve.

Deputy Éamon Ó Cuív: Bá mhaith liom cur leis an méid atá ráite ag na Teachtaí eile. Ba cheart an bád seo a shábháil. Níl a fhios agam an bhfuil éinne eile sa Teach i láthair na huaire a sheol ar an mbád.

Minister of State at the Department of the Environment, Community and Local Government Deputy Fergus O'Dowd: Sheol mé uirthi blianta fada ó shin.

Deputy Éamon Ó Cuív: Sheol mé uirthi roinnt mhaith uaireanta. Níl a fhios agam ar éirigh leis an Aire Stáit ariamh dul síos go dtí an áit ina raibh an t-inneall agus síos go dtí an áit ina mbíodh an captaen. Seanbhád den seandéanamh ar fad a bhí ann, ní hamháin ón dthaobh conas mar a tógadh í ón taobh amuigh, ach freisin ó thaobh conas mar a stiúrtaí í ar an taobh istigh. Bhí sí ar an seandéanamh. Buíochas le Dia go bhfuil bád i bhfad níos fearr ag dul go hÁrainn anois. Caithfinn é sin a rá. Is údar sásamh é gur tháinig na céanna ar fad a thógamar ar na hoileáin, Inis Bó Finne ina measc, slán as na stoirmeacha go dtí seo.

Is cuid de stair na n-oileán é an bád seo. Is cuid de stair Bhaile Átha Cliath é, ar ndóigh, ós rud é gur tógadh an bád sa chathair. Bíodh muid ag argóint cá bhfágfar an bád nuair a bheidh sé sábháilte. Ní thiocfaidh mé isteach in aon argóint i láthair na huaire idir Baile Átha Cliath agus Gaillimh. Creidim gur scéal do lá éigin eile é sin. Cén fáth nach féidir an bád a chur isteach ar thalamh tirim agus fanacht ar feadh dhá mhí le féachaint an bhfuil dream éigin sásta caoi a chur uirthi agus moltaí foirfe a chur ar aghaidh gan aon chostas don Stát? Tá mé ag súil le freagra stuama a fháil ar an gceist sin. Ní fheicim ciall ná réasún leis an rud atá á rá - go gcaithfear an bád a bhriseadh láithreach. Tuigim go gcaithfear é a chur ar thalamh tirim réasúnta luath. Tá sé ina luí ansin ar feadh na mblianta fada. Tarlaíonn an rud céanna i gcás go leor rudaí sa tír seo. Is féidir rud a fhágáil ar feadh i bhfad, ach go tobann deirtear go gcaithfear rud éigin a dhéanamh faoi amárach. Tá an bád sin ann ó tháinig na báid nua go hÁrainn. Caithfidh gur féidir é a fhágáil ar thalamh tirim ar feadh dhá mhí eile. Feicimid céard a tharlóidh ina dhiaidh sin.

Minister of State at the Department of the Environment, Community and Local Government (Deputy Fergus O'Dowd): Ba mhaith liom buíochas a ghabháil leis na Teachtaí a chur an díospóireacht seo faoi bhráid na Dála. Tuigim na fadhbanna atá luaite acu. Glacaim leis go bhfuil cúis an-mhaith ann go bhfuil díospóireacht anseo ar an ábhar seo. Tá mé ag caint anseo thar ceann an Aire. Níl sé anseo. Ní féidir liom níos mó a dhéanamh ag an bpointe seo ach an freagra a léamh. B'fhéidir go mbeimid in ann cruinniú a eagrú idir an Roinn, na Teachtaí agus oifigigh eile ina dhiaidh sin chun níos mó plé a dhéanamh ar an gceist.

I thank the Deputies for raising this matter, which I am taking on behalf of the Minister for the Environment, Community and Local Government, Deputy Phil Hogan, who is unavoidably

absent. I acknowledge the geographical diversity of the areas the Deputies represent and the sincerity of the views they expressed. Following this discussion, it may be useful for all of us to meet to discuss what solution, if any, can be found for this problem.

The *Naomh Éanna* was built by the Liffey Dockyard and launched in the late 1950s. Until 1988, it served as the Galway to Aran Island ferry. I travelled on it a long time ago on my first trip to the Aran Islands agus bhí sé suas agus síos. The vessel was purchased by the Irish Nautical Trust and moored at Grand Canal Dock in 1989 when it could no longer meet the health and safety requirements to operate as a passenger carrying vessel. While a number of businesses rented portions of the vessel for commercial purposes, a report on the hull condition of the vessel, commissioned by the Irish Nautical Trust in April 2013, highlighted serious safety concerns. Based on the report's findings, the Irish Nautical Trust issued a Notice to Vacate to both businesses operating from the vessel. Due to the conditions of the vessel, insurance was unobtainable and the Irish Nautical Trust was unable to finance repair of the ship to bring it up to a standard worthy to hold insurance. Aware that the Irish Nautical Trust had little or no funds available, and given the health and safety implications arising from the condition of the vessel, Waterways Ireland offered to arrange for removal and disposal of the ship on the trust's behalf, subject to agreement. I am advised that the Irish Nautical Trust has confirmed its approval to Waterways Ireland to dispose of the *Naomh Éanna* on its behalf on the grounds of health and safety risks.

As the property owners of the Grand Canal Dock, Waterways Ireland has taken responsibility for the vessel to address the liability it represented. In this context, Waterways Ireland has liaised with the relevant stakeholders on issues regarding the vessel, including the heritage division of my Department. In this regard, I am informed by the underwater archaeological unit of my Department that the *Naomh Éanna* is not considered a wreck as it has been in constant use, is not 100 years old or more, and is not associated with any historical event. There is no legislation that requires that this vessel be preserved or protected. Furthermore, it is considered that the suggestion that it is an example of the shipbuilding techniques used in the Liffey Docks in the 1950s does not, in itself, justify the expense that would be involved in its preservation. The *MV Cill Airne*, which was built in Liffey Docks during the same period, has been fully restored at considerable expense and is currently afloat and used as a restaurant in Dublin. I am also informed that Waterways Ireland has consulted Dublin City Council on the matter and has been advised that the proposed scrapping of the vessel is not in contravention of the strategic development zone, SDZ, plan for the North Lotts and Grand Canal Docks, an issue I understand has been alluded to in some correspondence.

It should be noted that the *Naomh Éanna* has deteriorated substantially in the past 20 years and presents a real risk in Grand Canal Basin. Accordingly, as acknowledged by everyone present, significant investment would be required to bring the vessel to the point where it would be safe and insurable. To mitigate the risks, Waterways Ireland is moving the *Naomh Éanna* to an adjacent dry dock, under a short-term licence agreement with NAMA, from where it will be dismantled under contract. The vessel's condition will not support its movement out of the dock and I am advised by Waterways Ireland that this is the only practical way of ensuring the vessel does not sink in the main dock, thereby giving rise to additional expense.

Under the terms of the contract, the ship will be temporarily secured in the dry dock to prevent unauthorised access. Planned works are centred on protecting the dry dock, which is a protected structure, rather than preserving the hull of the ship. I am advised that extensive works, entailing considerable additional costs, would be required to preserve the already unstable hull

30 January 2008

of the vessel. While in dry dock, the boat will be unsafe for access as it presents considerable risk to the public. Although security can be provided in the short term, if the ship is to remain for a longer period, extensive measures would have to be taken in the interest of safety, such as insertion of bulk heads to prevent risk of collapse. This would add significantly to the costs already incurred by Waterways Ireland in removing the liability from the main dock, which costs it is not in a position to fund. I can also advise that any artefacts from the vessel will be returned to the Irish Nautical Trust.

Against the background of the serious health and safety issues arising in the context of this vessel, which I have outlined today, and in the context of clarifications that my Department has received from Waterways Ireland in relation to this ship, it is difficult to see a basis for preventing the disposal of the vessel, or indeed for providing a six month opportunity for the marine heritage restoration specialists, Irish Ship & Barge Fabrication Company, to provide a plan that would attract investment in this vessel's restoration.

Deputy Kevin Humphreys: I thank the Minister of State for his response. I have no problem with the vessel being moved to dry dock, which as the Minister of State said is itself an important structure and must be protected. The proposal being put forward does not require any State funding. As such, the Minister of State's response in terms of cost are not relevant. The group that has come together to preserve the ship proposes to put forward a business plan which will require no State investment. I was informed this afternoon that up to 48 volunteers from both sides of the Border and experienced in restoration are ready, willing and able to provide assistance in securing the ship and ensuring it does not deteriorate further.

I would like to take up the Minister of State's offer of a meeting. I believe a meeting should, if at all possible, be held next week with all Deputies who have raised this issue and with the group to explore whether a mechanism can be found to protect this ship. The Minister of State will note from the coalition of Deputies that have raised this issue today that this is not a backyard issue. We want to preserve what I believe to be an historical boat which has a connection with Galway and Dublin. I would be supportive of the ship going to Galway. However, it is important it is preserved in the first instance. The proposal being put forward will not result in any cost to the State. All that is being sought is time to allow a business plan in respect of preservation of this important ship to be put forward.

Deputy Joan Collins: I concur with many of the points made by Deputy Humphreys. All we are asking is for six months' reprieve to allow the possibility of a business plan being put forward. As stated, the group concerned restored the *MV Cill Airne* and it sees merit in trying to protect this particular ship. If after six months that is not possible, we can look again at what needs to happen to this ship. I would welcome if an opportunity could be provided to allow the groups to come together and investigate what can be done. In this regard, I too would welcome a meeting as quickly as possible to examine the issue.

Deputy Seán Kyne: I, too, thank the Minister of State for his response. I concur with the points made by the previous speakers and would also welcome a meeting to discuss this matter as soon as possible. While Members on all sides are often seeking State money for various projects, no State funding is being sought in this case. What is being sought is a delay to allow the group to prepare a business plan and find investors to save this ship. There are many things the State has done that in hindsight it has regretted doing. Scrapping this ship could be something the State will regret. We have all toured various cities in the world and have had the opportunity to tour submarines or naval vessels. This vessel has tourism potential. The group must be given

an opportunity to secure this piece of maritime heritage.

Deputy Éamon Ó Cuív: Gabhaim buíochas leis an Aire Stáit as ucht tairiscint a dhéanamh go mbeidh cruinniú an tseachtain seo chugainn. Tá súil agam go gceolaisfidh muid faoi sin. Is dóigh liom gur dul chun cinn a bheadh ann. Ar ndóigh, tá súil againn nach dtarlóidh tada don bhád idir an dá linn, ach go gcuirfí ar thalamh tirim é. Glacaim leis an méid a dúirt an tAire Stáit ina fhreagra ó thaobh an dlí de, sé sin, nach bhfuil sé seo ceangailte le haon ócáid mhór stairiúil.

Bímid i gcónaí ag caint na laethanta seo faoi stair an phobail. Ní bhaineann an stair díreach le daoine mór le rá. Is stair atá anseo. Nuair a d'imigh an bád sin, d'imigh an córas a bhí ann ag an am. Nuair a théadh an bád amach go dtí Inis Meáin agus Inis Oírr, ní théadh sé chomh fada leis na céanna. Thagadh na curacha amach. Bhíodh na beithígh á dtarraingt i ndiaidh na gcurach agus iad ag snámh amach go dtí an bád. Saol eile ar fad a bhí ann. Bhíodh na páistí á n-iompar isteach sna curacha go dtí na hoileáin. Ní tharlóidh sé sin - buíochas le Dia - go brách na breithe arís. Is cuid de stair na tíre seo é go raibh a leithéid ar bun ar na hoileáin. Bhí an bád ann ar feadh i bhfad.

Agus muid ag caint faoi stair, is fiú a lua gur úsáid RTÉ an bád seo le haghaidh scannáin an-mhaith a rinne siad, "The Treaty". Nuair a bhí Collins ag dul go Sasana sa scannán, is ar an mbád seo, seachas bád amuigh i nDún Laoghaire, a bhí sé. Tá ceangal stairiúil le hócáidí thar a bheith stairiúil ag an mbád sin. Níl ag teastáil ach cúpla mí ionas go mbeadh deis ag daoine rud éigin a eagrú. Beidh beagáinín slándáil i gceist. B'fhéidir go mbeidh costas beag ar Uiscebhealaí Éireann. Ní dóigh liom go mbeidh sé suntasach i gcomhthéacs na maitheasa a d'fhéadfadh sé seo a dhéanamh dá gcoinneofaí an bád. Má táimid ag lorg eiseamláir don rud a bhféadfadh a bheith i gceist, níl le déanamh againn ach cuairt a thabhairt ar Faing agus dul isteach ar an flying boat ansin.

5 o'clock

Deputy Fergus O'Dowd: Glacaim leis an méid atá ráite ag na Teachtaí. Déanfaidh mé mo dhícheall a chinntiú go dtarlóidh an cruinniú sin chomh luath agus is féidir. I accept what Deputy Ó Cuív is saying and the genuineness of his views. I will express them to the Minister and the Department immediately and seek a meeting with the accountable bodies, including, I presume, Waterways Ireland and the Department, to determine if anything can be done. Déanfaidh mé é sin.

Flood Prevention Measures

Deputy Patrick O'Donovan: I thank the Ceann Comhairle for selecting this issue. Given what has happened in recent weeks when flooding has again got the public's attention the quick solution is normally to look at coastal areas. Unfortunately, however, we have major problems inland as well. I know the Minister of State is familiar with the River Boyne in his area which was successfully drained in the 1950s and 1960s under the Arterial Drainage Act 1945, as was the Moy river. A colleague of mine asked me this morning, when I told him I was bringing this issue before the House, to ensure to ask the Minister of State whether the River Moy and the River Boyne would be drained today. To be fair, probably not, because of the impediments in place at the moment for arterial drainage. These include restrictions on removing debris from rivers because of the habitats directive and a variety of things which make it virtually impos-

sible for landowners, local authorities or the Office of Public Works to deal with the issue effectively.

We need to have a national conversation about what we expect from arterial drainage. In 2008 the village of Athea in my area flooded on the same night as Newcastle West. It was clear to everyone that when the village of Athea flooded, the eyes of the bridge over the River Gale in the middle of the village were blocked and full of debris, gravel and so on. The local authority was prevented from taking the material out to ease the flow of water. The reason it was prevented was because the area was a habitat. We should ask ourselves what type of habitat are we going to try to protect in future. Are we to protect the habitats of wildlife, which, I agree, need to be protected? However, there is a hierarchy of protection at issue and first on the list of hierarchy must be human life followed by private property. It is clear this is not happening in some instances.

There are competing agencies throughout the country. There is no worse example of this than the management of the River Shannon, something of which the Minister of State will be aware. From Cavan to Limerick a multiplicity of agencies have made it virtually impossible for anything to be done with the river and the rivers and streams draining into it. If we have learned anything in recent weeks, when people's private property has been destroyed, it is that we need to examine this issue in a far more succinct way.

I wish to put some proposals to the Minister of State in this regard. In the context of the new rural development programme announced recently by the Minister for Agriculture, Food and the Marine, there is an opportunity under agri-environmental schemes that he is introducing to allow local communities and landowners to make changes. The schemes could incentivise landowners through initiatives such as the rural environment protection scheme and the agri-environment options scheme to clear and maintain channels running through their land in a way that is supervised and assisted by the OPW, the Department of the Environment, Community and Local Government, Inland Fisheries Ireland or whoever. We cannot continue to allow our drains, streams and rivers to take care of themselves, but that is essentially what is happening at the moment. This is everyone's problem but no one's problem. What happens subsequently, when the water backs out, comes into someone's house and destroys land and private property? Then we all scramble to throw a few hundred million euro here, there and everywhere.

In many cases what is missing is an overall management plan. It is depressing to look at the Office of Public Works website and read the manual for arterial drainage with references to all the vested interests which have a say in what happens before a river is drained or material is taken out. The one group of people who seem to have no say are those who live on the banks of the rivers or who have watched thousands of gallons of water coming in their front door and out their back door. We should be honest with ourselves. Are we going to allow a situation whereby our rivers, streams, tributaries and dykes are to continue to be clogged full of dirt, debris, sediment and every sort of rubbish known to man, while pretending there is no problem?

Deputy Fergus O'Dowd: I thank Deputy O'Donovan for bringing this matter before the House. As he rightly points out, the recent extreme weather events have been unprecedented. The impacts in terms of flooding, damage to property, infrastructure and land have been severe, with many locations being adversely affected on more than one occasion, causing undue hardship for many citizens. While the recent extreme events have not been the first time that flooding was experienced in certain parts of the country, the problem has been unprecedented in its scale and power of destruction. I note another storm is predicted for tomorrow.

The incessant rainfall in recent months has impacted significantly on our rivers and lakes as well as the adjoining lands. River levels have almost never been as high. Deputy O'Donovan raised the issue of the removal of debris and solid material from rivers, streams and drains. It is important to emphasise and clarify that the removal of loose waterborne debris and fallen trees from rivers, which involves no excavation works or remodelling of watercourse, will not normally be regarded as development under the planning legislation. Therefore, it would not require planning permission. In effect, there are few restrictions imposed for this type of activity, as the removal of such loose debris will assist in ensuring the better flow of watercourses.

Under their surface water management functions, the relevant statutory authorities, including the Office of Public Works and local authorities, have extensive powers under relevant legislation, including the Arterial Drainage Act, referred to by Deputy O'Donovan, and the Planning Acts, to effect works to manage flood risk.

Deputy O'Donovan referred to private landowner interventions in watercourses. Existing legislation provides that, in broad terms, excavation works involving removal of solid base material, deepening, widening or altering the flow of watercourses, as distinct from normal land drainage and reclamation, would normally be regarded as development and would, therefore, require permission. There is good reason for this controlled approach as any unregulated modifications along the lines mentioned could well have serious detrimental effects on downstream lands and properties in terms of flooding by accelerating the flow of water or altering water and flood storage patterns. In effect, a reasonable level of balanced regulation is considered appropriate to protect the interests of other property owners and communities downstream as well as the wider environment.

It is understandable that landowners and relevant public authorities might wish to act quickly to alleviate flooding in the circumstances that have prevailed. However, there is little point in temporarily solving a problem in one location and passing it on to another location; a broader approach must be applied. A measured approach whereby the relevant authorities would examine the performance of particular watercourses in the context of river basin management and flood risk management plans is preferable. Such plans are the responsibility of the local authorities and the Office of Public Works. This approach is taken with a view to identifying any management and alleviation-type works that might be speedily progressed without having any adverse effects on amenity, hydrology, water quality, biodiversity or other effects and will also involve working with affected local communities.

Deputy Patrick O'Donovan: It is important to point out that I am not suggesting a farmer should go into the river with a Hymac and take out the base of the river. I am suggesting that we need to start thinking about these things differently. If we are to rely on the OPW to do it, we will be like Noah. The whole country will be under water because the OPW simply does not have the resources to do it. We need to start thinking about doing these things differently. I believe the way to do it differently is to involve the stakeholders. Among the primary stakeholders are the people who live along the banks of the rivers and the farmers through whose lands these rivers flow. I put it to the Minister of State that if the OPW was faced with the River Boyne today in the condition that many of our rivers are in, Drogheda would probably be under water, as would several other towns between Meath and Louth. Luckily that river was done at a time when we did not have restrictions from the National Parks and Wildlife Service and every other vested interest which seems to have a say in how these rivers are managed.

I agree with the Minister of State that it should be done in an organised fashion. However,

if we do not change tack now and realise that the current model is flawed, it will cost a good deal of money. The State cannot afford it - I accept that - and it does not have the money to drain all of these rivers. However, resources are available throughout the country, which, I believe, could be tapped in a productive way. These could be supervised and operate in the best interests of everyone for the benefit of the river, its ecology and, more important, the local community. I put it to the Government that the new rural development programmes represent an ideal opportunity, whether through the green low-carbon agri-environment scheme or other agri-environment schemes to be introduced, to incentivise farmers, landowners and local communities to get involved along with Inland Fisheries Ireland, the Department and the OPW. We can pretend that the OPW will be able to do this, but it will never do it. The whole country will be under water in the near future if we take the attitude we are taking at the moment, that is, to leave it as it is. The OPW only deals with channels on which work has started and it does not take on new channels. Areas at high risk of flooding, of which there are many, are being left to their own devices and that is unacceptable.

Deputy Fergus O'Dowd: I acknowledge the issues raised by the Deputy and I will ensure the Minister and the Department are made aware of them. The Government has responded quickly to recent weather events. A total of €25 million has been available to flooding victims and it will be administered by the Department of Social Protection to deal with the immediate, significant and serious causes of hardship and discomfort and relocation to temporary accommodation as well as to address any other humanitarian circumstances arising, including the provision of food and clothing. This was followed by the announcement of a fund of up to €70 million for a programme of repair and remediation to help communities in the worst affected areas to provide for the restoration of roads, coastal protection infrastructure, piers, harbours and other infrastructure and amenities. The provision of these moneys is a clear indication of the Government's commitment to respond to the needs of communities devastated by the storms, which the Deputy has articulated.

Certain types of development work are also governed by a number of EU directives, which are required to protect habitats and ecosystems. Some of our rivers and streams are particularly sensitive in this regard and they lie within sites that have been selected for designation as SACs or SPAs. It is necessary to apply other controls to in stream work in addition than those that apply to water courses generally. As the Deputy correctly pointed out, this involves a broad range of complex and interrelated issues with flooding and the removal of solid material requiring the interaction of a number of State bodies, all of which have a role to play in developing approaches to ensure they can be effectively dealt with. The Minister of State at the Department of Public Expenditure and Reform, Deputy Brian Hayes, is active in this regard and I will also bring the Deputy's comments to his attention following the debate.

Post Office Network

Deputy Paul J. Connaughton: I thank the Ceann Comhairle for selecting this topic, which concerns Barnaderg post office in my constituency. Post offices are important, particularly in rural communities. Public houses are not as plentiful as they used to be and the ability to create jobs and build businesses in these areas is not what it was. In many cases, the post office is the only point of contact many people in these communities have during the week as they avail of its services. The postmaster in Barnaderg passed away after Christmas and An Post decided to review the post office. This raises a number of concerns, as there is a need for a post office in

the area.

Last year, the Joint Committee on Transport and Communications produced a report on the post office network and the third recommendation states: “The committee recommends that An Post clarify and make public the criteria they used to establish the viability of a post office.” That has not happened in this case. A number of weeks ago the community in Barnaderg was informed via a note on the post office window that it could be closed following a consultation period. The joint committee also recommended that: “In addition, An Post should introduce an amber light warning system, which gives communities advance warning that their post office may be vulnerable to closure. The aim of this is to allow communities to put in place a business plan which might avert this eventuality.” However, the problem with that is if the community is not informed by the company about what it is looking for and what makes a successful post office and the products that should be offered, it is difficult for those involved. The community has had this post office for years but it now has to come up with a business plan within two weeks to establish the need for it.

I call on the Minister and An Post to implement the joint committee’s recommendations for all post offices. In addition, I understand the consultation period for Barnaderg post office closes tomorrow. That is too soon. It is possible that the post office may be retained in some form but I am seeking the retention of full postal services, which the community has been used to for many years. A watering down of services will not be acceptable. An Post needs to take that into consideration before a decision is made. This is a viable post office. A member of the late postmaster’s family is willing to take over immediately and there will be no break in service. I do not understand why An Post cannot give this person at least 12 months to provide the service. If the company could not find anyone to take on a viable business, that would be a different scenario. It is unacceptable that it should take such a heavy-handed approach in this case where a family member is prepared to maintain the business. The people of Barnaderg seek the retention of full post services and I would like the Minister of State to use his good offices to make sure that happens.

Deputy Fergus O’Dowd: I thank the Deputy for raising this matter, which I am taking on behalf of the Minister for Communications, Energy and Natural Resources. I assure him that his comments will be brought to his attention directly. An Post is committed to a strong and viable post office network and supports the maintenance of the maximum number of economically viable post offices. The commercial operation of An Post’s post office network is a matter for the board and management of the company and not one in which the Minister has a direct statutory function.

The postmaster in Barnaderg passed away in January and I offer my condolences to the family. An Post has given a temporary contract to the daughter of the deceased postmaster to maintain continuity of service to the community of Barnaderg while the future of the post office is assessed. In circumstances such as this, it is standard procedure for An Post to review the future need for a post office and to hold a public consultation. In accordance with its normal practice, a customer notice regarding the review was placed in the post office last month. This notice advised that An Post was considering the future service provision needs at Barnaderg, which could include closure of the office.

However, before taking a decision, interested parties who wished to do so were given three weeks to submit their views on the matter to the company no later than this Friday, 14 February. An Post has advised the Department that three weeks is the standard period for response to its

consultation process and in its experience this duration has proved to be more than satisfactory. I also understand that An Post will meet a local community delegation tomorrow and this will form part of the consultation process. In coming to its decision, An Post will take account of network coverage needs; the level of business at the office; customer access to service elsewhere, for example, travel distances, etc; and capacity of neighbouring offices to handle business if the office closes.

Following consideration of all the views received as a result of the consultation process, An Post will then proceed to take a decision on the future of Barnaderg post office. I fully understand the concerns of the Deputy about its future and the importance of the post office to the local community. However, An Post is currently facing many challenges not just financially, but also from the development of communications technologies and the impact of e-substitution. Any decisions it may take must be considered in the context of maintaining a sustainable post office network.

As a shareholder, the Minister has strong concerns regarding the ongoing commercial position of the company. The reality is that the core mail business has suffered a major fall in recent years and this has impacted seriously on the company's revenue. An Post has many strengths and has the largest retail presence in the country. The Minister has impressed on the company the need to further exploit its unique position in this regard and he has been supportive of its attempts to diversify its income streams and to win a wider range of commercial contracts offering higher margins.

The Government recognises the strategic importance of the postal sector. It has been long-standing policy that An Post remains in a position to compete in a liberalised market and to continue providing wide-ranging services to both urban and rural communities.

Deputy Paul J. Connaughton: I thank the Minister of State for his reply. The consultation process with the community is under way but I am concerned that a short period was provided for the process in this case, given a temporary licence was granted for the post office a few weeks ago. This has not allowed for proper consultation to take place. Barnaderg is a diverse community and the people have to come up with a business plan. They do not have experience in this regard. The Minister of State outlined the criteria that need to be considered by An Post, including network coverage needs; the level of business at the office; customer access to service elsewhere, for example, travel distances, etc; and capacity of neighbouring offices to handle business if the office closes. These headings should have been relayed to the community from day one in order that people could prove the post office is viable.

While I acknowledge the banking sector is shrinking, in many rural areas, the banks are closing their branches in small rural towns. Surely this is a situation on which An Post can capitalise. Instead of removing services from rural areas, it should provide even more services or restore those that were previously available.

In the instance to which I refer, there is a family member who is willing to take on the post office in Barnaderg as a going concern. The business has been viable during the entirety of its existence. There should be no need for consultation in respect of this matter. It is a different story in circumstances where, as previously stated, no one wants to take up a post office licence. That is simply not the case in this instance. All of the people in Barnaderg and Killererin to whom I have spoken want the post office to be retained and they want to ensure that the full range of services will continue to be offered there. I have no doubt that the local community

will row in behind the post office more than ever before if it is retained. It is important that An Post takes this issue seriously and ensures that Barnaderg post office remains open.

On a general point, I am of the view that the consultation period should be longer and that more detailed information should be provided to local communities in respect of what they are expected to bring to the process in order that they might put forward the best case possible for the retention of their local post offices. Many things have already disappeared from rural areas. It will be very sad indeed if post offices start to disappear as well, particularly as they are essential to the integrity of all our communities. I want to ensure that post offices which are viable will be retained.

Deputy Fergus O'Dowd: I assure the Deputy that I will bring his comments to the attention of the Minister and the Department. I fully appreciate his concerns with regard to the people who live in the Barnaderg area of his constituency and the threat to their local post office.

The Dáil adjourned at 5.20 p.m. until 2.30 p.m. on Tuesday, 18 February 2014.