

Written Answers.

The following are questions tabled by Members for written response and the ministerial replies as received on the day from the Departments [unrevised].

Questions Nos. 1 to 12, inclusive, answered orally.

Departmental Management Structures

13. **Deputy Louise O'Reilly** asked the Minister for Health why policy issues in respect of abortions as well as oversight of the Protection of Life during Pregnancy Act are subsumed into the tobacco and alcohol control unit of his Department; and if he will make a statement on the matter. [13693/16]

Minister for Health (Deputy Simon Harris): The Public Service Management Act, 1997, gives Secretaries General the power to assign responsibility for the performance of functions to officers of a department. Work is assigned by the Secretary General in my Department to areas where the skills and expertise reside in order to have the work completed as effectively and efficiently as possible. Responsibility for abortion policy is under the remit of the Chief Medical Officer who has overall responsibility for the area.

The Protection of Life During Pregnancy Act 2013 was enacted on 30th July 2013 and commenced on 1st January 2014. The development of the Act reflected the very considerable input of a number of staff in the Chief Medical Officer's division. This means that very considerable knowledge and expertise on abortion and related matters resides within this area of the Department. The senior officers involved also have other responsibilities and this extends to the regulation of tobacco and alcohol.

The Act regulates access to lawful termination of pregnancy in accordance with the X case and the judgment of the European Court of Human Rights in the A, B and C v Ireland case. Its purpose is to confer procedural rights on a woman who believes she may have a life-threatening condition, so that she can have certainty as to whether she requires a termination.

As evidenced by the significant programme of work undertaken, my Department continues to actively engage with policy issues in this area, under the direction of the Government and the Oireachtas. The Government has made a commitment in the Programme for a Partnership Government to establish a Citizen's Assembly to make recommendations to the Dáil on the Eighth Amendment of the Constitution.

Mental Health Services Provision

14. **Deputy Aengus Ó Snodaigh** asked the Minister for Health his plans to end the scandal of adolescents being placed in acute adult mental health settings due to a lack of suitable

inpatient spaces for young persons; when he will phase out this practice; and if he will make a statement on the matter. [13714/16]

Minister of State at the Department of Health (Deputy Helen McEntee): The HSE aims for the placement of children in age appropriate mental health settings as much as possible. A 95% target of appropriate placement in Child and Adolescent Mental Health Units is indicated in the National Service Plan 2016. This allows for some operational flexibility surrounding emergency placements in Adult Units. Examples of factors that influence such admissions include the availability of a bed in, or the distance to, the nearest Child and Adolescent Mental Health Unit, the wishes of the young person involved, or the need for an urgent clinical assessment. While it remains challenging for the HSE to meet this ambitious target, significant progress has been made; there were 95 admissions to adult units in 2015 compared to 247 such admissions in 2008. It is a priority for the HSE to keep such admissions to a minimum, and this is kept under constant review.

The admission of a child or adolescent to an Acute Adult Inpatient Unit is only made following a clinical assessment of the needs of the individual at community level, and in consultation with the HSE Mental Health Directorate. The Mental Health Commission is also informed of any admission of a child into an adult unit.

There are currently 66 operational Child and Adolescent Mental Health beds across the country. This includes extra 8 beds recently opened in the new Linn Dara Unit in Dublin, and further beds for those under 18 are scheduled to open in the system. In the context of expanding child bed capacity, the HSE is endeavouring at present to address staff recruitment or retention difficulties in certain facilities, such as the Eist Linn unit in Cork. As these staffing issues are resolved, the potential exists for an overall national capacity of 76 operational Child and Adolescent Mental Health beds in the system.

I am satisfied that the HSE is making progress in relation to the issues raised by the Deputy, while taking account of the wishes of each young person, their parents or guardians, and the complexities of each case. This includes factors such as geographic location, the expected length of stay, which is usually very short-term, and the age of the young persons involved, which is usually in the 16-18 year age bracket. The HSE also makes special arrangements, where such placements occur, to ensure specific supports and protections for those involved under age 18.

The Department will continue to closely monitor this issue, in conjunction with the HSE, to ensure that the various new initiatives contribute to improving CAMHS services across all regions. While it is not possible to attach specific timeframes to eliminating this practice completely every effort will be made to achieve further progress on this issue.

Mental Health Services Provision

15. **Deputy Michael Moynihan** asked the Minister for Health the plans he has in place to extend crisis intervention teams and counselling in primary care services for persons with mental health difficulties; and if he will make a statement on the matter. [13837/16]

Minister of State at the Department of Health (Deputy Helen McEntee): The current development of Crisis Houses, and Crisis Intervention Teams, form part of a spectrum of service supports for individuals with a mental illness presenting in crisis. One of the objectives of the HSE Mental Health Division has been to improve the response of mental health services for individuals in such circumstances. This includes accommodation and treatment for an indi-

vidual in the most appropriate setting, relevant to their presenting need.

The new Programme for Government commits to further enhancing 24/7 service support and liaison teams in primary and emergency care, building on the commitment in the HSE National Service Plan 2016 for this area, including the development and staffing of crisis houses and the crisis response generally, and enhanced 24/7 access to specialist services where a psychiatric assessment considers this necessary.

Counselling is provided across the health service by both the HSE and the voluntary sector, including in primary care, but also within social care and mental health services. Counselling can be provided by a range of trained health professionals operating in primary care or more specialist services to meet clinical needs.

The Counselling in Primary Care service is a national service expanded in recent years to increase the access to counselling and psychotherapy and to supplement existing services provided at primary care level. Since 2012, €7.5 million has been provided to develop this service. The service provides short term counselling for adults with non-complex psychological problems aged 18 years and over who hold a valid medical card.

Counselling and psychotherapy are provided within specialist community mental health teams when service users are clinically assessed as requiring this intervention. Counselling is also provided by a range of voluntary organisations across the health service. The HSE's National Office for Suicide Prevention also funds voluntary organisations such as Pieta House and Console to provide support across a range of needs.

The HSE National Service Plan 2016 identifies priorities for allocation of new development funding this year including the continued development of early intervention and counselling services. This includes funding for the development of counselling services in primary care for young people, in collaboration with the mental health services, and funding for the provision of new Jigsaw mental health services for young people in Cork, Dublin City centre and Limerick. The Department of Health is currently examining proposals from the HSE relating to the development of these specific initiatives for enhanced services, as well as proposals for the ongoing development of a range of existing and new specialist mental health services. It is expected that a decision on the release of the development funding for 2016 will be made shortly.

Ambulance Service

16. **Deputy Robert Troy** asked the Minister for Health the action he will take following the national ambulance service capacity review; and if he will make a statement on the matter. [13782/16]

Minister for Health (Deputy Simon Harris): Last month at my request, the HSE published the National Ambulance Service Capacity Review together with an action plan for implementation which incorporates the recommendations of both the Capacity Review and the 2014 HIQA Report on the National Ambulance Service.

The Capacity Review makes it clear that we need a very significant programme of investment in our ambulance services. In that context, a phased investment in a multi annual programme involving manpower, vehicles and technology is required. Additional funding of €7.2m has been provided for the National Ambulance Service in 2016 which includes €2m for new developments. The Deputy will also be aware that the Programme for Government commits to additional annual investment in terms of ambulance personnel and vehicles.

It should be noted that many of the key recommendations of both reviews are already being addressed as part of a significant programme of reform and modernisation of the National Ambulance Service which has been underway in recent years. This programme has now achieved many of its key targets including the establishment of the National Emergency Operations Centre, and the creation of an integrated deployment platform which allows the ambulance service to operate as a national fleet, rather than in regional divisions; continued delivery of improved technology to improve response times; and expansion of the Community First Responder scheme.

My Department engages on an ongoing basis with the National Ambulance Service in relation to service requirements and performance and will continue to do so to ensure that the action plan is implemented.

Ministerial Responsibilities

17. **Deputy Jan O’Sullivan** asked the Minister for Health the responsibilities and reserved functions of each of the Ministers of State who are attached to his Department; why no Minister of State has special responsibility for the roll-out of an enhanced primary care service; and which Minister will have responsibility for delivering this critical policy. [13733/16]

Minister for Health (Deputy Simon Harris): Finian McGrath TD has been appointed as Minister of State for Disabilities at my Department, with responsibility for all legislation, policy and funding relating to the provision of specialist health and personal social services to persons with a disability. Catherine Byrne TD has been appointed as Minister of State with responsibility for Communities and the National Drugs Strategy which expires at end 2016 and in respect of which a new and important strategy for the future is being developed. Helen McEntee TD has been appointed as Minister of State for Mental Health and Older People, with responsibility for all legislation, policy and funding relating to the provision of mental health services for adults as well as children and adolescents, including the new strategy on suicide prevention. Minister McEntee will also be responsible for all services for older people, including the Nursing Homes Support Scheme. Marcella Corcoran Kennedy TD has been appointed as Minister of State for Health Promotion with responsibility for driving the health and well-being agenda which was already given a priority status under the last Government and requires to be pro-actively rolled out across the entire population for the benefit of the nation’s health.

The Programme for a Partnership Government places particular emphasis on enhancement of the capacity of primary care and improving the integration between primary care and other services, in particular the acute hospital system. In my view the achievement of a decisive shift of focus to primary care, with the maximum proportion of people’s healthcare needs being met in the community, is best ensured by political responsibility for this agenda resting with me as Minister for Health.

Hospital Staff Data

18. **Deputy Thomas Pringle** asked the Minister for Health the number of training positions, positions that have been filled and vacancies currently available, by hospital, in tabular form; the number of qualified training consultants available in Letterkenny General Hospital, County Donegal; how he will address the low take-up of training positions in hospitals outside County Dublin; and if he will make a statement on the matter. [13684/16]

Minister for Health (Deputy Simon Harris): The HSE has responsibility under the Health

Acts for the training of NCHDs. It has advised that details relating to training positions are contained in its most recent report '*Annual Assessment of NCHD Posts*'. This report outlines all of the training positions by specialties and can be found within the Staff and Career section of its website. Detailed information regarding trainees by hospital site is maintained by the individual training bodies.

The HSE has confirmed that for the training year 2015 to 2016 only 29 posts at First Year Basic Specialist Training level remained unfilled by trainees and the majority of these posts were in General Internal Medicine. However, these posts have been filled by doctors who are not on training programmes and are not vacant.

Only permanent appointed consultants who are registered on the Specialist Register of the Irish Medical Council are eligible to be trainers. Of 58 whole time equivalent consultants employed in Letterkenny General Hospital, 40 are permanently appointed and are, therefore, eligible to oversee training of NCHDs.

The HSE has confirmed that the low take up of training positions outside of Dublin is a priority and is being addressed. Geographical distribution of trainees is a standing item on the bi-annual meeting between each training body and the HSE and forms part of the annual service level agreement between each training body and the HSE. All training programmes now include mandatory rotations outside of the Dublin area, and almost all have mandatory rotations to model three hospitals.

There is a global shortage of doctors and intense competition amongst those in training to access the best training opportunities available. However, I am satisfied that the HSE recognises the need to support the distribution of training posts across the system as far as practicable and has introduced measures to ensure that the training model supports hospitals outside of Dublin to the greatest extent possible.

Mental Health Policy

19. **Deputy Pat Buckley** asked the Minister for Health the form and terms of reference for the review panel on A Vision for Change; the progress of same; if the review will provide recommendations; and if and when it will publish a report. [13729/16]

Minister of State at the Department of Health (Deputy Helen McEntee): In January 2006, the Government adopted the Report of the Expert Group on Mental Health Policy '*A Vision for Change*' as the basis for the future development of mental health services in Ireland. It advocated:

- A holistic view of mental illness and an integrated multidisciplinary approach to addressing the biological, psychological and social factors that contribute to mental health problems.

- A move away from traditional institutional-based care to a patient-centred, flexible and community based mental health service.

- A person-centred treatment approach which addresses each of these elements through an integrated care plan, reflecting best practice, evolved and agreed with both service users and their carers.

- The aiming of interventions at maximising recovery from mental illness, building on the resources within service users and within their immediate social networks, to allow them to achieve meaningful integration and participation in community life.

- The organisation, nationally, of mental health services in catchment areas for populations of between 250,000 and 400,000, with specialist expertise provided by community mental health teams

– expanded multidisciplinary teams of clinicians who work together to service the needs of service users across the lifespan.

'*A Vision for Change*' has guided national mental health policy for the past 10 years and its term comes to an end this year. The Department is currently finalising a request for tender for a review and analysis of international evidence and best practice in the development of mental health services, including a review of current delivery of services in Ireland. This review will provide evidence to determine the policy direction for a revision of '*A Vision for Change*'. The review will also have regard to both human rights and health and well-being objectives. At that stage, the exact timeframe for completion of the revised policy direction will be determined by the planned analysis outlined above.

Mental Health Policy

20. **Deputy Michael Moynihan** asked the Minister for Health the key priorities in mental health under the new programme for Government and why there is no funding commitment on mental health as there was in the 2011 to 2016 programme for Government; and if he will make a statement on the matter. [13832/16]

Minister of State at the Department of Health (Deputy Helen McEntee): The Programme for Partnership Government confirms this Government's commitment to further develop and improve our mental health services in line with existing policy as set out in *A Vision for Change*. We recognise the importance of fully implementing this long-standing policy in a manner which recognises both geographic accessibility and which will allow primary care teams in particular to provide or access a much greater range of care. However, as *A Vision for Change* is 10 years old this year the Government is also committed to conducting an evidence-based expert review of progress in its implementation and in the improvement of mental health services. The review will take account of international best practice and will inform the next steps in the development of our mental health policy, having regard to both human rights and health and wellbeing objectives.

The Programme for Partnership Government gives a clear commitment to increasing the mental health budget annually so that we can build capacity in existing services and develop new services. For example, we aim to extend counselling services in primary care to people on low income and extend support for organisations that offer free counselling and psychological services. In addition, we will work to ensure that every Emergency Department has Clinical Nurse Specialists in psychiatry on their team, with greater linkages to primary care.

The Programme for Government recognises the need to further promote awareness and prevention strategies in our education system. We acknowledge that a more thorough understanding of students' own emotional wellbeing is also required. That is why a National Taskforce on Youth Mental Health will be established to consider how best to introduce and teach resilience and coping mechanisms to children and young people, and also how to access support services voluntarily at a young age. Accessible and informal mental health services can play a vital role in connecting with young people. We plan to extend services such as Jigsaw, which offers free access and a more informal environment to young people who wish to engage with our mental health services.

The Government is committed to the implementation of the national suicide strategy Connecting for Life - a national plan for the whole of Government and the whole of society to work together. The importance of this strategy cannot be underestimated, and I plan to ask the relevant Oireachtas Committee to monitor and oversee its implementation.

Some €115m in additional funding was added to the mental health budget in the HSE National Service Plans over the period 2012 to 2016. I am confident that, as the economy continues to grow, the priority this Government attaches to mental health will see further development of services through additional funding and effective use of existing resources.

Mental Health Services Funding

21. **Deputy Donnchadh Ó Laoghaire** asked the Minister for Health his position on the re-allocation of €12 million from the mental health budget for 2016 to other projects; and if he will make a statement on the matter. [13720/16]

Minister of State at the Department of Health (Deputy Helen McEntee): The last Government provided additional ring-fenced mental health funding of €160 million over 2012 to 2016 inclusive. In 2015, the National Service Plan Budget for mental health was €791 million and the outturn was €785 million. The €826 million budget for mental health in the 2016 National Service Plan therefore represents an increase of €41 million or 5.2% over the 2015 outturn. The 2016 budget includes €35 million in heldback funding for new developments.

The €35m allocation for mental health will fund new service developments. The HSE National Service Plan 2016 identifies priorities for allocation of the €35 million, including the continued development of early intervention and counselling services across both primary and secondary care; the provision of new Jigsaw mental health services in Cork, Dublin City Centre and Limerick; the continued development of Community Mental Health teams; improved 24/7 response and Liaison Services; services for Psychiatry of Later Life; Perinatal Mental Health, and two new mental health clinical programmes, specifically for ADHD in Adults and Children, and for Dual Diagnosis of those with Mental Illness and Substance Misuse. The Department of Health is currently examining proposals from the HSE relating to the development of these specific enhanced priority services, as well as proposals for the ongoing development of a range of existing and new specialist mental health services. It is expected that a decision on the release of the 2016 development funding will be made shortly.

Staff recruitment is a key element of these developments. I am informed that, as staff recruitment takes time, the 2016 HSE National Service Plan envisages that time-related savings of approximately €12m from the mental health development funding will be used, on a once-off basis, to maintain services in home care and transitional care beds, and for vaccine procurement. The detailed use of all development funding is currently being examined and will be the subject of decisions shortly.

Hospital Waiting Lists

22. **Deputy Joan Collins** asked the Minister for Health the Health Service Executive's plans for clearing the scoliosis waiting lists in Crumlin children's hospital in Dublin and in Galway University Hospital, including the filling of vacancies. [13669/16]

Minister for Health (Deputy Simon Harris): Our Lady's Children's Hospital Crumlin is the largest provider of scoliosis surgery for children and young people. On 4 May 2016, there

were 172 patients on the waiting list at Crumlin.

In order to address waiting lists at Crumlin, over €1m was allocated in 2015 for additional consultant posts and support staff, and 10 additional WTE staff are now in place including a consultant orthopaedic surgeon, consultant anaesthetist, clinical nurse specialist and other nursing staff. Separately an additional €1m approximately has been allocated in 2016 on a full year basis for orthopaedics and trauma to address waiting lists for orthopaedics in the Children's Hospital Group. This funding will also assist in improving access for scoliosis patients.

Capital funding has also been provided by the HSE for a new theatre on site at Crumlin to expand capacity further. Construction is now complete and the building is currently being commissioned with handover expected in the coming weeks. The 2016 Service Plan specifically provides for support for the new theatre capacity and the continued development of paediatric scoliosis services to address ongoing capacity deficits.

External capacity has also been identified in order to address waiting times while internal capacity is being built up, and patients from Crumlin have been transferred to other hospitals in Ireland and the UK, where capacity is available and where it is clinically appropriate. The HSE continues to work actively with Crumlin and the Children's Hospital Group to improve access to spinal surgery for children and young people.

I am advised there are currently 7 patients on the public waiting list for scoliosis procedures at Galway. Galway University Hospital is working actively to identify additional theatre sessions when available to address current waiting list needs.

I share the Deputy's concern that difficulties in accessing such a vital service as scoliosis surgery are resolved. There is a very active programme of measures underway to address the underlying issues speedily and comprehensively.

Mental Health Services Provision

23. **Deputy Martin Ferris** asked the Minister for Health to support the provision of additional crisis houses as outlined in A Vision For Change. [13726/16]

Minister of State at the Department of Health (Deputy Helen McEntee): Crisis houses are designed for those who are in need of acute intervention but who do not require hospital care. A key objective is the provision of a safer, less stigmatising alternative to hospital care that provides refuge and support in a more communal, family-like environment. The HSE Operational Plan for Mental Health 2016 highlights the need to expand services for those who are homeless, and who also have mental health issues, through an improved multi-agency approach.

The current development of Crisis Houses, and Crisis Intervention Teams, form part of a spectrum of service supports for individuals with a mental illness presenting in crisis. One of the objectives of the HSE Mental Health Division has been to improve the response of mental health services for individuals in such circumstances. This includes accommodation and treatment for an individual in the most appropriate setting, relevant to their presenting need.

The new Programme for Government commits to further enhancing 24/7 service support and liaison teams in primary and emergency care, building on the commitment in the HSE National Service Plan 2016 for this area, including the development and staffing of crisis houses, and enhanced 24/7 access to specialist services where a psychiatric assessment considers this necessary.

Autism Support Services

24. **Deputy Clare Daly** asked the Minister for Health the steps he will take to prevent instances of children with intellectual disabilities and autism spectrum disorder being held in hospitals under chemical restraint because of problems with the Health Service Executive releasing funding for residential placements. [13686/16]

Minister of State at the Department of Health (Deputy Finian McGrath): I have been advised that individual cases are managed in the most clinically appropriate way for the particular child. I am also advised that cases can arise where a child who is ready for discharge and who is waiting for a residential placement/accommodation can remain in hospital for longer than clinically required. In such cases, all agencies involved in the care of the child work together to address any issues in order to speed up discharge pathways.

I am aware that the Deputy has contacted my office about a specific case which may be related to question she has now raised. I have asked for the HSE to provide me with a report on this matter and I will contact the Deputy directly once I have received their response.

Departmental Budgets

25. **Deputy Eamon Scanlon** asked the Minister for Health his estimate of the likely overrun in the health budget in 2016; the status of the financial situation of the Health Service Executive; and if he will make a statement on the matter. [13800/16]

Minister for Health (Deputy Simon Harris): Significant additional resources have been made available to the HSE in 2016. Despite this, the health sector is facing challenges in managing expenditure within budget in some areas. The HSE's financial information for March, the latest available, shows net expenditure of €3,284 million against a €3,164 million profile, resulting in an overspend of €120 million for the three months. The acute hospital sector deficit of €81 million represents 68% of the overall deficit. Other significant deficits arise in respect of the State Claims Agency of €17 million and Social Care of €21 million.

The HSE has established seven cost management groups to develop short and medium term actions to address specific areas of financial challenge across the acute hospital sector. These groups are expected to report their findings in the coming weeks. Patient safety and maintenance of service levels are key objectives to be satisfied when establishing savings measures.

The nature of the State Claims Agency scheme means that determining trends and projections from three months' data is not conclusive. Pressures in the social care area arise from costs associated with compliance with disability standards and meeting demands for home care packages and home help.

With only three months of data, the ability to determine expenditure trends and derive a projected outturn is limited. The Department of Health will continue to work with the HSE to ensure that every effort is made to maximise cost containment and cost avoidance measures to mitigate any overruns to the greatest degree possible.

National Dementia Strategy Implementation

26. **Deputy Maurice Quinlivan** asked the Minister for Health the status of the provision of funding for intensive dementia-specific home care packages provided through a joint Health

Service Executive/Atlantic Philanthropies programme as part of the national dementia strategy; how many local health offices were funded; how many persons benefited from the package; the funding available to fund this further; and if he will make a statement on the matter. [13709/16]

Minister of State at the Department of Health (Deputy Helen McEntee): As this is a service matter it has been referred to the Health Service Executive for direct reply. If you have not received a reply from the HSE within 15 working days please contact my Private Office and they will follow up the matter with them.

Emergency Services Provision

27. **Deputy Catherine Murphy** asked the Minister for Health his measures to immediately address the significant number of persons leaving accident and emergency departments without being treated; if he has analysed the subsequent costs to the health service of delayed treatments being carried out; and if he will make a statement on the matter. [13668/16]

Minister for Health (Deputy Simon Harris): Pressures on Emergency Departments have been rising, given our ageing and growing population. ED attendances have been significantly higher this year, particularly in Quarter 1. To date, the HSE has reported an average increase in attendances of nearly 6% compared with the same period last year. Despite attendance increases, TrolleyGar numbers in Quarter 1 2016 are similar to those for 2015. Furthermore, figures for May 2016 show total numbers of patients on trolleys are approximately 18% lower in May 2015, with numbers waiting over 9 hours approximately 24% lower.

The HSE maintains records on service users who register at an ED and choose to leave without actively discharging themselves. Figures for March 2016 indicate that 3.9% of ED patients 'did not wait' to complete their episode of care, which is within the internationally accepted safe target of less than 5%.

It is important to note that patient experience times have improved in April 2016, with 67.6% of patients being admitted or discharged within 6 hours and 81.7% within 9 hours. Reducing the wait times for patients attending EDs is a priority for this Government. Investments in capital expansion are ongoing (new EDs have been completed in the Mater and Wexford Hospitals and are planned in Beaumont and Galway). 366 extra beds have been opened or re-opened. A review of bed capacity in our health service, coupled with a review of Medical Assessment Unit hours are further key commitments intended to alleviate ED overcrowding.

Departmental Management Structures

28. **Deputy David Cullinane** asked the Minister for Health if the new policy strategy and integration unit established within his Department will support in its work the new Oireachtas committee that will be established to develop cross-party consensus on the future of the health service over ten years, as per the programme for Government and Government approval; and if he will make a statement on the matter. [13704/16]

Minister for Health (Deputy Simon Harris): I welcome the establishment of the Committee on the Future of Healthcare which is a key commitment in the Programme for a Partnership Government. It is envisaged that the Committee will be established in the coming weeks and will devise a single long-term vision for health care and the direction of health policy in Ireland.

The staffing and resourcing of the Committee is entirely a matter for the Committee and

the Houses of the Oireachtas. However, my Department will be happy to assist and advise the Houses of the Oireachtas, as appropriate.

Traveller Community

29. **Deputy Kathleen Funchion** asked the Minister for Health his plans to support the extension of the Traveller primary health care teams. [13724/16]

Minister of State at the Department of Health (Deputy Catherine Byrne): My Department understands that the Health Service Executive intends to conduct a general evaluation of Traveller health services. The evaluation will be undertaken in consultation with the Traveller community and other relevant statutory agencies. The outcome of the evaluation will, inter alia, inform the operation of the Traveller Primary Healthcare Teams in order to address the health needs within the Traveller community.

Nursing Homes Support Scheme Administration

30. **Deputy Martin Heydon** asked the Minister for Health if he will review the rules of the fair deal scheme as they apply to family farms and family businesses, given that the current rules can cause difficulties for family members taking over these businesses, particularly where the three-year cap does not apply; and if he will make a statement on the matter. [13764/16]

Minister of State at the Department of Health (Deputy Helen McEntee): When the Nursing Homes Support Scheme commenced in 2009, a commitment was made that it would be reviewed after three years. The Report of the Review was published in July 2015. The Review included a general examination of the operation of the Scheme, as well as the balance between residential care and care in the community. A number of key issues have been identified for more detailed consideration across Departments and Agencies.

An Interdepartmental/Agency Working Group has been established to progress the recommendations contained in the Review. This Group is chaired by the Department of Health and includes representatives from the Department of the Taoiseach, the Department of Public Expenditure and Reform, the HSE, the Revenue Commissioners, and when required, the National Treatment Purchase Fund. These recommendations include the implementation of administrative reforms to the Scheme, including the treatment of business and farm assets for the purposes of the financial assessment element of the Scheme. This matter is also referenced in the Programme for a Partnership Government. The Working Group is due to make a preliminary report on its progress to the Cabinet Committee on Health in June 2016. Any significant changes ultimately deemed necessary to the Nursing Homes Support Scheme will require legislation and will accordingly be addressed together at the conclusion of the Review implementation process.

Emergency Services Provision

31. **Deputy Sean Fleming** asked the Minister for Health the plans he has in place to reduce emergency department services in Portlaoise hospital in County Laois; and if he will make a statement on the matter. [13754/16]

Minister for Health (Deputy Simon Harris): I am committed to securing and further developing the role of Portlaoise Hospital as a constituent hospital within the Dublin Midlands

Hospital Group.

Patient safety and outcomes must come first. There have been a number of reports on Portlaoise Hospital in recent years. These reports pointed to the need for reconfiguration of some services to ensure that patients are treated in the most appropriate setting by specialist staff that can safely meet their needs.

Since 2014 the focus has been on supporting the hospital to develop and enhance management capability, implementing changes required to address clinical service deficiencies, and incorporating the hospital into the governance structures within the Dublin Midlands Hospital Group. Governance and management arrangements in Portlaoise have been strengthened, additional clinical staff have been appointed and staff training, hospital culture and communications have improved.

The Dublin Midlands Hospital Group has recently produced a draft plan which sets out a proposed service design for a new model of clinical service delivery at Portlaoise. The draft plan has been discussed with my Department and is currently the subject of further work and consideration within the HSE.

Any change to services at Portlaoise Hospital, including plans for service reconfiguration, will be undertaken in a planned and orderly manner and will take account of current use of services, demands in other hospitals, and the need to develop particular services at Portlaoise in the context of overall service reconfiguration in the Dublin Midlands Hospital Group.

The important point to note is that this work is being done to strengthen services in Portlaoise from a patient safety and quality perspective and to ensure that services currently provided by the hospital that are not viable are discontinued and that services that are viable are safe, adequately resourced and developed based upon health needs. I am confident that these changes will improve services for patients at Portlaoise Hospital.

National Treatment Purchase Fund

32. **Deputy Joan Burton** asked the Minister for Health if he has undertaken a cost-benefit analysis of the re-activation of the National Treatment Purchase Fund; if he will publish this; the number of patients who will be treated in public beds using the fund; how he will ensure that the diverting of millions of euro in funding from the public health system will address the underlying causes of excessive waiting lists; and if he will make a statement on the matter. [13736/16]

Minister for Health (Deputy Simon Harris): Currently, in accordance with Reg 4(1) of the NTPF Board (Establishment) Order 2004, the NTPF is directed to carry out activities in respect of data and analytics, audit and quality assurance of waiting lists and pricing under the Nursing Home Support Scheme. The NTPF supports the management of in-patient, day-case and outpatient waiting lists, by working with the HSE to assist hospitals in developing local demand and capacity planning and providing technical guidance materials to ensure the highest standard of data quality and practice.

The expertise amassed by the NTPF in respect of waiting lists has proven invaluable in assisting the HSE to administer previous waiting list initiatives and in carrying out smaller-scale targeted initiatives in areas such as endoscopy. In respect of the commitment in the Programme for Partnership Government to provide €15m to the NTPF in 2017 to address waiting lists, this commitment seeks to utilise the expertise of that agency to further assist the HSE in addressing specific waiting list pressures.

The future role of the NTPF will be considered in the context of the wider Health Reform Programme. No decision has been taken as to whether this will include direct procurement of patient treatment by the NTPF and therefore a requirement for a cost benefit analysis of the reactivation of the NTPF has not arisen.

My Department will engage with the NTPF and the HSE regarding the development of the Programme for a Partnership Government initiative. As has been the case with previous initiatives, Hospital Groups will be requested to identify insourced capacity in the first instance, with activity outsourced only where insufficient capacity and/or consultant availability exists to ensure patient treatment in a timely fashion.

Mental Health Services Funding

33. **Deputy Pat Buckley** asked the Minister for Health his position on the re-allocation of €12 million from the mental health budget and the rationale for this given the current under-funding of mental health services. [13730/16]

Minister of State at the Department of Health (Deputy Helen McEntee): The last Government provided additional ring-fenced mental health funding of €160 million over 2012 - 16 inclusive. Funding for mental health in 2016 will increase from the 2015 outturn of €785m, to a projected budget of €826m in the 2016 NSP, an increase of €41m or 5.2%, which includes €35m ring-fenced for mental health in 2016.

The €35m allocation for mental health will fund new service developments. The HSE National Service Plan 2016 identifies priorities for allocation of the €35 million, including the continued development of early intervention and counselling services across both primary and secondary care; the provision of three new Jigsaw mental health services in Cork, Dublin City Centre and Limerick; the continued development of Community Mental Health teams; improved 24/7 response and Liaison Services; services for Psychiatry of Later Life; Perinatal Mental Health, and two new mental health clinical programmes, specifically for ADHD in Adults and Children, and for Dual Diagnosis of those with Mental Illness and Substance Misuse. The Department of Health is currently examining proposals from the HSE relating to the development of these specific enhanced priority services, as well as proposals for the ongoing development of a range of existing and new specialist mental health services. It is expected that a decision on the release of the 2016 development funding will be made shortly.

Staff recruitment is a key element of these developments. As staff recruitment takes time, however, the 2016 HSE National Service Plan envisages that time-related savings of approximately €12m from the mental health development funding will be used, on a once-off basis, to maintain services in home care and transitional care beds, and for vaccine procurement. As the initiatives planned for mental health identified in the Service Plan are approved, arrangements will be made for the release of funding, having regard to the overall Service Plan requirement.

Services for People with Disabilities

34. **Deputy Aindrias Moynihan** asked the Minister for Health his plans to increase the number of personal assistant hours for persons with disabilities; and if he will make a statement on the matter. [13824/16]

Minister of State at the Department of Health (Deputy Finian McGrath): The Government is committed to providing services and supports for people with disabilities which will

empower them to live independent lives, provide greater independence in accessing the services they choose and enhance their ability to tailor the supports required to meet their needs and plan their lives. This commitment is outlined in the Programme for Partnership Government, which is guided by two principles: equality of opportunity and improving the quality of life for people with disabilities.

With regard to assisted living services, the Health Service Executive's priority in the 2016 National Service Plan is to protect the level of services provided in 2015 and to provide 1.3 million hours of Personal Assistant services to 2,000 people with a physical/sensory disability and 2.6 million hours of Home Support to 7,300 people with a range of disabilities. The provision of Personal Assistant services has an annual cost of €30 million, with an annual cost of €52 million for Home Support services.

Personal Assistant hours are reviewed on an ongoing basis to ensure that the service is at all times responsive to clients needs and that the hours available are allocated appropriately and in a timely manner. In 2015, the HSE exceeded the expected activity level for Personal Assistant hours by approximately 100,000 hours. This reflects the responsive nature of the service provided and takes account of the fluctuation of assessed need over time. The need for increased Personal Assistant services is acknowledged and the HSE continues to explore various ways of responding effectively to this need from available resources.

Orthodontic Services Waiting Lists

35. **Deputy Charlie McConalogue** asked the Minister for Health why he is not providing the necessary infrastructure and staff to the orthodontic department at Letterkenny University Hospital, County Donegal, resulting in clinics being cancelled on a continuous basis and waiting lists growing; why no radiography equipment is available in-house for the department; when he will provide a full complement of six dental nurses for it; and if he will make a statement on the matter. [13675/16]

Minister for Health (Deputy Simon Harris): As this is a service matter, it has been referred to the Health Service Executive for direct reply to the Deputy. If you have not received a reply from the HSE within 15 working days please contact my Private Office and they will follow up the matter with them.

Medicinal Products Regulation

36. **Deputy Mick Wallace** asked the Minister for Health if the eight selective serotonin reuptake inhibitors and serotonin and norepinephrine reuptake inhibitors, Fluoxetine, Citalopram, Paroxetine, Sertraline, Fluvoxamine, Escitalopram, Venlafazine and Duloxetine, that the Health Service Executive prescribes to 249,900 persons are completely safe for human consumption; if, in prescribing them, the executive is adhering to the precautionary principle; and if he will make a statement on the matter. [13670/16]

Minister for Health (Deputy Simon Harris): The Health Products Regulatory Authority (HPRA) is the regulatory body charged with protecting and enhancing public health by regulating medicines, medical devices and other health products. The HPRA grants licences for medicines following a review of their safety, quality and effectiveness. Medicines licensed by the EU's European Medicines Agency can be marketed across the EU; decisions to grant these licences are based on an evaluation by experts from the national authorities, including representatives from the HPRA.

The HPRA regularly monitors and re-evaluates the benefits and risks of medicines in conjunction with the EMA, regulatory authorities for medicines in other EU Member States, and the pharmaceutical companies that make and market medicines.

My Department oversees the regulatory framework which grants prescribing rights to health professionals. All prescription medications dispensed to patients in this country are prescribed by GPs and other licensed clinicians, rather than by the HSE. A decision to prescribe a medicine for a patient is based on clinical judgement and expertise, and it is the clinical responsibility of the prescriber to comply with the regulatory framework and safe prescribing guidance.

National Drugs Strategy

37. **Deputy Jack Chambers** asked the Minister for Health the timeframe for publishing the next national drugs strategy; when the Misuse of Drugs Act will be amended to facilitate substances being declared as controlled; the provisions under which ministerial orders and regulations are made; and if he will make a statement on the matter. [13813/16]

Minister of State at the Department of Health (Deputy Catherine Byrne): The Department of Health has commenced work on the development of a new Strategy for the period after 2016. This process will involve a comprehensive consultation with key stakeholders and the public on the current national drugs policy and future priorities.

A Steering Committee with an independent chair has been set up to oversee the development of the new Strategy and focus groups are being established to advise the Committee on priorities for the next Strategy in relation to supply reduction, continuum of care, education and prevention and evidence and best practice. It is anticipated that the final report of the Steering Committee will be submitted to the Minister with responsibility for the National Drugs Strategy by the end of the year.

Following a Court of Appeal decision on 10 March 2015 which declared unconstitutional the section of the Misuse of Drugs Act empowering the Government to declare substances to be controlled under the Act, the Misuse of Drugs (Amendment) Act 2015 was urgently enacted to recontrol all substances which had previously been declared controlled by Government order.

A further Bill to amend the Misuse of Drugs Act to allow the Government to declare substances to be controlled, including prescription medicines, is currently being drafted and it is the intention to publish before the House rises for the summer.

Patient Transfers

38. **Deputy Frank O'Rourke** asked the Minister for Health if he is aware of difficulties with the Health Service Executive patient transfer scheme; and if he will make a statement on the matter. [13760/16]

Minister for Health (Deputy Simon Harris): As this is a service matter, I have asked the HSE to respond to you directly. If you have not received a reply from the HSE within 15 working days please contact my Private Office and my officials will follow the matter up.

HSE Funding

39. **Deputy Charlie McConalogue** asked the Minister for Health if the €8 million funding announced for therapy services for young persons in the 2016 Health Service Executive service plan has been released; and if he will make a statement on the matter. [13819/16]

Minister of State at the Department of Health (Deputy Finian McGrath): The HSE have been advised that a sum of €58.5 million is being held back by the Department for specific initiatives as outlined in the 2016 National Service Plan. This includes €8 million for initiatives in therapy services for young people. The two initiatives are the continued implementation of the Progressing Disabilities Services Programme, including development of early intervention services to facilitate the integration of children with disabilities in mainstream preschool settings (€4 million), and a primary care speech and language waiting-list initiative (€4million). The release of held-back funding is subject to the HSE submitting a plan to the Department for approval, prior to the funding then being released.

A proposal was provided by the HSE in relation to continued implementation of the Progressing Disabilities Services Programme. The proposal was examined and approval was subsequently given to release the €4m in funding, which equates to approximately 75 additional therapy posts. Approval was also based on the understanding that 50 of these 75 posts are to be used to focus on developing early intervention services, including the implementation of the important new model on supporting access to Early Childhood Care and Education (ECCE) Programme, which is being lead by the Department of Children and Youth Affairs.

In terms of Primary Care services nationally, the HSE has developed proposals to improve access to primary care speech and language therapy services and to address the waiting lists for assessment and therapy treatment. The details are currently being finalised by the HSE and my Department. The proposed initiative will include the appointment of new posts to address the current waiting lists for speech and language therapy services for 0 - 18 year olds. The additional capacity will address pending initial assessments and therapies. The HSE National Service Review Group is also examining primary care speech and language services so that decisions can be taken in relation to the longer term resource allocations which may require a redistribution of resource. Details of proposals will be announced shortly.

Hospital Waiting Lists

40. **Deputy Lisa Chambers** asked the Minister for Health the reason for the 65% increase in the number of outpatients waiting more than a year for an appointment between December 2015 and April 2016; and if he will make a statement on the matter. [13753/16]

Minister for Health (Deputy Simon Harris): The numbers of patients on waiting lists must be considered in the context of overall demand. Every year there are 3.2m outpatient attendances at our hospitals. 100,000 patients have elective inpatient procedures and 800,000 have planned day case procedures.

In 2015 my predecessor introduced a maximum waiting time of 15 months to be attained by the end of December 2015, focussing on patients waiting longest. Under the 2015 Waiting List Initiative, almost 36,000 additional outpatient appointments were provided, to achieve 93% compliance with the 15 month maximum waiting time.

Whilst acknowledging that the numbers waiting over 12 months increased between December 2015 and April 2016, it is important to note that greater demand for emergency care arises in the peak winter period. This, in turn, impacts the number of outpatient appointments available. Despite this challenge, 94% of patients currently wait less than 15 months, with over

60% of patients waiting less than 6 months for their required care. We also continue to see reductions in outpatient waiting times year on year.

The HSE has established a Scheduled Care Governance Group to coordinate initiatives to reduce waiting list numbers, focussing on chronological scheduling and administrative and clinical validation procedures to ensure that patients are available for treatment.

In addition, my Department is currently engaging with the NTPF and the HSE in planning a dedicated 2016 waiting list initiative. Finally, my Department is engaging with the NTPF and the HSE regarding the Programme for Partnership Government commitment to provide €15m to the NTPF in 2017 to address waiting lists.

Hospital Groups

41. **Deputy Eoin Ó Broin** asked the Minister for Health his plans for the governance arrangements of hospital groups; if, how and when he will enact legislation to put the administrative arrangement of hospital groups on a statutory basis; and if he will make a statement on the matter. [13698/16]

Minister for Health (Deputy Simon Harris): Seven Hospital Groups have been established on a non-statutory administrative basis. Pending the enactment of legislation, Hospital Groups will continue to operate within existing legislative frameworks governing the health services and the policy and accountability frameworks of the Department of Health and the HSE.

The implementation of Hospital Groups will progress in a phased manner, which will provide for devolved decision-making, fostering flexibility, innovation and local responsiveness, while also adhering to prescribed national service objectives and standards. As Hospital Groups are implemented, of key importance is the early demonstration of progress towards a more co-ordinated approach to the planning and delivery of services within and across the groups.

The establishment of Hospital Groups is one component of a complex health reform programme. As set out in the Programme for Government, an Oireachtas All-Party Committee is to develop a long-term vision for healthcare over a 10 year period. I intend to progress discussions in this regard before giving further consideration to the issue of establishing Hospital Groups on a statutory basis.

Proposed Legislation

42. **Deputy Jonathan O'Brien** asked the Minister for Health when he will finalise and publish the misuse of drugs (amendment) Bill 2016; when he will establish the pilot supervised injecting facility arising from this; and if he will make a statement on the matter. [13702/16]

Minister of State at the Department of Health (Deputy Catherine Byrne): Government policy in relation to drugs emphasises the importance of providing the opportunities for people to move on from illicit drug use, through drug treatment and rehabilitation, to a drug-free life where that is achievable. The provision of harm reduction measures, such as needle and syringe programmes and methadone maintenance treatment, reduce drug-related harm and facilitate recovery by providing a pathway into services.

However, there is a problem with street injecting in Dublin and elsewhere. This practice is unhygienic and poses a significant health risk for the drug users themselves and results in

discarded needles which present a public health risk to others.

The establishment of supervised injecting facilities has been proposed to ameliorate this problem. The Government has committed to supporting a health-led rather than criminal justice approach to drugs use including legislating for supervised injection facilities.

A supervised injecting facility works to prevent injury and death, and connect people with help, by the provision of a supervised space where drug users may self-administer drugs by injection in safer conditions, and where immediate care can be given in the event of overdose. Unlike other forms of Drug Consumption Rooms, it does not make provision for consumption by other routes of administration, such as smoking.

On the 15 of December 2015, the Government decided to include additional Heads in the Misuse of Drugs (Amendment) Bill to provide enabling provisions for supervised injecting facilities. These provisions would enable the Minister for Health to issue licences permitting the establishment of supervised injecting facilities to provide enhanced clinical support to, and mitigate the problem of public injecting by, chronic drug users.

Drafting of the Bill by the Office of Parliamentary Counsel is at an advanced stage and, subject to approval by Government, it is anticipated that it will be published in coming months. The Bill and the subsequent Ministerial regulations made thereunder, will allow for the licensing, provision and operation of supervised injecting facilities under specific circumstances, whilst protecting the public health and ensuring that the prohibition on possession and supply of illicit drugs outside of such facilities is adequately maintained.

It is envisaged that initially one supervised injecting facility would be established on a pilot basis in Dublin city centre. An independent evaluation would be an intrinsic element to this initiative; determining the utility, safety and cost-effectiveness of the supervised injecting facility in an Irish context. The outcome of such an evaluation will inform any decision to licence further facilities. In line with the experience of other countries which have established such facilities, it would be expected that the numbers would be few and the locations carefully selected to address most effectively the requirements and concerns of the service users and the wider community.

Nursing Staff

43. **Deputy Louise O'Reilly** asked the Minister for Health the status of the task force on staffing and skill mix for nursing; the status of the pilot of the framework for safe nurse staffing and skill mix in general and specialist medical and surgical care settings in adult hospitals in Ireland; the hospitals in which this is being piloted; the timeframe for completing reporting and making recommendations on the pilot; and if he will make a statement on the matter. [13692/16]

Minister for Health (Deputy Simon Harris): In February 2016, the Taskforce on Staffing and Skill Mix for Nursing, developed an Interim Report and Recommendations for Safe Nurse Staffing and Skill Mix in general and specialist surgical care settings in adult hospitals in Ireland. One of the reports' key recommendations was the necessity to undertake a pilot test of the framework in 2016. In February 2016, a Taskforce Pilot Planning and Implementation Group was established to oversee the pilot. Currently, the pilot test is being undertaken across three acute hospitals, representing the various different hospital sizes, and includes: Beaumont Hospital, Our Lady of Lourdes Hospital Drogheda and St Colmcille's Hospital in Louglinstown. The timeframe for the completion of the pilot is December 2016 with reporting on the outcomes and recommendations from the pilot in January 2017.

Mental Health Awareness

44. **Deputy Kathleen Funchion** asked the Minister for Health his plans to roll out a programme of mental health awareness training for general practitioners and other general health workers so that they are better equipped to assist persons in mental distress who are seeking referral or advice on their care. [13725/16]

Minister of State at the Department of Health (Deputy Helen McEntee): As this is a service issue, this question has been referred to the HSE for direct reply. If you have not received a reply within 15 working days, please contact my Private Office and they will follow up the matter with them.

Hospital Services

45. **Deputy Lisa Chambers** asked the Minister for Health the measures he is putting in place to improve rheumatology services at Mayo University Hospital; and if he will make a statement on the matter. [13752/16]

Minister for Health (Deputy Simon Harris): As this is a service matter, I have asked the HSE to respond to you directly. If you have not received a reply from the HSE within 15 working days please contact my Private Office and my officials will follow the matter up.

Health and Safety

46. **Deputy Mick Barry** asked the Minister for Health if personnel of the Health Service Executive will conduct the assessments under the proposed fit for work programme contained in the programme for Government or if it will outsource this work; and if he will make a statement on the matter. [13747/16]

Minister of State at the Department of Health (Deputy Marcella Corcoran Kennedy): Under the Programme for Partnership Government published in May 2016, the Government committed to supporting the Departments of Health and Social Protection in working together to pursue a ‘Fit for Work Programme’ to support people to get back to work if they have an illness or disability.

The ‘Fit for Work’ proposal is based on the findings of a pan European study, which examined the impact of musculoskeletal disorders (MSDs) on an individual’s ability to work. The Irish module of this study was progressed by a coalition of key stakeholders and was led by Arthritis Ireland. The Irish College of General Practitioners, ICTU, IBEC and the Health & Safety Authority also contributed to the study. While specific proposals for a “Fit for Work Programme” require further development and scoping out, I would like to assure the Deputy that any such proposals will be in line with the wealth of evidence which shows that generally employment is good for one’s mental and physical health and wellbeing and, conversely, that unemployment is damaging. It is not possible at this early stage to identify what assessments may be required or how they would be delivered as the Departments have not yet developed any proposals to bring to Government.

A healthy population is essential to allow people to live their lives to their full potential. My Department will work with the Department of Social Protection in the development of supports for employees which are in line with the vision and goals of *Healthy Ireland- A Framework for Improved Health and Wellbeing 2013-2025*.

Nursing Staff

47. **Deputy Martin Heydon** asked the Minister for Health how he can help to resolve the serious delays in the registration of nurses, which are preventing many qualified nurses from home and abroad from taking up available positions. [13746/16]

Minister for Health (Deputy Simon Harris): At the outset, I would like to say that the delay in the Nursing and Midwifery Board of Ireland (NBMI) responding to your previous question of 21 April 2016 is regretted. This reply encompasses both this question and your previous question of 21 April 2016.

As of 31 May, 2016, a total of 803 nurses and midwives have been registered by the NBMI since 1 January 2016. In addition, 681 applicants have been issued with decision letters setting out what they must do to progress to the final stage of registration.

The NBMI fully recognises the challenges being experienced by health service employers in the public and the private sector and the NBMI is meeting and liaising with employers to address the registration issues. The NBMI is also liaising with a large number of recruitment agencies on a daily and weekly basis to support the recruitment and registration process. Senior NBMI staff are also endeavouring to explore the best ways of improving the efficiency of the existing process, whilst still maintaining the standards of education and professional competence required to enable registration. A new streamlined application form and information booklet was also launched earlier this year.

Various measures including enhanced website functionality, additional staff appointments and ongoing process improvement work by NBMI staff is assisting in making headway in the management of the increasing volumes of applications received by the NBMI to facilitate new nurses and midwives entering the Irish health system as quickly as possible without compromising standards.

While NBMI has registered 803 nurses and midwives in 2016 to date and issued 681 applicants with decision letters, there are a further 1,947 applications unable to progress to assessment stage due to incomplete documentation being submitted by applicants who have all been contacted in this regard. It should be noted that as well as a completed application form, overseas applicants must send in identity documents and arrange for other supporting documents to be sent directly to NBMI. These include a transcript of their education programme, a certificate confirming registration and good standing as a nurse, as well as a reference from their current or most recent employer. Only when these documents have been received can the application for registration be assessed. It is incumbent on recruitment agencies and employers to emphasise to applicants that it is their responsibility to ensure all relevant documents are sent to NBMI. Since March 1, applicants have six months from the date of application to submit all of their documentation, otherwise their application will be closed. Previously, applicants had twelve months to submit their documentation.

It is important to note that the decision following this assessment may not always be registration. The outcome can be to seek further information/clarification from the applicant, to register, to refuse registration, or to advise the applicant they must successfully complete a period of adaptation and assessment as a pre-requisite to registration. In late 2015, the NBMI approved, on a pilot basis, an aptitude test developed by the RCSI as an alternative option to undergoing a period of adaptation and assessment and this is proving a successful and popular alternative. NBMI has now approved the initiative for a further two years, which will facilitate 40 applicants to take the test monthly.

It should also be noted that the NMBI is working with Nursing Homes Ireland (NHI) to explore ways of encouraging the large amount of nurses on the inactive part of the Register in Ireland to recommence practising. The provision of Return to Nursing Practice programmes by the HSE is also supporting this initiative.

Hospital Staff Recruitment

48. **Deputy Anne Rabbitte** asked the Minister for Health when he will appoint a paediatric diabetes specialist at University Hospital Galway in County Galway; and if he will make a statement on the matter. [13763/16]

Minister for Health (Deputy Simon Harris): A Consultant Paediatrician with a Special Interest in Diabetes has been recognised as a priority post for Galway University Hospital. The post was approved, recruited and a Consultant has been appointed to GUH. Due to previous work commitments, the successful candidate will take up their post in March 2017.

The current arrangement, whereby all infants and children under 5 years of age with newly diagnosed diabetes are referred for special services to Limerick University Hospital, will continue until March 2017, when the new post holder will take up position.

In addition, the Saolta Healthcare Group is seeking to recruit a locum Consultant in the intervening period.

The Saolta Group continues to develop paediatric diabetes services across the Group. An Insulin Pump Therapy Service for Children in the Northwest commenced in early 2015. In addition, children commenced continuous insulin infusion therapy at Sligo University Hospital in 2015, with subsequent outreach clinics being delivered at Letterkenny University Hospital.

My Department continues to work with the HSE regarding waiting list performance. In 2016 the HSE has established a Scheduled Care Governance Group to drive improvements in chronological scheduling and minimise non-attendances, ensure that consistent clinical and administrative validation of waiting lists is undertaken by hospitals and to provide care and follow-up monitoring in settings other than a hospital, including by GPs.

Hospitals Data

49. **Deputy Carol Nolan** asked the Minister for Health the number of children on public waiting lists for extractions under general anaesthetic; the cost of sending children to private hospitals for extractions under general anaesthetic; the cost for each year since the closure of the children's dental clinic at St. James's; his plans to source a new location for this service; and if he will make a statement on the matter. [13713/16]

Minister for Health (Deputy Simon Harris): As this is a service matter, it has been referred to the Health Service Executive for direct reply to the Deputy. If you have not received a reply from the HSE within 15 working days please contact my Private Office and they will follow up the matter with them.

Health Services Access

50. **Deputy Anne Rabbitte** asked the Minister for Health if he is aware of difficulties with

many children being unable to access essential medical and dental services; and if he will make a statement on the matter. [13762/16]

Minister for Health (Deputy Simon Harris): As this is a service matter, it has been referred to the Health Service Executive for direct reply to the Deputy. If you have not received a reply from the HSE within 15 working days please contact my Private Office and they will follow up the matter with them.

Abortion Legislation

51. **Deputy Mattie McGrath** asked the Minister for Health his views on access to abortion within this State as outlined to the United Nations Human Rights Council on 11 May 2016; and if he will make a statement on the matter. [10045/16]

Minister of State at the Department of Health (Deputy Marcella Corcoran Kennedy): Abortion is prohibited in Ireland unless there is a real and substantial risk to the life of a pregnant woman that can only be averted by the termination of her pregnancy. Article 40.3.3 of the Irish Constitution (Eighth Amendment) provides as follows:

'The State acknowledges the right to life of the unborn and, with due regard to the equal right to life of the mother, guarantees in its laws to respect, and, as far as practicable, by its laws to defend and vindicate that right.'

The interpretation of 40.3.3 was considered by the Supreme Court in *Attorney General v X* in 1992. Further, in December 2009, the European Court of Human Rights heard a case brought by three women in respect of the alleged breach of their rights under the European Convention on Human Rights in regard to abortion in Ireland. This action was known as the *A, B, and C v Ireland* case.

The Protection of Life During Pregnancy Act, 2013 was enacted on 30th July 2013 and commenced on 1st January 2014. It regulates access to lawful termination of pregnancy in accordance with the *X* case and the judgement of the European Court of Human Rights in the *A, B and C v Ireland* case. Its purpose is to confer procedural rights on a woman who believes she has a life-threatening condition, so that she can have certainty as to whether she requires a termination.

The Government has made a commitment in the most recent Programme for Government to establish a Citizen's Assembly to make recommendations to the Dáil on further constitutional changes and they will consider the Eighth Amendment as part of this work.

Medicinal Products Supply

52. **Deputy Richard Boyd Barrett** asked the Minister for Health if he will consider establishing a State pharmacy to source best value pharmaceuticals for supplying hospitals, general practitioners and pharmacies, and to estimate the savings that would be made to the Exchequer with this measure; and if he will make a statement on the matter. [13766/16]

Minister for Health (Deputy Simon Harris): Most drugs and medicines reimbursed by the HSE are supplied to patients through over 1,800 contracted community pharmacies which, in turn, purchase them from wholesalers or, to a lesser extent, directly from manufacturers. The community pharmacist is paid a fee for dispensing medicines to patients.

The HSE maintains a Reimbursement List of all products reimbursed under the Community Drug Schemes, under the provisions of the Health (Pricing and Supply of Medical Goods) Act 2013. The Act permits the HSE to set the prices of all products on the Reimbursement List, subject to certain conditions. All medicines on the list which are off patent are subject to generic substitution and reference pricing.

In relation to High Tech drugs, the HSE purchases these drugs directly from the manufacturer for supply through community pharmacies; pharmacists are paid a patient care fee for dispensing these drugs.

The HSE keeps the price of medicines under ongoing review, and works continuously to achieve greater efficiencies in the areas of drug pricing, supply and distribution. The Executive has a number of initiatives already underway or in development, particularly under the National Drug Cost Management Programme and the Medicines Management Programme, which provides national leadership relating to issues such as the quality of the medicines management process, access to medicines and overall expenditure on medicines.

In addition, my Department has recently created a new Community Pharmacy, Dental, Optical and Aural Policy unit to bring a renewed focus to the development of policy in relation to community pharmacy and the issues associated with achieving maximum benefit to patients.

Hospitals Expenditure

53. **Deputy Pearse Doherty** asked the Minister for Health in respect of activity-based funding, the transition arrangements that are currently in place in the hospital system to reflect the difference between hospitals' current costs and national average costs; how he will phase out these arrangements; what will happen to hospitals that are unable to address the differences in their costs base; and if he will make a statement on the matter. [13706/16]

Minister for Health (Deputy Simon Harris): The way that public acute hospital services are funded is in the process of being reformed through the implementation of an Activity Based Funding (ABF) system. The purpose of ABF is to change the model of funding from the previously existing block grant budget system to a new approach where hospitals are paid based on the quantity and quality of the services they deliver to patients within a fixed budget system. This model is designed to increase transparency, promote efficiency, and ensure a fairer system of resource allocation. Currently ABF is being applied to Inpatient and Day Case activity in 38 hospitals which account for the majority of hospital expenditure. Given the scale of the change being undertaken the full roll out of ABF will take place over a number of years.

The HSE published the "*Activity Based Funding Programme Implementation Plan 2015-2017*" in May 2015. In order to ensure financial stability during the process of moving to ABF, this Implementation Plan includes a provision for transition payments to be made. These are adjustments/payments that will be made to hospitals which are currently operating above the national average price for activity. They can occur for many reasons, which fall into two categories - issues within the control of the hospital (e.g. low Day of Surgery Admission rates or higher than average patient Length of Stay), or those that are not (e.g. structural issues such as geographic location).

A major Benchmarking exercise encompassing all ABF hospitals was carried out during 2015, two of the main purposes of which were to calculate the level of transition adjustments to apply in 2016 and to begin the process of identifying the reasons for the price disparities. Hospitals will be required to develop plans to reduce their costs and address the need for transi-

tion adjustments related to issues within their control, which will be phased out over a period of time. Other structural type issues will continue to be funded.

As this is the conversion year and therefore the first year that ABF is in operation, the time frame under which transition payments will be eliminated has not yet been determined. However, the transition payments will continue for a number of years to allow hospitals to address any issues with their cost base. Hospitals will be supported to better understand and therefore address such issues through the implementation of new Patient Level Costing and ABF reporting systems.

Services for People with Disabilities

54. **Deputy Thomas P. Broughan** asked the Minister for Health when he will provide full local day services for young school leavers on the autistim spectrum disorder who graduated in 2015 and are due to graduate in 2016 in Dublin Bay North and Fingal; and if he will make a statement on the matter. [13677/16]

Minister of State at the Department of Health (Deputy Finian McGrath): The Government is committed to providing services and supports for people with disabilities which will empower them to live independent lives, provide greater independence in accessing the services they choose, and enhance their ability to tailor the supports required to meet their needs and plan their lives. The commitment is outlined in the Programme for Partnership Government, which is guided by two principles: equality of opportunity and improving the quality of life for people with disabilities. With regard to the provision of day services for school-leavers with disabilities, the Programme for Partnership Government says that the Government is committed to ensuring that all 18 year old school leavers with intellectual and physical disabilities have continued education or training opportunities.

The process of planning for the needs of around 1,500 young people with disabilities and autism who will require continuing health-funded supports on leaving school or rehabilitative (life-skills) training this year commenced in September 2015. To ensure these needs are met, funding of €7.25m is being allocated by the HSE to provide appropriate services and supports. Once off funding of €2 million is also being provided for the refurbishment and fit-out of buildings to provide suitable service locations by September, based on an assessment of the physical capacity within existing services to accommodate the additional numbers. A standardised process for the identification of support needs has been put in place and a profiling exercise has now been completed with each individual in order to ascertain their needs and preferences.

As the Deputy's question relates to service matters, I have arranged for the question to be referred to the Health Service Executive (HSE) for direct reply to the Deputy. If the Deputy has not received a reply from the HSE within 15 working days, he can contact my Private Office and they will follow the matter up with the HSE.

General Practitioner Services Provision

55. **Deputy Alan Kelly** asked the Minister for Health the reason there is no commitment on delivering an extended range of general practitioner services in the new programme for Government; and how he will develop the delivery of key health services at general practitioner and primary care level, including direct access for general practitioners to ultrasound and X-ray services, enhanced minor surgery services, and community-based clinical programmes, targeting the most prevalent chronic diseases. [13740/16]

Minister for Health (Deputy Simon Harris): The Programme for Partnership Government emphasises the priority of increasing access to safe, timely care, as close to patients' homes as possible, and it recognises that general practice needs a new contract to address its changing role in delivering chronic care with the community and to allow it play its part in addressing the challenges that face the health system. Under a Framework Agreement, signed in 2014, the HSE, the Department of Health, and Irish Medical Organisation are currently engaged in a comprehensive review of the General Medical Services (GMS) and other publicly funded health sector contracts involving GPs. A priority of these discussions will be the inclusion of chronic disease management for patients.

Funding of €13.5 million from the 2016 HSE Primary Care budget was held within the Department of Health for GP contract developments, which includes rural practices, access to diagnostics and minor surgery, and extending GP care without fees to all children aged between 6 years and 11 years. It is expected that the full €13.5 million in hold-back funding will be fully utilised during 2016 in accordance with the HSE 2016 National Service Plan.

The HSE has recently developed a pilot service whereby a GP can refer adult medical card and GP visit card holders for ultrasound scans. Patients deemed to be urgent are seen within 5 working days and routine patients are seen within 10 working days. The service is currently available in 10 primary care centres and the plan is to improve GP access to ultrasound in other areas of the country throughout 2016 - 2017.

In addition, the HSE in collaboration with the Irish College of General Practitioners is completing a pilot research project involving 23 GPs in 20 practices who are delivering a range of minor surgery procedures in general practice. Subject to analysis of the results, the pilot will be extended to a further 40 GP practices. This will allow in the region of 10,000 procedures on hospital waiting lists to be fast-tracked in General Practice.

The HSE's 2016 Operational Plan sets out a number of the 2016 planned initiatives on chronic disease management in primary care, including:

- improve integrated pathways across all Community Healthcare Organisations (CHOs) in collaboration with the Integrated Programme for Prevention and Management of Chronic Disease for patients with COPD, Asthma, Ischaemic Heart Disease and Diabetes;
- provide structured education programmes for patients with Diabetes;
- implement the Integrated Model of Care for Prevention and Management of Chronic Disease in identified areas and implementing the Chronic Disease Demonstrator Projects; and
- develop and recruit new clinical roles and structures to support integrated care implementation in CHOs.

Services for People with Disabilities

56. **Deputy Paul Murphy** asked the Minister for Health his views on the cutting of facilities in Cheeverstown Hospital for severely disabled children; if he will restore funding to allow for a full restoration of these services and to meet the needs of the local population; and if he will make a statement on the matter. [13689/16]

Minister of State at the Department of Health (Deputy Finian McGrath): The Government is committed to providing services and supports for people with disabilities which will empower them to live independent lives, provide greater independence in accessing the servic-

es they choose and enhance their ability to tailor the supports required to meet their needs and plan their lives. This commitment is outlined in the Programme for Partnership Government, which is guided by two principles: equality of opportunity and improving the quality of life for people with disabilities.

As the Deputy's question relates to service matters, I have arranged for the question to be referred to the Health Service Executive (HSE) for direct reply to the Deputy. If the Deputy has not received a reply from the HSE within 15 working days, he can contact my Private Office and they will follow the matter up with the HSE.

Mental Health Services Staff

57. **Deputy Donnchadh Ó Laoghaire** asked the Minister for Health his plans to introduce measures to allow mental health nurses who have taken early retirement to return to work for a period to address the shortage in qualified staff. [13721/16]

Minister for Health (Deputy Simon Harris): The HSE's Mental Health Division is experiencing significant challenges in recruiting suitably qualified nurses for the mental health services. Given this, it sought from the National Director, Human Resources, and was granted a derogation from the policy which did not allow for the rehiring of retired staff.

Following this decision some retired mental health nurses have been rehired to work reduced hours in services with critical shortages of staff. Currently these staff are paid at the first point of the staff nurse scale in accordance with general pay policy. However, retired mental health nurses who return to work through an agency are paid at a higher rate. A business case on this issue is awaited by my Department and will receive early consideration.

Hospital Waiting Lists

58. **Deputy Eugene Murphy** asked the Minister for Health for an update on the scheduled appointments of consultants at Portiuncula Hospital, Ballinasloe, County Galway. [13758/16]

Minister for Health (Deputy Simon Harris): Considerable efforts have been made by the Saolta Healthcare Group to improve the staffing levels at Portiuncula Hospital. In March 2016, the Hospital hired one extra ED consultant, an increase from one consultant to two.

In the area of Medicine, the Hospital has five consultants in post; two permanent, three locum and two vacancies. The three locum posts are being filled on a permanent basis with a Consultant General Physician and a Consultant Respiratory Physician commencing in September and a Consultant Cardiologist who will commence in October 2016. The two vacant posts, namely a Consultant in Geriatrics and a Consultant Gastroenterologist are to be advertised.

In the area of Obstetrics, the Hospital has five consultant posts. A Consultant Obstetrician, who will fill a post vacated due to a recent retirement, will commence in July 2016.

In Anaesthesia, there are currently four Consultants in post. A new Consultant Anaesthetist/Intensivist, with responsibility for the Intensive Care Unit, has recently been secured and is a joint appointment with Galway University Hospital. Also, an additional Consultant Anaesthetist is due to commence in early January 2017.

Finally in Radiology, there are two permanent Consultants, one locum and one vacancy. Two Consultant Radiologist posts are in clearance stage. The first is to commence later in 2016,

the second is due to take up post in 2017.

All of these new posts demonstrate commitment to the care of patients at Portiuncula Hospital.

Cross-Border Health Services Provision

59. **Deputy Brendan Smith** asked the Minister for Health the proposals he has to progress co-operation on a North-South basis with the delivery of health services, particularly for Border counties; and if he will make a statement on the matter. [13772/16]

Minister for Health (Deputy Simon Harris): Cross-border cooperation on health makes sense, allowing us to pool our resources to provide better health care for all our citizens. North-South cooperation on health matters takes place through the North South Ministerial Council as well as joint departmental projects. There has been significant activity in cross-border health and social care activity over the last decade. Collaboration takes place on a wide range of health and social care issues including, for example, health promotion (tobacco and obesity), cancer research, food safety, suicide prevention and GP out of hours services. Future work to deepen cooperation between both jurisdictions on rare diseases is anticipated. Further cooperation on organ transplantation is also currently being explored.

A new Radiotherapy Unit at Altnagelvin Hospital, Derry, is being developed by the Western Health and Social Care Trust (Northern Ireland). The Radiotherapy Unit, which is due to open in autumn 2016, will provide access to radiotherapy services to people in the northwest of the island, including patients from this jurisdiction. A Service Level Agreement between the Trust and the Health Service Executive has been agreed for the provision of services to patients from this jurisdiction. The HSE will pay the trust for the provision of these services. The Irish Government has committed capital funding of one third of the cost (up to €19m) of the project.

There is continued engagement between my Department and the Department of Health in Northern Ireland on progressing co-operation in the area of Congenital Heart Disease. Significant progress has been made in respect of establishing an all-island model of care for Congenital Heart Disease (CHD). The CHD Network Board, which was jointly established in 2015, has submitted a full business case for the implementation of this model of care, and that business case is currently under consideration in both Departments.

A significant milestone in the development of a cross border cardiology service was announced in April and has been operational since last month which sees Donegal patients having access to 24/7 primary Percutaneous Coronary Intervention (pPCI Services) at Altnagelvin hospital in Derry. I am delighted that this service will be available to the wider population of the Northwest.

€30 million was allocated under the European Regional Development Fund INTERREG IVA programme to Cooperation and Working Together (CAWT Partnership) for cross-border health and social care initiatives. CAWT delivered the project on behalf of the two health departments North and South across 12 strands of activity with a strong focus on improving access to services, promoting health and well-being, reducing health inequalities and promoting social inclusion. The latest European Regional Development Fund programme INTERREG V 2014-2020 has four priority areas, one of which is health. For the health priority, the funding available for the duration of the Programme is €62m, i.e. €53m EU funding and €9.35m match funding from the two member states. Projects which will receive funding under this programme will aim, like previous INTERREG programmes, to benefit the health and wellbe-

ing of border communities.

I am committed to continuing to work together with my Northern colleagues on issues of common concern and benefit.

Health Strategies

60. **Deputy Eamon Ryan** asked the Minister for Health the measures taken to reduce the amount of unnecessary antibiotic prescriptions; and if he will consider the creation of a special task force to assess and mitigate the growing threat of antibiotic resistant infections. [13770/16]

Minister for Health (Deputy Simon Harris): The rise in antimicrobial resistance (AMR) is recognised at global, European and national levels, including Ireland, as one of the greatest potential threats to human and animal health with possible serious consequences for public health, animal welfare and the agriculture and food sectors.

The emergence of resistance is a normal biological phenomenon but is increased through the overuse and misuse of antimicrobials in human and animal medicine. The spread of these resistant strains is further increased, however, through poor hygiene practices and increased global travel and trade. There are also increasing concerns about the potential for spread of antimicrobial resistance in food and environmental pollution with antimicrobials e.g. through water contamination and agricultural run-off.

In recognition of the serious and increasing threat of antimicrobial resistance and the requirement for a ‘whole of Government’ approach to health issues, a high level National Interdepartmental AMR Consultative Committee was established in November 2014 to address this issue. The Committee is co-chaired by the Department of Health’s Chief Medical Officer (CMO) and the Department of Agriculture, Food and the Marine’s Chief Veterinary Officer (CVO).

The Committee also functions as Ireland’s Intersectoral co-ordinating mechanism for addressing AMR at European level.

The Committee was launched, with Ministerial approval, on European Antibiotic Awareness Day in November 2014 and has a clear role and mandate across the human and animal health sectors. Committee membership consists of representatives of both Departments and of the relevant HSE and veterinary specialist agencies, including other relevant bodies with a remit across the two sectors; membership is representative of major stakeholders. The Committee meets bi-annually and its most recent meeting took place on 13 April 2016.

Ireland is fully committed to and engaged in addressing resolution of the problem of AMR and will continue to collaborate at international, EU and national levels to this end. Through membership of the World Health Organisation, Ireland is part of the international effort aimed at tackling the global public health threat of AMR, which requires action across human and animal health sectors, agriculture and the wider environment.

In May 2015 at the WHO 68th World Health Assembly the final WHO Global Action Plan was endorsed; it sets out five strategic objectives:

1. to improve awareness and understanding of antimicrobial resistance;
2. to strengthen knowledge through surveillance and research;
3. to reduce the incidence of infection;

4. to optimize the use of antimicrobial agents; and

5. develop the economic case for sustainable investment that takes account of the needs of all countries, and increase investment in new medicines, diagnostic tools, vaccines and other interventions.

Through adoption of the Global Action Plan, governments committed to have in place, by May 2017, a national action plan on antimicrobial resistance that is aligned with the global action plan. This national plan will cover the use of antimicrobial medicines in animal health and agriculture, as well as for human health. The WHO is working with countries to support the development and implementation of their national plans, and will report progress to the Health Assembly in 2017.

The National Interdepartmental AMR Consultative Committee, at its meeting on 13 April last, agreed as a key action for 2016 the development of Ireland's AMR national action plan.

I would also note that the prevention and control of healthcare associated infections (HCAIs) and AMR has in any case been a significant, long-standing patient safety and public health priority for the Department of Health for many years.

A wide range of initiatives have been put in place in the Irish health system over several years in response to the rising incidence of AMRs. These include:

- improved surveillance of infections and prescribing;
- infection prevention and control processes;
- antimicrobial stewardship initiatives; and
- public and professional awareness raising, with a significant emphasis on the education and training of healthcare professionals.

Health Services Staff Recruitment

61. **Deputy Catherine Murphy** asked the Minister for Health how he will ensure the Health Service Executive recruitment embargo does not impact detrimentally on critical services; what oversight he has on the provision of services impacted by the embargo; and if he will make a statement on the matter. [13667/16]

Minister for Health (Deputy Simon Harris): An easing of restrictions on the employment of additional staff was announced in Budget 2015. Under this new approach public sector organisations can obtain delegated sanction to recruit within the parameters of their pay budget once they obtain approval for their Pay and Numbers Strategy from their parent Department and from the Department of Public Expenditure and Reform.

This change allows for greater autonomy to be delegated to Departments and Agencies to manage their own staffing levels within allocated pay frameworks. It also provides for further recruitment flexibility, for example where it is determined that offering permanent contracts can achieve more economical service delivery than agency usage.

Recent measures taken in relation to service areas in the HSE remaining within budget have been portrayed, incorrectly, as a recruitment freeze. The HSE is currently working with the Department of Health on the finalisation of its 2016 Pay and Numbers Strategy. This has involved the development of detailed workforce plans at hospital and community service level.

These measures do not impact on a hospital's ability to recruit where funding exists to facilitate that recruitment; for example in the case of funded replacement posts or where additional funding has been allocated for new positions under the HSE service plan. Recruitment can also take place in areas of critical care and emergency services.

The HSE has continuously increased staffing levels since the beginning of 2015. By the end of April this year, overall health service employee numbers had increased by over 6,000 whole time equivalents since the start of last year, with an extra 1,600 WTEs in the first four months of 2016 alone. The vast majority of these employees are in front line positions. Numbers in the Medical and Dental category increased by almost 600 WTEs or 6.5% since the start of 2015 while nursing figures rose by over 1,700 or 5% during the same timeframe.

It is this government's intention to continue to grow the health budget as the economy improves and to obtain further resources to deliver the level of service that we all want to provide to our patients.

Mental Health Services Staff

62. **Deputy Denise Mitchell** asked the Minister for Health his plans to support the provision of a full complement of suicide crisis assessment nurses, as recommended under *A Vision for Change*. [13719/16]

Minister of State at the Department of Health (Deputy Helen McEntee): The Suicide Crisis Assessment Nurse (SCAN) Initiative was first set up in 2008 in line with *A Vision for Change's* proposed shift towards community-based provision of multidisciplinary services. Under this initiative, GPs can refer directly to SCAN Nurses for assessment and advice on management of their patients who attend their surgeries with suicidal ideation. In each of these settings, a comprehensive biopsychosocial assessment is carried out together with an assessment of mental state and a risk assessment for suicide. On the basis of this, a care plan is drawn up and the next steps depend on the psychosocial stresses identified together with the presence or absence of a mental illness such as depression.

At present there are 15 SCAN nurses providing service nationwide. A number of new sites have expressed interest in developing SCAN and are being considered at present.

Hospital Accommodation Provision

63. **Deputy Dessie Ellis** asked the Minister for Health the progress made to date in the establishment of a bed bureau for the greater Dublin area on the availability of residential care beds; the areas being covered in this bureau; his plans to roll this out in other areas; and if he will make a statement on the matter. [13694/16]

Minister of State at the Department of Health (Deputy Helen McEntee): As this is a service matter it has been referred to the Health Service Executive for direct reply. If you have not received a reply from the HSE within 15 working days please contact my Private Office and they will follow up the matter with them.

Medical Card Data

64. **Deputy Micheál Martin** asked the Minister for Health his Department's projection

of the number of medical cards in 2016; the number of such cards projected to be issued on a discretionary basis this year; the number of medical cards in circulation as of 31 May 2016, or latest date available; the number issued on a discretionary basis; the number of over 70s with medical cards on that date, or latest date available; and if he will make a statement on the matter. [13775/16]

Minister for Health (Deputy Simon Harris): The HSE estimate that the projected number of persons covered by Medical Card eligibility on 31 December 2016, as outlined in the HSE Service Plan will be 1,675,767.

On 1 May 2016, the number of people with Medical Card eligibility was 1,731,406, which included 104,671 persons granted eligibility on the basis of the exercise of discretion.

It is not possible to forecast the number of persons that will be issued Medical Cards by end 2016, based on the exercise of discretion, as each application assessment is based on the individual circumstances applicable to the applicant and/or the applicant's dependants.

On 1 May 2016, the number of persons aged 70 years and older with Medical Card eligibility was 333,825.

Mental Health Services Provision

65. **Deputy Mick Wallace** asked the Minister for Health his plans to open a 24-hour acute mental health unit in County Wexford; if he is aware of issues arising, whereby currently persons must travel to Counties Waterford or Wicklow to access such services; and if he will make a statement on the matter. [13671/16]

Minister of State at the Department of Health (Deputy Helen McEntee): As this is a service issue, this question has been referred to the HSE for direct reply. If you have not received a reply within 15 working days, please contact my Private Office and they will follow up the matter with them.

Services for People with Disabilities

66. **Deputy Tony McLoughlin** asked the Minister for Health the status of the implementation of the Health Service Executive's neuro-rehabilitation policy published in 2011; if he is aware that organisations such as Spinal Injuries Ireland do not believe this policy has been implemented; when he will adhere to this policy; and if he will make a statement on the matter. [13673/16]

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

The National Policy & Strategy for the Provision of Neuro-rehabilitation Services in Ireland Report made a number of recommendations for services for people with rehabilitation needs which covered clinical, therapeutic, social, vocational and community supports. Following the development of the Neuro-rehabilitation Policy & Strategy, the Health Service Executive estab-

lished the Rehabilitation Medicine Programme, to ensure the optimal care pathway for different clinical needs. The scope of the Rehabilitation Medicine Programme covers the whole of the patient journey from self-management and prevention through primary, secondary and tertiary care. These Programmes provide a national, strategic and coordinated approach to a wide range of clinical services. They include the standardization of access to and delivery of, high quality, safe and efficient hospital services nationally, as well as better linkages with primary care services. The Rehabilitation Medicine Programme has almost completed the Model of Care for the provision of specialist rehabilitation services in Ireland, which will be the basis for the delivery of services.

At the same time, the HSE Disability Services Division has a role in the provision of Neuro-rehabilitation services, primarily the provision of community based therapy services and personal social services. As part of the Transforming Lives programme, the programme to implement the recommendations of the Value for Money & Policy Review of Disability Services, the HSE is focusing on disability funded rehabilitation services to encourage reconfiguration of existing provision through the establishment of demonstration sites. Close links are being maintained with the Rehabilitation Medicine Programme to ensure that there is no duplication of effort and that all initiatives receive optimal support.

Alongside these developments, the Government announced a major development of the National Rehabilitation Hospital with a commitment of around €40 million. The new development will deliver a 120 bed ward capacity, including support therapies, paediatric and acquired brain injury wards, a hydrotherapy unit and a sports hall.

With regard to Neuro-rehabilitation services, the Programme for Partnership Government places a particular focus on publishing a plan for advancing Neuro-rehabilitation services in the community. Currently a steering group led by the Health Service Executive Social Care Division with representation from the National Clinical Programmes for Rehabilitation Medicine and Neurology, Department of Health, Primary Care, Therapy Professions and the Neurological Alliance of Ireland, has drafted an implementation framework for the National Policy & Strategy for Neuro-rehabilitation services, which has been circulated to members of the steering group and stakeholder agencies for consultation. Following feedback, the implementation framework will be revised and will guide and oversee the reconfiguration and development of Neuro-rehabilitation structures and services at national and local level.

Health Services Staff Recruitment

67. **Deputy Clare Daly** asked the Minister for Health if due consideration was given to the impact on the health service and on nursing and midwifery services in particular of the Health Service Executive's effective recruitment freeze before it was implemented; and if he will make a statement on the matter. [13687/16]

Minister for Health (Deputy Simon Harris): The HSE has focused on the recruitment of additional front line staff to support service delivery and continues to do so, as additional resources have become available. From the end of April 2014 to the end of April 2016 the number of nursing and midwifery staff working in the public health service increased by 1,275 in whole time equivalent terms to 35,925.

Recent measures taken in relation to service areas in the HSE remaining within budget have been portrayed, incorrectly, as a recruitment freeze. The HSE has introduced interim recruitment measures to ensure that service providers operate within their pay budgets. These measures do not impact on a hospital's ability to recruit where funding exists to facilitate that

recruitment; for example in the case of replacement posts or where funding has been allocated for particular roles under the HSE service plan. Recruitment can also take place in areas of critical care and emergency services.

The HSE has clarified that while restrictions have been introduced in the acute hospital sector there is a mechanism in place for Hospital Group CEOs to agree priority recruitment of key posts on an exceptional basis. This includes, for example, Emergency Department staffing, in accordance with the agreement reached between the HSE and the INMO earlier this year.

The HSE are currently working with my Department on the preparation of their 2016 Pay and Numbers Strategy. This has involved the development of detailed workforce plans at hospital and community service level. The interim recruitment measures have been put in place by the HSE, while these plans are being developed.

Patient Safety

68. **Deputy Maurice Quinlivan** asked the Minister for Health the progress being made to date on a review of international advocacy models and advocacy services, with a view to developing a national advocacy service for patients; and if he will make a statement on the matter. [13708/16]

Minister for Health (Deputy Simon Harris): Work on a new independent national model for patient advocacy as recommended by the HIQA Report into Portlaoise Report has commenced. This advocacy service will be external to the Department and the HSE and will be in line with international best practice. The Department has begun the examination of the most appropriate patient advocacy model for Ireland having requested the Health Research Board Evidence Centre to undertake a brief research review of international best practice models. The HRB has now presented my Department with its findings relating to models of advocacy and my officials are currently reviewing this Report. A scoping exercise of the current national models will also be commissioned by my Department.

Following this exercise officials of my Department will then define and oversee the implementation of the national advocacy model for Ireland.

HSE National Service Plan

69. **Deputy Pearse Doherty** asked the Minister for Health when the national service plan process for 2017 will commence; when analysis of the 2016 funding position and the 2017 costs of initiatives for pre-budget purposes will be available; and if he will make a statement on the matter. [13707/16]

Minister for Health (Deputy Simon Harris): The National Service Plan sets out the type and volume of health and social care services to be provided by the HSE in a given year within the funding allocated by the Government. I understand that the HSE has already begun its preparatory work in relation to the 2017 National Service Plan, but detailed workings and finalisation can only be completed once the 2017 Budget is announced and final allocations for Departments are known. The 2017 Estimates process will be undertaken in Health in accordance with the timelines described in the recent joint Memo for Government, from the Departments of Finance and Public Expenditure and Reform.

The Minister for Public Expenditure and Reform will publish a Mid-Year Expenditure Re-

port in July, which will set out the 2016 expenditure ceiling for all Departments. Following the publication of this report, my Department and the relevant sectoral Committee will consider the priorities for 2017, having regard to the available fiscal space, and taking account of the full year effect of developments and initiatives commenced in 2016 and relevant demographic challenges.

Nursing Staff Recruitment

70. **Deputy Bernard J. Durkan** asked the Minister for Health the extent to which the various public hospitals are allowed to recruit nursing staff in accordance with their needs; if he is aware of suggestions to the effect that some hospitals appear to have a difficulty meeting their requirements in respect of staff recruitment, with particular reference to nursing; if he will offer reassurance in this regard; and if he will make a statement on the matter. [13750/16]

Minister for Health (Deputy Simon Harris): The HSE has focused on the recruitment of additional front line staff to support service delivery and continues to do so, as additional resources have become available. From the end of April 2014 to the end of April 2016 the number of nursing and midwifery staff working in the public health service increased by 1,275 in whole time equivalent terms to 35,925.

Recent measures taken in relation to service areas in the HSE remaining within budget have been portrayed, incorrectly, as a recruitment freeze. These measures do not impact on a hospital's ability to recruit where funding exists to facilitate that recruitment; for example in the case of replacement posts or where funding has been allocated for particular roles under the HSE service plan. Recruitment can also take place in areas of critical care and emergency services.

The HSE has clarified that while restrictions have been introduced in the acute hospital sector there is a mechanism in place for Hospital Group CEOs to agree priority recruitment of key posts on an exceptional basis. This includes, for example, Emergency Department staffing, in accordance with the agreement reached between the HSE and the INMO earlier this year.

The HSE is currently working with my Department on the preparation of their 2016 Pay and Numbers Strategy. This has involved the development of detailed workforce plans at hospital and community service level. The interim recruitment measures have been put in place by the HSE, while these plans are being developed.

Medical Products

71. **Deputy Dara Calleary** asked the Minister for Health the discussions his Department has had with representative groups in relation to a new agreement for supply of drugs to the Health Service Executive; and if he will make a statement on the matter. [13089/16]

Minister for Health (Deputy Simon Harris): My Department, together with the HSE, the Department of Public Expenditure and Reform and the Office of Government Procurement, entered negotiations with the Irish Pharmaceutical Healthcare Association (IPHA) in recent months with a view to securing an agreement that would:

- significantly reduce the price of medicines to the Irish taxpayer;
- reduce growth in the drugs and medicines bill to an affordable level; and
- allow the HSE to invest in new and innovative medicines over the next four years.

The Minister for Public Expenditure and Reform and I have formally briefed Government on these negotiations. The State team concluded that the potential of the current negotiation process had been exhausted and that the value of the best offer from the IPHA fell substantially short of what would be needed to satisfy the State's strategic requirements.

In the absence of an agreement with IPHA, the Health (Pricing and Supply of Medical Goods) Act 2013 is available to the HSE to determine reimbursement prices.

Minor Ailments Scheme

72. **Deputy John Brady** asked the Minister for Health when the pilot for the minor ailments scheme will commence; the geographic spread of the pilot; the timeline for reporting and recommendations; if recommendations will be binding; and if he will make a statement on the matter. [13701/16]

Minister for Health (Deputy Simon Harris): I am informed by the HSE that the target date for commencement of the pilot Minor Ailments Scheme developed between the HSE and the Irish Pharmacy Union is 1 July. The four locations chosen for the pilot scheme are Edenderry, Roscommon, Macroom and Kells.

The pilot scheme will run for a period of three months, and a review of its effectiveness will then be conducted. The objective of the pilot is to inform policy decisions and recommendations regarding the future of such schemes.

Traveller Community

73. **Deputy Imelda Munster** asked the Minister for Health his plans to review the outdated Traveller health strategy and to develop a new strategy with a particular focus on mental health. [13723/16]

Minister of State at the Department of Health (Deputy Helen McEntee): Connecting for Life, Ireland's National Strategy to reduce Suicide 2015 - 2020, sets out a vision where fewer lives are lost through suicide, and where communities and individuals are empowered to improve their mental health and well-being. Connecting for Life involves preventive and awareness-raising work with the population as a whole, supportive work with local communities and targeted approaches to priority groups. Members of the Traveller community are identified as a priority group. The two objectives of the strategy are:

- Reduced suicide rate in the whole population and amongst specified priority groups; and
- Reduced rate of presentations of self-harm in the whole population and amongst specified priority groups.

There are no current plans to update the All Ireland Traveller Health survey. The Deputy will be aware that the Department of Justice and Equality is leading on the development of a new National Traveller and Roma Inclusion Strategy. The Strategy aims to provide a set of specific actions that need to be taken to bring about a real improvement in quality of life for Travellers and Roma. A number of cross-cutting themes have emerged in the consultation process for the Strategy such as accommodation, employment, health and education. It is intended that the Strategy will include agreed actions in relation to improving the health of travellers. The Strategy is expected to be completed in 2016 and will cover the period up to 2020.

General Practitioner Contracts

74. **Deputy Eamon Ryan** asked the Minister for Health the status of negotiations on general practitioner contracts; the timeframe envisaged; and his vision for the revised general practitioner contract. [13769/16]

Minister for Health (Deputy Simon Harris): Under a Framework Agreement, signed in 2014, the HSE, the Department of Health and the Irish Medical Organisation (IMO) are currently engaged in a comprehensive review of the General Medical Services (GMS) and other publicly funded health sector contracts involving GPs.

As a first step in this process, universal GP care without fees for all children under the age of 6 years was successfully introduced in 2015. Shortly afterwards, the second phase implemented universal GP care without fees for all people aged 70 years and over. This has resulted in approximately 800,000 people now being eligible for GP care without fees, without having to undergo a means test. The under-6s GP service contract also included age-based preventive checks focused on health and well-being and also introduced a cycle of care for children with asthma. In October 2015, a specific Diabetes Cycle of Care provided by GPs for adult patients with Type 2 diabetes who hold a medical card or GP visit card was launched.

Earlier this year, an enhanced supports package for rural GP practices was agreed between the IMO, the HSE and the Department of Health. The enhanced package included improved qualifying criteria for rural support and an increase in the financial allowance from €16,216 to €20,000 per annum. In order to support additional services being provided by GPs, the IMO, the HSE and the Department of Health also agreed to revisions to the list of special items of GP service. The revised special items include increased rates of payment for suturing and bladder catheterisation, reflecting the costs and time associated with these services, and the introduction of a 24-hour blood pressure monitoring service by GPs.

In Budget 2016, the Government made financial provision for the extension of GP care without fees to all children aged 6 to 11 years. It is expected that this third phase will bring the total number of those eligible for universal GP care, without having to be assessed by a means test, to approximately 1.2 million people. This will also be subject to on-going negotiation with the IMO in relation to the scope of the service to be provided and the fee arrangements to apply. The Programme for Partnership Government also commits to extending in phases, and subject to negotiation with GPs, the introduction of universal GP care to all children under 18 years of age. The roll-out of free GP care to under-18s and other cohorts of the population will be considered in the context of the funding available and the capacity of GPs to undertake this additional work.

Discussions on other aspects of a new GP contract are ongoing. These will address the changing role of the GP in delivering chronic care within the community, the further development of universal GP care, and how general practice can play its part in addressing the challenges facing the health service.

Home Help Service

75. **Deputy Barry Cowen** asked the Minister for Health if he is aware of the huge demand for home help and home care packages and that there are waiting lists developing for these services; how many home care packages and home help hours it is intended to introduce under the new programme for Government; and if he will make a statement on the matter. [13788/16]

Minister of State at the Department of Health (Deputy Helen McEntee): In 2016, the Health Service Executive has a core provision of €324m for home supports.

The HSE's National Service Plan for this year provides for a target of:

- 10.4 million Home Help Hours to support about 47,800 people;
- 15,450 Home Care Packages; and
- 130 Intensive Home Care Packages for clients with very complex needs.

- A further 60 clients with dementia will be supported with co-funding from Atlantic Philanthropies under the Irish National Dementia Strategy.

Prudent management of available resources is needed as demand for services increases and the HSE is working to most effectively target those with the greatest need, and to provide the best possible contribution to the system as a whole. Services are being stretched by demands from more people, and for more hours at times outside of core hours, in the evenings and at weekends, all of which cost more. Decisions on resource allocations are made and reviewed by front line staff who are familiar with the client's individual needs and circumstances. All relevant factors are carefully balanced so that as many people as possible can viably stay at home and enjoy the best possible quality of life. Those who cannot be provided with a service immediately are risk-assessed and placed on a waiting list for resources as they become available.

Notwithstanding the significant improvements in the overall economic position that we have seen in recent times, pressures continue to apply across the health service. There is no doubt that home care needs more resources than are currently available, and for this reason the Programme for a Partnership Government commits to increasing funding for Home Care Packages and Home Help. The planning and management of future health expenditure will be considered as part of the annual estimates and budgetary process which seeks to balance available funding across all of the various service areas to achieve the best possible outcomes for the greatest number of service users and prioritise areas of greatest need. The Minister for Health has already stated that he will seek additional resources for home support services in the next Budget.

Emergency Departments

76. **Deputy Bríd Smith** asked the Minister for Health the number of patients per month who register at emergency departments for treatment but who leave before being discharged; and if he will make a statement on the matter. [13768/16]

Minister for Health (Deputy Simon Harris): Pressures on Emergency Departments have been rising, given an ageing and growing population.

ED attendances have been significantly higher this year, particularly in Quarter 1. To date, the HSE has reported an average increase in attendances of nearly 6% compared with the same period last year. Despite attendance increases, TrolleyGAR numbers in Quarter 1 2016 are similar to those for 2015. Furthermore, figures for May 2016 show total numbers of patients on trolleys are approximately 18% lower than in May 2015, with numbers waiting over 9 hours approximately 24% lower.

The HSE maintains records on service users who register at an ED and choose to leave without actively discharging themselves. Figures for March 2016 indicate that 3.9% of ED patients 'did not wait' to complete their episode of care, which is within the internationally accepted safe

target of less than 5%.

It is important to note that patient experience times have improved in April 2016 with 67.6% of patients being admitted or discharged within 6 hours and 81.7% within 9 hours.

Reducing the wait times for patients attending EDs is a priority for this Government. Investments in capital expansion are ongoing (new EDs have been completed in the Mater and Wexford Hospitals and are planned in Beaumont and Galway). 366 extra beds have been opened or re-opened. A review of bed capacity in our health service, coupled with a review of Medical Assessment Unit hours are further key commitments intended to alleviate ED overcrowding.

HSE Planning

77. **Deputy Jonathan O'Brien** asked the Minister for Health the progress made in the preparation of the 2016 pay and numbers strategy; when the strategy will be submitted; and if he will make a statement on the matter. [13703/16]

Minister for Health (Deputy Simon Harris): Arising from Budget 2015, the Minister for Public Expenditure and Reform announced an easing of restrictions on the employment of additional staff. Submission of a Pay and Numbers Strategy, outlining planned staffing levels and pay/pensions expenditure was required to obtain sanction for the lifting of the moratorium and Employment Control Framework arrangements.

This change allows for greater autonomy to be delegated to Departments and Agencies to manage their own staffing levels within allocated pay frameworks. It also provides for further recruitment flexibility, for example where it is determined that offering permanent contracts can achieve more economical service delivery than agency usage.

The HSE are currently working with my Department on the preparation of their 2016 Pay and Numbers Strategy. This has involved the development of 'bottom up' workforce plans at hospital and community service level. Recent measures taken in relation to service areas in the HSE remaining within budget have been portrayed, incorrectly, as a recruitment freeze.

These measures do not impact on a hospital's ability to recruit where funding exists to facilitate that recruitment; for example in the case of replacement posts or where funding has been allocated for particular roles under the HSE service plan. Recruitment can also take place in areas of critical care and emergency services.

A draft Pay and Numbers Strategy has recently been submitted by the HSE and the details of this submission are currently being examined by officials within my Department.

I want to assure you that this government is fully aware of the difficulties and challenges that are currently faced by health service staff, in delivering care and there is a real focus within our health service on recruitment and retention of staff.

Finally I would take the opportunity to confirm my intention to continue to grow the health budget as the economy improves and to obtain the resources necessary to improve working conditions for front line staff and to enable us deliver the level of service that we all want to provide to our patients.

Health Services Staff

78. **Deputy Bernard J. Durkan** asked the Minister for Health the extent to which comparisons have been made with staffing levels at various grades including nurses, doctors, consultants and administrators in this jurisdiction with other European Union countries; whether the staffing levels here compare favourably or otherwise with those applicable in other countries; if other forms of expenditure per capita here have been measured against those elsewhere with a view to achieving a comparable delivery of services; and if he will make a statement on the matter. [13751/16]

Minister for Health (Deputy Simon Harris): My Department has committed, in its Statement of Strategy 2015-2017, to developing a national integrated strategic framework for health workforce planning, in collaboration with Government Departments and agencies. Workforce Planning models in other countries will be assessed and analysed as part of this development process. This will provide an overarching framework for strategic, discipline-specific workforce planning and development, including the work of the Taskforce on Staffing and Skill Mix for Nursing and work currently underway in the HSE's National Doctors Training and Planning Unit on medical workforce planning. The framework is intended to support the stability and sustainability of the health workforce in Ireland into the future.

The ability to provide high quality health and social care services depends on having a sufficient level of and appropriately trained health and social care workforce in place.

There has been a significant increase in the number of consultants working in the public health service since the establishment of the HSE reflecting the policy outlined in the 'Hanly Report' of moving to a consultant delivered service. That study recognised that the number of consultants in Ireland were low when compared to international standards. Numbers have increased by over 850 from the end of 2004 to the end of April 2016 and the HSE is committed to growing the consultant workforce into the future.

The work of the Taskforce on Staffing and Skill Mix for Nursing will inform policy on the appropriate level of nurse staffing, taking account of factors unique to the Irish health system, in the first instance within the acute hospital sector.

The HSE's National Doctors Training and Planning Unit is working on a series of medical workforce reports addressing the manpower needs of all medical specialties. It produced its first report in September 2015 on medical workforce for General Practice in Ireland in which projected the future demand for GPs taking account of a range of factors such as population ageing, Government policies on Primary Care, part-time working and expected retirements and other exits from the workforce. It is currently working on medical workforce reports for Anaesthesia and Critical Care services.

Hospital Consultant Retirements

79. **Deputy Gino Kenny** asked the Minister for Health if he is aware that the impending retirement of a consultant who specialises in a number of rare eye disorders in children is causing an extreme amount of concern and stress among the families affected; and if he will make a statement on the matter. [13748/16]

Minister for Health (Deputy Simon Harris): As this is a service matter, I have asked the HSE to respond to you directly. If you have not received a reply from the HSE within 15 working days please contact my Private Office and my officials will follow the matter up.

Mental Health Services

80. **Deputy Joan Burton** asked the Minister for Health if he will confirm that the allocation of €5 million in funding to recruit up to 100 psychologists and counsellors to develop psychological services for persons under 18 years of age will be spent; and the timeframe for the delivery of these services. [13739/16]

Minister of State at the Department of Health (Deputy Helen McEntee): The HSE National Service Plan 2016 envisages the development of early intervention and counselling for young people, similar to the service provided for adults, and that this will be developed collaboratively by the Primary Care and Mental Health services. This initiative will be funded from the €5 million of the held back Development funds provided in this years National Service Plan for Mental Health. The Department of Health will shortly conclude discussions with the HSE on how this initiative should be progressed over the remainder of this year and beyond, as part of the approval of development funding set aside for mental health in 2016.

In regard to the recruitment of specific posts for this initiative as this is a service matter, I have referred the Deputy's question to the HSE for direct reply.

Nursing Staff

81. **Deputy James Lawless** asked the Minister for Health the status of the nurse in the diabetes clinic in Tallaght Hospital, Dublin 24, who specialises in assisting those with insulin pumps; if the specialist nurse who is on long-term sick leave will be replaced; if it is intended to ever provide the same service in Naas Hospital, County Kildare; and if he will make a statement on the matter. [13756/16]

Minister for Health (Deputy Simon Harris): As this is a service matter, I have asked the HSE to respond to you directly. If you have not received a reply from the HSE within 15 working days please contact my Private Office and my officials will follow the matter up.

General Practitioner Services Provision

82. **Deputy Alan Kelly** asked the Minister for Health his plans to roll out free general practitioner care for the entire population, given the success of the programme for children under six years of age and adults over 70 years of age; if he will confirm that he has not abandoned the roll-out of free general practitioner care to other cohorts of the population; and the estimated timeline for this programme. [13737/16]

Minister for Health (Deputy Simon Harris): As set out in the Programme for Partnership Government, the Government is committed to the goal of universal healthcare. One of the key proposals in the Programme is the establishment of an Oireachtas Committee to develop cross-party consensus on the future of the health service. I believe the health service would benefit enormously from a single unifying vision that can help to drive reform and development of the system over the next ten years.

The Programme for Government 2011-2016 committed to the phased introduction of a universal GP service for the entire population. The first two phases of universal GP care without fees have been successfully introduced in 2015, firstly, for children under the age of 6 years and, secondly, for all people aged 70 years and over. This has resulted in approximately 800,000 people now being eligible for GP care without fees, without having to undergo a means test.

The under-6s GP service includes age-based preventive checks focused on health and well-being and a cycle of care for children with asthma.

In Budget 2016, the Government made financial provision for the extension of GP care without fees to all children aged 6 to 11 years. It is expected that this third phase will bring the total number of those eligible for universal GP care, without having to be assessed by a means test, to approximately 1.2 million people. This will also be subject to on-going negotiation with the Irish Medical Organisation (IMO) in relation to the scope of the service to be provided and the fee arrangements to apply. The Programme for Partnership Government also commits to extending in phases, and subject to negotiation with GPs, the introduction of universal GP care to all children under 18 years of age. The roll-out of free GP care to under-18s and other cohorts of the population will be considered in the context of the funding available and the capacity of GPs to undertake this additional work.

National Children's Hospital

83. **Deputy John Brady** asked the Minister for Health when the memorandum for information to Government relating to the children's hospital capital project will be completed; the timeframe for the commencement of the enabling works contracts; when the general scheme of a Bill to establish a new children's hospital body will be brought to Government; and if he will make a statement on the matter. [13700/16]

Minister for Health (Deputy Simon Harris): The decision to locate the new children's hospital at the St James's campus was based on the over-riding priority of best clinical outcomes for our children and, in particular, the sickest of these. The planned new facilities will provide us with the means to deliver on improved health outcomes for children, especially the sickest children in Ireland. I am delighted at the unanimous decision of An Bord Pleanála to grant planning permission for these vital new facilities as designed.

The National Paediatric Hospital Development Board (NPHDB) is the statutory body responsible for planning, designing, building and equipping the new children's hospital. The NPHDB has commenced the tender process for enabling works contractors for the St James's site and tender returns have been received. It is expected that the enabling works contractor will be appointed in the coming weeks, for commencement on site in July. It is expected that the satellite centres can open in 2018, significantly enhancing access to urgent care and outpatient services for children from the Greater Dublin Area. Building work on the main site will be completed in 2020. I intend to bring a Memorandum for Information to Government in the coming weeks, advising of the progress of the project.

My Department is currently working on the General Scheme of a Bill to establish a single entity, bringing together the existing hospitals, to govern and manage the new hospital, and I intend to bring this to Government as soon as possible.

Human Rights Cases

84. **Deputy Paul Murphy** asked the Minister for Health his views on the conclusions of the recent United Nations universal periodic review of human rights which criticised Ireland's abortion laws; and if he will make a statement on the matter. [13688/16]

Minister of State at the Department of Health (Deputy Marcella Corcoran Kennedy): I view the Universal Periodic Review as an important peer review process by which the interna-

tional community holds each UN Member State to account in relation to our individual human rights record. I am proud of our own domestic record of protecting and promoting human rights and of our contribution to advancing human rights at an international level.

During the Review process a number of Member States had questions about the termination of pregnancy in Ireland. As the Deputy will be aware termination of pregnancy is regulated by constitutional and statute law.

Article 40.3.3 of the Irish Constitution (Eighth Amendment) provides as follows:

'The State acknowledges the right to life of the unborn and, with due regard to the equal right to life of the mother, guarantees in its laws to respect, and, as far as practicable, by its laws to defend and vindicate that right.'

The Protection of Life During Pregnancy Act 2013, was enacted following the judgment of the European Court of Human Rights in the *A, B and C v Ireland* case. The Act provides for guidance in relation to terminations that are lawful under our Constitution – essentially these circumstances are where there is a real and substantial risk to the life of the mother, which can only be averted by a termination of pregnancy.

The Government have made a commitment in the most recent Programme for Government to establish a Citizen's Assembly to make recommendations to the Dáil on further constitutional changes and they will consider the Eighth Amendment as part of this work.

Emergency Departments Waiting Times

85. **Deputy Sean Sherlock** asked the Minister for Health his views on new statistics which highlight that nearly 50,000 patients are leaving emergency departments annually, due to long waiting times; and his plans to tackle unacceptably long waiting times in emergency departments. [13742/16]

Minister for Health (Deputy Simon Harris): Pressures on Emergency Departments have been rising, given an ageing and growing population.

ED attendances have been significantly higher this year, particularly in Quarter 1. To date, the HSE has reported an average increase in attendances of nearly 6% compared with the same period last year. Despite attendance increases, TrolleyGar numbers in Quarter 1 2016 are similar to those for 2015. Furthermore, figures for May 2016 show total numbers of patients on trolleys are approximately 18% lower than in May 2015, with numbers waiting over 9 hours approximately 24% lower.

The HSE maintains records on service users who register at an ED and choose to leave without actively discharging themselves. Figures for March 2016 indicate that 3.9% of ED patients 'did not wait' to complete their episode of care, which is within the internationally accepted safe target of less than 5%.

It is important to note that patient experience times have improved in April 2016 with 67.6% of patients being admitted or discharged within 6 hours and 81.7% within 9 hours.

Reducing the wait times for patients attending EDs is a priority for this Government. Investments in capital expansion are ongoing (new EDs have been completed in the Mater and Wexford Hospitals and are planned in Beaumont and Galway). 366 extra beds have been opened or re-opened. A review of bed capacity in our health service, coupled with a review of Medical

Assessment Unit hours are further key commitments intended to alleviate ED overcrowding.

Mental Health Services Provision

86. **Deputy Imelda Munster** asked the Minister for Health his plans to support the introduction of intensive care rehabilitation units to provide appropriate care for mental health patients who present a greater challenge and are unsuited to the existing acute setting. [13722/16]

Minister of State at the Department of Health (Deputy Helen McEntee): The provision of new facilities, or other non-capital initiatives, to enhance forensic mental health provision nationally is core to modernising mental health services in line with *A Vision for Change*. To-date, some €160m ring-fenced funding has been provided since 2012 to improve all aspects of mental health care, including prioritising Phase 1 of a major new infrastructural development at Portrane to replace the existing Central Mental Hospital (CMH) at Dundrum.

Intensive work has taken place in recent times by the HSE in relation to the detailed planning and design associated with the new capital projects for the National Forensic Mental Health Service. This multi-million project is being delivered in two Phases.

Phase One comprises the following core project requirements at St. Ita's, Portrane:

- 120-bed National Forensic Hospital (to replace the CMH);
- New 10-bed Mental Health Intellectual Disability Forensic Unit;
- New 10-bed Child and Adolescent Mental Health Forensic Unit.

Enabling works recently commenced on site at Portrane, with a view to starting construction on the main works later this year. It is intended to complete construction in late 2018, and to have the modern new facility operational around mid 2019, when associated equipping and staffing resource issues are finalised.

Phase Two involves the provision of three 30 bed Intensive Care Rehabilitation Units (ICRUs) to be located at Portrane, Galway and Cork envisaged upon completion of Phase 1 of the project. A fourth ICRU is intended for Mullingar, if conversion plans for an existing facility prove feasible. The existing HSE Capital Programme allows for completion of Phase I of the project (i.e. the Portrane facilities), with Design Work only to be progressed on Phase II. The Department of Health, and the HSE, will continue to progress as appropriate the ICRU initiatives, in the context of evolving service priorities and resource availability.

Tobacco Control Measures

87. **Deputy Brendan Howlin** asked the Minister for Health if he will confirm that he and his team of Ministers are fully committed to implementing the Tobacco Free Ireland policy by 2025; and if he has rejected any proposals to roll back measures currently in place on smoking in the workplace. [13744/16]

Minister of State at the Department of Health (Deputy Marcella Corcoran Kennedy): I would like to assure the Deputy that I, together with my Ministers of State, are fully committed to implementing the recommendations of *Tobacco Free Ireland*. There are no proposals to amend the provisions of the Public Health (Tobacco) Acts in respect of the existing smoke free provisions. In fact *Tobacco Free Ireland* seeks to enhance and further extend smoke free areas

into the future. An example of this is the legislation commenced on the 1st January of this year which makes it illegal for someone to smoke a tobacco product in a car where a child is present.

Patient Transfers

88. **Deputy Frank O'Rourke** asked the Minister for Health the funding being provided for the Health Service Executive patient transfer scheme in 2016; and if he will make a statement on the matter. [13761/16]

Minister for Health (Deputy Simon Harris): As this is a service matter, I have asked the HSE to respond to you directly. If you have not received a reply from the HSE within 15 working days please contact my Private Office and my officials will follow the matter up.

Home Care Packages Provision

89. **Deputy Willie Penrose** asked the Minister for Health if he will ensure that there will be no reduction in home help and home care packages for elderly persons and persons with a disability in 2016; the total funding available for home help and home care packages; and if there is a funding shortfall within the Health Service Executive for the provision of these vital supports. [13735/16]

Minister of State at the Department of Health (Deputy Helen McEntee): Home care services are key to facilitating older people to remain in their homes and communities for as long as possible and the strengthening of home care services is an objective to which this Government is committed.

In 2016, the HSE has a core provision of €324m for home supports (these include Home Help, which provides support with routine tasks of daily living, and Home Care Packages, which provide a higher level of support and cater for clients with higher dependencies). Service levels are being maintained this year and there has been no reduction in the resources available for these home supports in 2016.

The HSE's National Service Plan for this year provides for a target of 10.4 million Home Help Hours to support about 47,800 people. It also provides for 15,450 Home Care Packages, 130 Intensive Home Care Packages for clients with very complex needs and 313 transitional care beds. A further 60 clients with dementia will be supported with co-funding from Atlantic Philanthropies under the Irish National Dementia Strategy.

Hospital Facilities

90. **Deputy James Lawless** asked the Minister for Health if the following issues in Naas Hospital, County Kildare, can be addressed, in view of the recent expansion of the hospital to include a second wing: the extra resources and personnel needed to deal with this extra capacity; the inadequate number of theatre nurses in the hospital; if operations are being cancelled due to theatre nurses being redeployed in the hospital due to staff shortages; and if he will make a statement on the matter. [13757/16]

Minister for Health (Deputy Simon Harris): As this is a service matter, I have asked the HSE to respond to you directly. If you have not received a reply from the HSE within 15 working days please contact my Private Office and my officials will follow the matter up.

Mental Health Services Funding

91. **Deputy Brendan Ryan** asked the Minister for Health if he will restore urgently ring-fenced funding for mental health services in 2016; and if he will return to the model of funding that has been in place since 2012, where funding is specifically ring-fenced in the mental health area. [13738/16]

Minister of State at the Department of Health (Deputy Helen McEntee): The last Government provided additional ring-fenced mental health funding of €160 million over 2012 - 16 inclusive. Funding for mental health in 2016 will increase from the 2015 outturn of €785m, to a projected budget of €826m in the 2016 NSP, an increase of €41m or 5.2%, which includes €35m ring-fenced for mental health in 2016.

The €35m allocation for mental health will fund new service developments. The HSE National Service Plan 2016 identifies priorities for allocation of the €35 million, including the continued development of early intervention and counselling services across both primary and secondary care; the provision of three new Jigsaw mental health services in Cork, Dublin City Centre and Limerick; the continued development of Community Mental Health teams; improved 24/7 response and Liaison Services; services for Psychiatry of Later Life; Perinatal Mental Health, and two new mental health clinical programmes, specifically for ADHD in Adults and Children, and for Dual Diagnosis of those with Mental Illness and Substance Misuse. The Department of Health is currently examining proposals from the HSE relating to the development of these specific enhanced priority services, as well as proposals for the ongoing development of a range of existing and new specialist mental health services. It is expected that a decision on the release of the 2016 development funding will be made shortly.

Staff recruitment is a key element of these developments. As staff recruitment takes time, however, the 2016 HSE National Service Plan envisages that time-related savings of approximately €12m from the mental health development funding will be used, on a once-off basis, to maintain services in home care and transitional care beds, and for vaccine procurement. As the initiatives planned for mental health identified in the Service Plan are approved, arrangements will be made for the release of funding, having regard to the overall Service Plan requirement.

Multi-annual Budget Plans

92. **Deputy Sean Sherlock** asked the Minister for Health his plans to implement a new multi-annual budgeting system for health; and the role in this new funding process of the proposed new cross-party committee on health. [13741/16]

Minister for Health (Deputy Simon Harris): Increases in the health budget have been possible both in Budget 2015 and 2016. It is this Government's intention to work with the Oireachtas to sustain these annual increases going forward. It is our intention to set out a detailed longer-term budget for the health service, underpinned by a 5 year Health Service Plan based on realistic, verifiable projections. It is acknowledged in our Programme for Government that considering ongoing demographic change and medical innovation, increases of an average of more than 3% per annum, combined with an ongoing reform agenda, to drive further efficiencies, are needed to make real improvements.

One of the key proposals in the Programme for Government is the establishment of an Oireachtas Committee to develop cross-party consensus on the future of the health service. I believe the health service would benefit enormously from a single unifying vision that can help to drive reform and development of the system over the next 10 years. The Committee will

examine and make recommendations on how best to re-orientate the health service on a phased basis in as short a timeframe as possible.

This will allow the New Partnership Government to make a final decision on the best way forward to finance Universal Healthcare.

Health Services Charges

93. **Deputy Gino Kenny** asked the Minister for Health his plans to refund the €100 statutory charge to patients who register at emergency departments in the hope of being treated but leave before being discharged because of onerous waiting times; and if he will make a statement on the matter. [13749/16]

Minister for Health (Deputy Simon Harris): The provision for the €100 charge to patients who avail of the services at an Emergency Department is made under the Health (Out-Patient Charges) Regulations 2013. There are certain exemptions from the charge which include, a person with full eligibility (i.e. a medical card holder), a person who has a letter of referral from a registered medical practitioner and a person whose attendance results in admission as an in-patient. There are no exemptions provided for in the Regulations for patients who attend at the Emergency Department and then decide to leave without availing of any further services.

Under Section 6 of the Health Service Executive Governance Act 2013, the Minister may not make a direction to the Health Service Executive in respect of any function of the Executive relating to a decision concerning the making or recovery of a charge for the provision of a health or personal social service by or on behalf of the Executive to a particular person or concerning the amount of such charge.

Health Services Provision

94. **Deputy Ruth Coppinger** asked the Minister for Health if he is aware of a person (details supplied) in Dublin 15 who experienced difficulties with the ambulance service and treatment in hospital following strokes; the actions he will take to prevent such issues arising again; and if he will make a statement on the matter. [13691/16]

Minister for Health (Deputy Simon Harris): Under the Health Act 2004, the Health Service Executive (HSE) is required to manage and deliver, or arrange to be delivered on its behalf, health and personal social services. Section 6 of the HSE Governance Act 2013 bars the Minister for Health from directing the HSE to provide a treatment or a personal service to any individual or to confer eligibility on any individual.

In relation to the specific case raised, I have asked the HSE to respond to you directly. If you have not received a reply from the HSE within 15 working days please contact my Private Office and my officials will follow the matter up.

Health Services Staff Recruitment

95. **Deputy Willie Penrose** asked the Minister for Health if the Health Service Executive has suspended recruitment of doctors, nurses and midwives in hospitals until further notice, given the significant number of vacant posts across the health system; if so, when the moratorium will be lifted; and the levels of additional recruitment across all sectors of the Health

Service Executive he expects in 2016. [13734/16]

Minister for Health (Deputy Simon Harris): The HSE has focused on the recruitment of additional front line staff to support service delivery and continues to do so, as additional resources have become available. From the end of April 2014 to the end of April 2016 the total number of consultants working in the public health service increased by 175, the number of NCHDs increased by 862 and the number of nursing and midwifery staff increased by 1275 in whole time equivalent terms.

Recent measures taken in relation to service areas in the HSE remaining within budget have been portrayed, incorrectly, as a recruitment freeze. These measures do not impact on a hospital's ability to recruit where funding exists to facilitate that recruitment; for example in the case of replacement posts or where funding has been allocated for particular roles under the HSE service plan. Recruitment can also take place in areas of critical care and emergency services. The HSE has clarified that while restrictions have been introduced in the acute hospital sector there is a mechanism in place for Hospital Group CEOs to agree priority recruitment of key posts on an exceptional basis.

The HSE are currently working with my Department on the preparation of their 2016 Pay and Numbers Strategy. This has involved the development of 'bottom up' workforce plans at hospital and community service level. While these plans are being developed, the interim recruitment measures have been put in place by the HSE.

Ambulance Service

96. **Deputy Brendan Howlin** asked the Minister for Health if he will confirm that he has accepted all the recommendations of the recently published capacity review of the national ambulance service; when he expects these recommendations to be implemented; and the additional funding that may be required for the service. [13743/16]

Minister for Health (Deputy Simon Harris): Last month at my request, the HSE published the National Ambulance Service Capacity Review together with an action plan for implementation which incorporates the recommendations of both the Capacity Review and the 2014 HIQA Report on the National Ambulance Service.

The Capacity Review makes it clear that we need a very significant programme of investment in our ambulance services. In that context, a phased investment in a multi annual programme involving manpower, vehicles and technology is required. Additional funding of €7.2m has been provided for the National Ambulance Service in 2016 which includes €2m for new developments. The Deputy will also be aware that the Programme for Government commits to additional annual investment in terms of ambulance personnel and vehicles.

It should be noted that many of the key recommendations of both reviews are already being addressed as part of a significant programme of reform and modernisation of the National Ambulance Service which has been underway in recent years. This programme has now achieved many of its key targets including the establishment of the National Emergency Operations Centre, and the creation of an integrated deployment platform which allows the ambulance service to operate as a national fleet, rather than in regional divisions; continued delivery of improved technology to improve response times; and expansion of the Community First Responder scheme.

My Department engages on an ongoing basis with the National Ambulance Service in relation to service requirements and performance and will continue to do so to ensure that the action

plan is implemented.

Hospital Groups

97. **Deputy Eoin Ó Broin** asked the Minister for Health when he will publish and circulate the guidance on developing hospital group strategic plans; and if he will make a statement on the matter. [13699/16]

Minister for Health (Deputy Simon Harris): My Department is currently finalising Guidance on Developing Hospital Group Strategic Plans which will be circulated to Hospital Groups in the near future.

The Groups will develop their Strategic Plans informed by this guidance document. Each Hospital Group will be required to develop a plan to describe how it will provide more efficient and effective patient services; reorganise these services to provide optimal care to the populations they serve; and how they will achieve maximum integration and synergy with other groups and all other health services, particularly primary care and community care services.

In developing their plans, Hospital Groups will be expected to demonstrate a co-ordinated approach to the planning and delivery of services within and across the hospital groups, with an increased focus on small hospitals managing routine urgent or planned care locally and more complex care managed in the larger hospitals.

It is acknowledged that each Group is at a different stage of implementation and the strategic planning process of each group may progress at a different pace so that issues including resource allocation and service configuration can be addressed appropriately.

The Systems Reform Division in the HSE has also been engaging with the Group Chairs and Group CEOs and will be providing them with assistance in the development of their plans.

Mental Health Services Funding

98. **Deputy Denise Mitchell** asked the Minister for Health his plans to support the provision of a full complement of child and adolescent places, and child and adolescent mental health service teams for mental health, as recommended in *A Vision for Change*. [13718/16]

Minister of State at the Department of Health (Deputy Helen McEntee): The additional ring-fenced mental health funding of €160 million provided over 2012-16 inclusive, has contributed significantly to implementation of *A Vision for Change* (AVFC). Implementation of this policy takes place in the context of annual HSE Service Plans and in line with evolving service priorities and resource availability overall each year. Funding for mental health in 2016 will increase from the 2015 outturn of €785m, to a projected budget of €826m in the 2016 National Service Plan, an increase of €41m or 5.2%, including €35m ring-fenced for new developments this year.

AVFC recommends the provision of 80 additional child and adolescent psychiatric in-patient beds nationally. The HSE Operational Plan for Mental Health 2016 indicates that there are 76 Child and Adolescent Mental Health Service (CAMHS) beds in the system, of which 66 are operational at present. In the context of expanding CAMHS bed capacity, the HSE is endeavouring at present to address staff recruitment or retention difficulties in certain CAMHS facilities, such as the Eist Linn unit in Cork. As these staffing issues are resolved, the potential exists to increase capacity, whether for in-patient or community based CAMHS care, in line

with AVFC.

The issue raised by the Deputy is kept under review by the Department of Health and the HSE. In relation to the costing of existing or planned staffing provisions raised by the Deputy, as this is service specific, this has been referred to the HSE for direct reply. If you have not received a reply within 15 working days, please contact my Private Office and they will follow up the matter with them.

HSE Staff Training

99. **Deputy Carol Nolan** asked the Minister for Health the progress being made to date on the European Commission proposal to establish a common training framework for health care assistants; the input his Department has had in this; the actions that have been taken to date; his plans and proposals in respect of registration, ongoing training, budget for recruitment and accountability; and if he will make a statement on the matter. [13712/16]

Minister for Health (Deputy Simon Harris): I understand that the Health Service Executive has been involved in Ireland's participation in the European Commission Project on 'Support for the definition of core competences of health care assistants'. A workshop took place in early April 2016 at which Ireland was represented by a senior manager from the Nursing Midwifery Planning and Development unit in the HSE. The HSE has contributed to the research being conducted by this Group through its questionnaire responses since the initiation of the project. One of the core themes for the research project is the consideration of registration for Health Care Assistants (HCAs). The final report of this EU group will be published in September 2016.

My Department is looking at setting up a working group with an independent Chair to undertake a root and branch review of the role and function of the HCA. The work of this group will examine issues such as qualification requirements, ongoing training needs, standardisation of job descriptions across the health system and whether there is a requirement for HCAs to be registered.

Clinical Trials

100. **Deputy Gerry Adams** asked the Minister for Health if any patient not involved in the ongoing clinical trial is currently receiving combined nivolumab-ipilimumab therapy; his plans to make combined nivolumab-ipilimumab therapy available to all suitable cancer patients; and if he will make a statement on the matter. [13711/16]

Minister for Health (Deputy Simon Harris): I am aware that various clinical trials are ongoing and I welcome the opportunity for Irish patients to be involved in such trials. However, my Department is not privy to information on the number of people recruited to particular trials, or to detailed information on the progress of these trials.

The HSE has statutory responsibility for decisions on pricing and reimbursement of medicinal products under the community drug schemes, in accordance with the Health (Pricing and Supply of Medical Goods) Act 2013. Prior to reimbursing any item, the HSE considers a range of statutory criteria, including clinical need, cost-effectiveness and the resources available.

I have been informed by the manufacturer of the drug Nivolumab that they have provided the medicine to over 200 advanced lung cancer patients to date through Clinicians in a number

of hospitals throughout the country under what is known as a compassionate access programme. While such schemes are Clinician driven and are not subject to the same regulations and standards of a clinical trial, I understand that companies engaging in such programmes continue to provide the treatment to patients for the duration of their treatment programme and that access to the medicine for such patients is not impacted by the reimbursement decisions of the HSE or an ending of the compassionate programme by the manufacturer.

I welcome the decision announced yesterday by the manufacturer of this drug to extend this compassionate access programme for patients with advanced lung cancer for a period of 30 days to the end of June 2016.

Hospital Services

101. **Deputy Thomas Pringle** asked the Minister for Health how the emergency department escalation policy has impacted on elective surgeries, where there are empty beds in surgical wards deemed unsuitable for emergency department patients due to the risk to infection control; the logic of this policy in these circumstances; and if he will make a statement on the matter. [13685/16]

Minister for Health (Deputy Simon Harris): The Escalation Framework was issued to hospitals in December 2015. It advises hospitals on how best to manage patient flow when there is a surge in demand for emergency care. Central to this approach is that hospitals should avoid the need for escalation where possible, by improving systems and planning.

When necessary, escalated responses are delivered in three stages. It is only at Stage 3 of escalation, where all hospital admissions occur through the ED, that cancellation of all elective surgeries is considered. At Stage 3, because of the pressure for emergency care, the hospital must consider redeploying available medical and nursing staff to facilitate patient flow through the hospital.

Decisions on admissions are taken by hospitals having regard to safe operating limits of the hospital as a whole. At Stage 3, it may not be clinically appropriate for post-operative elective patients to be assigned to beds, even if empty, due to infection control or staffing reasons.

The HSE Special Delivery Unit has conducted reviews at a number of hospitals to date, in order to ensure appropriate implementation of the Escalation Framework.

A number of initiatives are being implemented to reduce ED overcrowding. Under the Winter Additional Capacity Initiative a total of 366 new or re-opened beds have been made available. The Programme for a Partnership Government has also committed to progress new ED facilities for Galway and Beaumont Hospitals.

Further, a review of bed capacity, coupled with the review of the hours of service of Medical Assessment Units are further key commitments of the Programme intended to alleviate ED overcrowding.

Hospital Beds Data

102. **Deputy Seán Crowe** asked the Minister for Health why, as of 29 April 2016, only 116 of 154 previously closed hospital beds were reopened; the reason there have not been further reopenings; the progress made to date to increase capacity; and the funding allocated and used to date for this purpose. [13696/16]

Minister for Health (Deputy Simon Harris): I am very conscious of the impact that long wait times in Emergency Departments can have on patients and their families.

In June 2015, additional funding of €18 million was made available to the HSE under the Winter Additional Capacity Initiative. The initiative identified 301 additional winter capacity beds that could be opened.

In some hospitals, beds have proved more challenging to open than envisaged, owing to difficulties in staff recruitment. However, as of 27 May 2016, 236 of 301 new beds have opened. In addition, 116 closed beds have re-opened, and a further 14 beds have been opened subsequently in Sligo.

In total, 366 new or re-opened beds have been made available. This extra capacity has enabled similar ED performance to the equivalent period of the previous year, despite a sustained increase in attendance.

Reviews of bed capacity and Medical Assessment Unit hours of service are key commitments in the Programme for a Partnership Government which are intended to alleviate hospital overcrowding.

Further, increases in the health budget, measures to increase bed capacity, along with new ED facilities and maximising the potential of units and services to treat patients outside of the hospital setting will all contribute to reducing hospital overcrowding and the time patients have to spend waiting in our EDs.

Public Sector Pensions

103. **Deputy Mick Barry** asked the Minister for Health his views on the closing of the defined benefit pension scheme of the Central Remedial Clinic, given that some of the persons affected were previously Health Service Executive employees who were forced to have their then pension fund transferred into that of the Central Remedial Clinic; and to address the possibility that the executive take over the pension liability. [13678/16]

Minister for Health (Deputy Simon Harris): The Central Remedial Clinic (CRC) is funded by the Health Service Executive under Section 38 of the Health Act 2004 and employs in the region of 287 employees. It is understood that 47 employees are members of the funded pension scheme in question.

Following receipt of information from the CRC in relation to the wind up of the scheme the CRC was requested, as a matter of urgency, to seek a viable alternative proposal in conjunction with the HSE. This proposal will then be submitted for approval to my Department and the Department of Public Expenditure and Reform. The latter is responsible for Government policy in relation to public service pensions. Pension schemes and pension terms for public servants generally require the consent of the Minister for Public Expenditure and Reform.

The CRC has indicated that it will submit detailed proposals to the HSE shortly in relation to this matter.

Pharmacy Services

104. **Deputy Bríd Smith** asked the Minister for Health the potential cost savings and benefits to health of introducing a national pharmaceuticals policy which ensures that persons receive

quality drugs at the lowest possible price and that doctors prescribe the minimum of required drugs to treat the patient's illness; and if he will make a statement on the matter. [13767/16]

Minister for Health (Deputy Simon Harris): I understand that central procurement is a key element of national pharmaceutical policies in other countries. The Programme for a Partnership Government includes a commitment to examine opportunities for leveraging purchasing power either through national or European initiatives and for making greater use of effective but less costly medicines.

Most drugs and medicines reimbursed by the HSE are supplied to patients through over 1,800 contracted community pharmacies which, in turn, purchase them from wholesalers or, to a lesser extent, directly from manufacturers. The community pharmacist is paid a fee for dispensing medicines to patients.

The HSE maintains a Reimbursement List of all products reimbursed under the Community Drug Schemes, under the provisions of the Health (Pricing and Supply of Medical Goods) Act 2013. The Act permits the HSE to set the prices of all products on the Reimbursement List, subject to certain conditions. All medicines on the list which are off patent are subject to generic substitution and reference pricing.

In relation to High Tech drugs, the HSE purchases these drugs directly from the manufacturer for supply through community pharmacies; pharmacists are paid a patient care fee for dispensing these drugs.

The HSE keeps the price of medicines under ongoing review, and works continuously to achieve greater efficiencies in the areas of drug pricing, supply and distribution. The Executive has a number of initiatives already underway or in development, particularly under the National Drug Cost Management Programme and the Medicines Management Programme, which provides national leadership relating to issues such as the quality of the medicines management process, access to medicines and overall expenditure on medicines.

In addition, my Department has recently created a new Community Pharmacy, Dental, Optical and Aural Policy unit to bring a renewed focus to the development of policy in relation to community pharmacy and the issues associated with achieving maximum benefit to patients.

Public Sector Pensions

105. **Deputy Fiona O'Loughlin** asked the Minister for Health to provide an updated pension plan for staff of the Central Remedial Clinic; and if he will make a statement on the matter. [12601/16]

Minister for Health (Deputy Simon Harris): The Central Remedial Clinic (CRC) is funded by the Health Service Executive under Section 38 of the Health Act 2004 and employs in the region of 287 employees. It is understood that 47 employees are members of the funded pension scheme in question.

Following receipt of information from the CRC in relation to the wind up of the scheme the CRC was requested, as a matter of urgency, to seek a viable alternative proposal in conjunction with the HSE. This proposal will then be submitted for approval to my Department and the Department of Public Expenditure and Reform. The latter is responsible for Government policy in relation to public service pensions. Pension schemes and pension terms for public servants generally require the consent of the Minister for Public Expenditure and Reform.

The CRC has indicated that it will submit detailed proposals to the HSE shortly in relation to this matter.

Health Care Policy

106. **Deputy David Cullinane** asked the Minister for Health how the ongoing work being conducted by his Department and the Economic and Social Research Institute's three-year programme on health reform will support in its work the new Oireachtas committee that will be established to develop cross-party consensus on the future of the health service over ten years, as per the programme for Government and Government approval; if the research undertaken to date will be made available to the committee; and if he will make a statement on the matter. [13705/16]

Minister for Health (Deputy Simon Harris): I welcome the establishment of the Committee on the Future of Healthcare which is a key commitment in the Programme for a Partnership Government. The staffing and resourcing of the Committee is a matter for the Committee and the Houses of the Oireachtas. My Department will be happy to assist and advise the Houses of the Oireachtas, as appropriate.

Health Care Policy

107. **Deputy Jan O'Sullivan** asked the Minister for Health if he will make available all of the documentation provided by officials in his Department to Independent Deputies during the course of negotiations for the new programme for Government; the clinical analysis that was undertaken by his officials before any of these measures were agreed; and his views on the impact on national health policy of local agreements, which may not take full cognisance of national health policy considerations and best clinical practice. [13732/16]

Minister for Health (Deputy Simon Harris): Officials from the Department of Health met with a wide range of Deputies during the course of negotiations for the Programme for a Partnership Government. The purpose of these meetings was to provide factual information to Deputies and answer technical queries raised by them including, if requested, clinical analysis. No specific briefing documentation was drafted for these meetings.

The Programme for a Partnership Government sets out a number of commitments for the health sector. A key commitment is the establishment of an Oireachtas Committee to develop cross party consensus on the future of the health service. As I have said, I believe the health service would benefit enormously from a single unifying vision that we can all get behind and that can help to drive reform and development of the system over the next ten years.

If the Deputy has a query about a specific measure raised during the meetings, I would be happy to address it on receipt.

National Cancer Strategy

108. **Deputy Brendan Ryan** asked the Minister for Health his plans to ensure that the process of approving vital medication for the treatment of serious illnesses such as cancer is expedited, and that drugs such as pembrolizumab and nivolumab are made available to patients in as timely a manner as possible. [13745/16]

Minister for Health (Deputy Simon Harris): The HSE has statutory responsibility for decisions on pricing and reimbursement of medicinal products under the community drug schemes, in accordance with the Health (Pricing and Supply of Medical Goods) Act 2013. Prior to reimbursing any item, the HSE considers a range of statutory criteria, including clinical need, cost-effectiveness and the resources available.

As regards the specific drugs referred to by the Deputy, the HSE confirmed yesterday that Pembrolizumab has been approved for reimbursement. I understand that Nivolumab is still being considered by the HSE under the national medicines pricing and reimbursement assessment process.

Mental Health Services Provision

109. **Deputy Aengus Ó Snodaigh** asked the Minister for Health his plans to support the implementation of a 24-7 crisis support service for mental health; and the timeline for this. [13715/16]

Minister of State at the Department of Health (Deputy Helen McEntee): The HSE National Service Plan 2016 aims to address the issue of 24/7 response in the Mental Health service through investment in additional liaison psychiatry services, enhanced community-based mental health provision seven days a week, and the development and staffing of crisis houses.

Funding is also being made available this year to facilitate the transfer of some patients from the Forensic Mental Health Services to the community, and for high observation facilities in acute mental health units. These developments are in parallel to the ongoing development of community mental health teams and forensic mental health services, which have been underpinned by substantial additional ring-fenced funding since 2012.

In relation to specific measures to support an improved 24/7 crisis support service at regional and at local level, this question has been referred to the HSE for direct reply. If you have not received a reply within 15 working days, please contact me Private Office and they will follow up the matter with them.

Ambulance Service

110. **Deputy Ruth Coppinger** asked the Minister for Health further to Parliamentary Question No. 494 of 24 May 2016, the number of new staff and level of extra funding that will be invested in the national ambulance service to ensure there is a high-quality and responsive ambulance service; and if he will make a statement on the matter. [13690/16]

Minister for Health (Deputy Simon Harris): Last month at my request, the HSE published the National Ambulance Service Capacity Review together with an action plan for implementation which incorporates the recommendations of both the Capacity Review and the 2014 HIQA Report on the National Ambulance Service.

The Capacity Review makes it clear that we need a very significant programme of investment in our ambulance services. In that context, a phased investment in a multi annual programme involving manpower, vehicles and technology is required. While the overall funding requirement remains to be quantified, the direct pay cost is estimated to be in the region of €25 million, and the capital cost of the additional fleet is estimated at €10 million. Additional funding of €7.2 million has been provided for the National Ambulance Service in 2016 which

includes €2 million for new developments. The Deputy will also be aware that the Programme for Government commits to additional annual investment in terms of ambulance personnel and vehicles.

It should be noted that many of the key recommendations of both reviews are already being addressed as part of a significant programme of reform and modernisation of the National Ambulance Service which has been underway in recent years. This programme has now achieved many of its key targets including the establishment of the National Emergency Operations Centre, and the creation of an integrated deployment platform which allows the ambulance service to operate as a national fleet, rather than in regional divisions; continued delivery of improved technology to improve response times; and expansion of the Community First Responder scheme.

My Department engages on an ongoing basis with the National Ambulance Service in relation to service requirements and performance and will continue to do so to ensure that the action plan is implemented.

Clinical Trials

111. **Deputy Gerry Adams** asked the Minister for Health if he is aware of international trials which have indicated substantial results experienced by patients in receipt of combined nivolumab, Opdivo and ipilimumab, Yervoy cancer treatment; if he is aware of the 20 Irish persons currently participating in a clinical trial, under the direction of a person (details supplied); if he will provide statistical information on the progress of this trial, which has been ongoing since August 2013; and if he will make a statement on the matter. [13710/16]

Minister for Health (Deputy Simon Harris): I am aware that various clinical trials are ongoing and I welcome the opportunity for Irish patients to be involved in such trials. However, my Department is not privy to information on the number of people recruited to particular trials, or to detailed information on the progress of these trials.

Hospital Groups

112. **Deputy Brendan Smith** asked the Minister for Health the status of the hospital groups; if it is proposed to put these groups on a statutory basis; and if he will make a statement on the matter. [13771/16]

Minister for Health (Deputy Simon Harris): Seven Hospital Groups have been established on a non-statutory administrative basis. Pending the enactment of legislation, Hospital Groups will continue to operate within existing legislative frameworks governing the health services and the policy and accountability frameworks of the Department of Health and the HSE.

The implementation of Hospital Groups will progress in a phased manner, which will provide for devolved decision-making, fostering flexibility, innovation and local responsiveness, while also adhering to prescribed national service objectives and standards. As Hospital Groups are implemented, of key importance is the early demonstration of progress towards a more co-ordinated approach to the planning and delivery of services within and across the groups.

The establishment of Hospital Groups on a statutory basis is one component of a complex health reform programme. As set out in the Programme for Government, an Oireachtas All-

Party Committee is to develop a long-term vision for healthcare over a 10 year period. I intend to progress discussions in this regard before giving further consideration to the issue of establishing Hospital Groups on a statutory basis.

Public Sector Pay

113. **Deputy Bríd Smith** asked the Minister for Health the amount saved by having a lower level of pay for new recruits to the public service in his Department; and if he will make a statement on the matter. [13012/16]

Minister for Health (Deputy Simon Harris): As the information could not be collated in the time available, I have asked the HSE to respond to the Deputy directly on this matter. If you have not received a reply from the HSE within 15 working days please contact my Private Office and they will follow up on the matter with them. In relation to Non-Commercial State Agencies under the remit of my Department, this information is being sought and will be forwarded to the Deputy when collated.

UN Conventions Ratification

114. **Deputy Pearse Doherty** asked the Tánaiste and Minister for Justice and Equality when Ireland will ratify the United Nations Convention on the Rights of Persons with Disabilities; and if she will make a statement on the matter. [14031/16]

Minister of State at the Department of Justice and Equality (Deputy Finian McGrath): On 21 October 2015, the Government published a roadmap to Ireland's ratification of the United Nations Convention on the Rights of Persons with Disabilities which outlines the considerable legislative changes to be undertaken to enable Ireland to ratify the Convention, along with the estimated deadline of end-2016 for ratification. The Roadmap to Ratification, which is available on my Department's website, sets out the substantial legislative agenda required for ratification. We are on track to ratify the Convention within 6 months.

Considerable progress has already been made to overcome barriers to Ireland's ratification. The Assisted Decision-Making (Capacity) Act 2015 was signed into law on 30 December 2015, and is a comprehensive reform of the law on decision-making capacity. The Criminal Law (Sexual Offences) Bill 2015 was passed by the Seanad on 26 January this year. When enacted, the Bill will reform Section 5 of the Criminal Law (Sexual Offences) Act 1993 to facilitate the full participation in family life of persons with intellectual disabilities and the full expression of their human rights. Achieving the necessary balance between those rights and ensuring appropriate protection is crucial.

Work is also under way on drawing up an Equality/Disability (Miscellaneous Provisions) Bill to progress miscellaneous legislative amendments necessary to proceed to ratification. It is intended that the Bill will address issues such as the Convention's requirements in relation to reasonable accommodation and deprivation of liberty, as well as removing archaic references in existing legislation relating to mental health. We intend to publish the General Scheme of the Equality/Disability (Miscellaneous Provisions) Bill shortly.

UN Conventions Ratification

115. **Deputy Thomas Pringle** asked the Tánaiste and Minister for Justice and Equality to

outline her progress in ratifying the United Nations Convention on the Rights of Persons with Disabilities; when Ireland will fully ratify it; if Ireland will meet the deadline for 2016; and if she will make a statement on the matter. [14049/16]

Minister of State at the Department of Justice and Equality (Deputy Finian McGrath):

On 21 October 2015, the Government published a roadmap to Ireland's ratification of the United Nations Convention on the Rights of Persons with Disabilities which outlines the considerable legislative changes to be undertaken to enable Ireland to ratify the Convention, along with the estimated deadline of end-2016 for ratification. The Roadmap to Ratification, which is available on my Department's website, sets out the substantial legislative agenda required for ratification. We are on track to ratify the Convention within 6 months.

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Work is also under way on drawing up an Equality/Disability (Miscellaneous Provisions) Bill to progress miscellaneous legislative amendments necessary to proceed to ratification. It is intended that the Bill will address issues such as the Convention's requirements in relation to reasonable accommodation and deprivation of liberty, as well as removing archaic references in existing legislation relating to mental health. We intend to publish the General Scheme of the Equality/Disability (Miscellaneous Provisions) Bill shortly.

Home Repossessions Rate

116. **Deputy Michael McGrath** asked the Tánaiste and Minister for Justice and Equality to set down by the owner of the loan the number of applications for the repossession of principal dwelling houses before the courts; and if she will make a statement on the matter. [14153/16]

Tánaiste and Minister for Justice and Equality (Deputy Frances Fitzgerald): The Deputy will be aware that under the provisions of the Courts Service Act 1998 management of the courts is the responsibility of the Courts Service and I have no role in the matter. Section 4(3) of the 1998 Act provides that the Courts Service is independent in the performance of its functions, which includes the provision of information on the courts system. However, in order to be of assistance, I have made enquiries and the Courts Service has advised that the information is currently being compiled and I will write to the Deputy directly as soon as it is to hand.

Irish Sign Language

117. **Deputy Caoimhghín Ó Caoláin** asked the Tánaiste and Minister for Justice and Equality to outline her plans to officially recognise Irish Sign Language to ensure equality for deaf persons in Irish society; and if she will make a statement on the matter. [13731/16]

Minister of State at the Department of Justice and Equality (Deputy Finian McGrath): In 2013 the National Disability Authority (NDA) facilitated consultations with the Deaf Community in Ireland at my Department's request in relation to actions that could make improve-

ments in the lives of deaf people. Submissions received as part of that process informed the National Disability Strategy Implementation Plan which was published in July 2013. As part of the follow-up to that initiative, in November 2013 the first special themed meeting of the National Disability Strategy Implementation Group focussed on the issue of Irish Sign Language. This meeting brought together representatives of relevant Departments, the NDA, the Deaf Community and other relevant stakeholders who reviewed the current situation across Government Departments and their Agencies with regard, in particular, to promoting recognition of Irish Sign Language, including in service provision. The Group also examined mechanisms which could promote the further use and recognition of Irish Sign Language and address practical implications for service users. Further to this meeting, the Deaf Community prepared a report to reflect their views on key actions and priorities.

As the Deputy will be aware, my Department is currently progressing a three Phase consultation process with a view to putting a new Disability Inclusion Strategy in place. Phase 2, which focused on agreeing high-level objectives for the Strategy, was completed at the end of 2015. Phase 3 will involve agreeing specific actions with timescales to deliver on each of the high-level objectives. This will commence shortly. I expect to have a set of draft actions for the Strategy for publication shortly. The consultations on this draft will include consideration by the National Disability Strategy Steering Group and, as with Phase 2, a series of regional consultation meetings. The Strategy will then be revised as necessary and submitted to Government for final approval.

Issues in relation to the Deaf Community have featured strongly in the consultation process to date and I intend that the new Disability Inclusion Strategy will respond credibly to the issues raised, including making a real difference in relation to facilitating the use of Irish Sign Language and ensuring that public bodies provide ISL users with ISL interpretation when availing of their statutory services. This is where my focus lies as I believe that taking effective steps to ensure that users of Irish Sign Language can use it with interpretation provided when availing of public services is the best approach to meeting the needs of the Deaf community.

Criminal Law

118. **Deputy Noel Rock** asked the Tánaiste and Minister for Justice and Equality to set out the status of the Sexual Offences Bill; and if she will make a statement on the matter. [14018/16]

Tánaiste and Minister for Justice and Equality (Deputy Frances Fitzgerald): In September 2015, I published the Criminal Law (Sexual Offences) Bill 2015, as approved by Government. The Bill includes wide ranging provisions to enhance the protection of children from sexual abuse and exploitation including through more effective targeting of acts of child sexual grooming. When enacted, the Bill will facilitate full compliance with the criminal law provisions of a number of international legal instruments and implement the recommendations of a number of Oireachtas committees. The Bill also provides for new offences of purchasing sexual services, in the context of prostitution. The purpose of these offences is to target the demand for prostitution.

The Bill completed all stages in Seanad Éireann in January 2016. This Bill has been returned to the Dáil Order Paper by a motion approved by Dáil Éireann on Wednesday, 1 June. Enactment of this important piece of legislation is a priority for the Government.

Crime Prevention

119. **Deputy Noel Rock** asked the Tánaiste and Minister for Justice and Equality if she supports the potential introduction of a new date rape detector kit being available to buy in pubs throughout the country; if she will introduce legislation to provide for this; and if she will make a statement on the matter. [14019/16]

Tánaiste and Minister for Justice and Equality (Deputy Frances Fitzgerald): I trust that the Deputy will appreciate that the general approach taken in this jurisdiction in all areas of personal crime prevention has been to provide advice and assistance to the public rather than introducing legislation mandating any particular course of action or product. In this context, An Garda Síochána provide a range of personal crime prevention advice to the public and I have brought the issue raised by the Deputy to their attention.

Garda Deployment

120. **Deputy Josepha Madigan** asked the Tánaiste and Minister for Justice and Equality if 68 members of An Garda Síochána are attached to Dundrum Garda station; if 11 are on temporary transfer; if this is a decrease from 86 in February 2016 and 139 in 2009; and when she will review and increase Garda numbers in Dundrum, County Dublin. [14035/16]

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

Dundrum Garda station forms part of the Dublin Metropolitan Region (DMR) East. I have been informed that the number of Gardaí assigned to the Dundrum Garda Station on the 31 March 2016, the latest date for which figures are readily available, was 81. The corresponding figure in February was 85 and on the 31 December 2009 there were 80 members assigned to Dundrum.

This Government is committed to ensuring a strong and visible police presence throughout the country in order to maintain and strengthen community engagement, provide reassurance to citizens and deter crime. Key to achieving this goal is the commitment in the Programme for Government, “A Programme for a Partnership Government” to continue the ongoing accelerated Garda recruitment programme with a view to increasing Garda numbers to 15,000.

As the Deputy will be aware, since the Garda College reopened in September 2014, a total of 700 Garda trainees have been recruited with a further 450 planned to be recruited during the remainder of this year. So far 395 of the new Garda trainees have attested as members of An Garda Síochána and have been assigned to mainstream uniform duties nationwide. I am informed by the Garda Commissioner that 10 newly attested Gardaí have been assigned to the DMR East Garda Division.

It is expected that a further 300 trainees will attest by the end of this year which, taking account of projected retirements, will bring Garda numbers to around the 13,000 mark. We must, I believe, endeavour to make more rapid progress than this to reach our target of 15,000 and I am engaging with my colleague, the Minister for Public Expenditure and Reform, in relation to increasing the planned annual intake this year and in coming years.

Garda Deployment

121. **Deputy Seán Crowe** asked the Tánaiste and Minister for Justice and Equality to set out the number of members of An Garda Síochána assigned to and active in the Tallaght drugs unit in each of the years 2010 to 2015. [14045/16]

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

I have been informed by the Garda Commissioner that the number of Gardaí assigned to the Tallaght District on the 31 March 2016, the latest date for which figures are readily available, was 245. Tallaght District forms part of the wider Dublin Metropolitan Region (DMR) South Division which has 19 members in its Drugs Unit. The number of Garda personnel that were assigned to the DMR South Drugs Unit on the 31 December 2010 to 2015 was as set out in the following table.

It is important to note that all Gardaí have a responsibility in the prevention and detection of criminal activity whether it be in the area of drug offences or otherwise. The Tallaght District is policed by regular uniformed units, community policing units as well as a District Detective Unit. It is also supplemented by resources from Divisional units including the Divisional Traffic Unit and the Divisional Burglary Unit. Specifically in relation to drugs, I can assure the Deputy that An Garda Síochána continues to pro-actively and resolutely tackle all forms of drug crime in this jurisdiction. The Garda National Drugs Unit works closely with dedicated Divisional and District Drug Units and other national units, including the Organised Crime Unit, as well as the Criminal Assets Bureau (CAB) in targeting persons involved in the illicit sale and supply of drugs.

The Deputy will be aware that after discussions with my Government colleagues, on Tuesday 31 May, I announced a range of additional measures to tackle organised crime including the strengthening of CAB powers, new legislation to target proceeds of crime and the setting up of a new Special Crime Taskforce that will focus relentlessly on persons involved in gangland activities. In addition to these measures I will also discuss transnational dimension of organised crime with international counterparts.

As the Deputy will be aware, when the financial crisis hit, the then Government introduced a moratorium on recruitment and the four year National Recovery Plan, published in 2010, envisaged a steady reduction in Garda numbers. Thankfully, in a recovering economy, we were able to reopen the Garda College in September 2014 and start recruiting once again. This Government is committed to ensuring a strong and visible police presence throughout the country in order to maintain and strengthen community engagement, provide reassurance to citizens and deter crime. Key to achieving this goal is the commitment in the Programme for Government, “A Programme for a Partnership Government” to continue the ongoing accelerated Garda recruitment programme with a view to increasing Garda numbers to 15,000. Since the Garda College reopened in September 2014, a total of 700 Garda trainees have been recruited with a further 450 planned to be recruited during the remainder of this year. So far 395 of the new Garda trainees have attested as members of An Garda Síochána and have been assigned to mainstream uniform duties nationwide. I am informed by the Garda Commissioner that 30 newly attested Gardaí have been assigned to the DMR South Garda Division.

It is expected that a further 300 trainees will attest by the end of this year which, taking account of projected retirements, will bring Garda numbers to around the 13,000 mark. We must, I believe, endeavour to make more rapid progress than this to reach our target of 15,000 and I will be engaging with my colleague, the Minister for Public Expenditure and Reform, in relation to increasing the planned annual intake this year and in coming years.

DMR South Drugs Unit

31 Dec 2010	31 Dec 2011	31 Dec 2012	31 Dec 2013	31 Dec 2014	31 Dec 2015	31 March 2016
30	31	30	23	17	16	19

Student Visas Data

122. **Deputy Anne Rabbitte** asked the Tánaiste and Minister for Justice and Equality for a list of all student entry visas, including a brief description of their purpose, and a list of the legislation and regulations which give effect to each visa. [14050/16]

Tánaiste and Minister for Justice and Equality (Deputy Frances Fitzgerald): I am advised by the Irish Naturalisation and Immigration Service (INIS) of my Department that information for students on the INIS website provides guidance on the type of courses which students may pursue in Ireland. The website also provides information on the requirements for a visa and for permission to reside in Ireland during the course of their study.

In general, students may come to Ireland to undertake degree programmes, both undergraduate and post graduate courses, and English language courses. Language courses may be long-term or short-term. Some students may wish to attend single semester courses as part of their degree programme with a recognised overseas university.

It should be noted that nationals from many countries including, for example, Brazil and the USA do not require a visa to come and study in Ireland. For nationals requiring a visa, in line with other jurisdictions, my Department operates a visa system which examines the bona fides of each study visa application.

Relevant guideline notes are published on the Student section of the INIS website - <http://www.inis.gov.ie/en/INIS/Pages/Students>.

The overall immigration regime for students is ultimately a matter of Government policy which reflects the policy choices made and involves the exercise of executive power. Persons coming to Ireland are subject to the Immigration Acts.

The Irish visa regime (i.e. as applied to visa required persons) operates in exercise of permissive powers conferred on me under Section 17 of the Immigration Act 2004. The Regulations relating to visas are the Immigration Act, 2004 (Visas) Order 2014 (S.I. No. 473 of 2014) as amended by the Immigration Act 2004 (Visas) (Amendment) Order 2015 (S.I. No. 175 of 2015) and the Immigration Act 2004 (Visas) (Amendment) (No. 2) Order 2015 (S.I. No. 513 of 2015). The European Communities (Free Movement of Persons) Regulations 2015 (S.I. No. 548 of 2015) also applies.

Garda Powers

123. **Deputy Fiona O'Loughlin** asked the Tánaiste and Minister for Justice and Equality to

outline the powers of An Garda Síochána in policing illegal camping on the Curragh in County Kildare. [14091/16]

Tánaiste and Minister for Justice and Equality (Deputy Frances Fitzgerald): In the absence of more specific information on any particular incidents or situations which the Deputy might have in mind I cannot make any detailed comment on the matter referred to. However, I am advised that there is a wide range of legislation in place which Gardai may invoke in dealing with such general issues, including legislation concerning public order and trespass. It is of course a matter for An Garda Síochána to carry out any relevant investigations where such issues may arise and to determine if there is any apparent infringement of the law. The Deputy will appreciate that I, as Minister, do not have a direct role in this regard.

Naturalisation Applications

124. **Deputy Bernard J. Durkan** asked the Tánaiste and Minister for Justice and Equality further to Parliamentary Question No. 84 of 28 April 2016 to outline the procedure to be followed to upgrade and regularise residency status in the case of a person; and if she will make a statement on the matter. [14186/16]

Tánaiste and Minister for Justice and Equality (Deputy Frances Fitzgerald): I am advised by the Irish Naturalisation and Immigration Service (INIS) of my Department that, as previously advised on both the 14th and 28th of April 2016 in replies to Parliamentary Questions, the person in question was registered relatively recently in the State as a student - on 5th December 2014 to be precise.

As such they currently have permission to study in the State until 5 December 2016 and are subject to the student pathway. I wish to draw the Deputy's attention to the document 'Guidelines for non-EEA national students registered in Ireland before 1 January, 2011'. This notice clarifies the position in relation to non-EEA students registered here. The overall seven year period provides students with ample opportunity to achieve the sort of qualifications they need to qualify them for an employment permit if they wish to remain in Ireland afterwards.

If it is the intention of the person in question to take up full time employment in the State they must be the holder of an employment permit to do so. The issuing of employment permits is a matter for the Department of Jobs, Enterprise and Innovation. When this person is issued with an employment permit they may then have their immigration status changed by their local immigration officer.

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

Naturalisation Applications

125. **Deputy Bernard J. Durkan** asked the Tánaiste and Minister for Justice and Equality to outline the procedure a person (details supplied) must follow to regularise and update residency status; and if she will make a statement on the matter. [14187/16]

Tánaiste and Minister for Justice and Equality (Deputy Frances Fitzgerald): I am advised by the Irish Naturalisation and Immigration Service (INIS) of my Department that the person concerned was registered in the State as a student from 12th December 2007 to 26th April 2014. Against this background, the person concerned is now deemed to be a timed-out student.

Ireland has offered a generous immigration to foreign students, not only in allowing them to work to support themselves in their studies, but also in providing ample opportunity for them to obtain academic qualifications that will equip them for their future, whether that is in Ireland or on their return to their home country. It is up to each student to make the best use of that opportunity. If their academic achievement is high, then Ireland offers opportunities to students to stay on as graduates, researchers, or high skilled employees. In other words, student permission gives the person concerned a chance to qualify for an enhanced immigration status on the basis of their academic achievement. However, student permission is of a temporary and limited nature that is not reckonable for naturalisation purposes and that generally does not allow for family reunification. Merely spending time in Ireland as a student does not confer entitlement or expectation to remain.

I wish to draw the Deputy's attention to the document "Guidelines for non-EEA students registered in Ireland before 1 January 2011." This notice clarifies the position in relation to non-EEA students registered here. The overall seven year period, which the person in question has now exhausted, provides students with ample opportunity to achieve the sort of qualifications they need to qualify them for an employment permit should they wish to remain in Ireland afterwards.

If the person concerned leaves the State voluntarily, then it would be open to them to apply for a D reside visa from outside the State. At that point, any family circumstances would be taken into account along with any other reasons why the person in question believes that they should be granted permission to reside in Ireland.

If there are any relevant exceptional circumstances which would justify granting the person concerned permission to remain in the State, they will be taken into account if the person concerned is issued with an intention to deport letter under Section 3 of the Immigration Act 1999 (as amended).

I wish to advise the Deputy that the Residence Division of INIS does not currently have an active application from the person concerned.

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

Visa Applications

126. **Deputy Bernard J. Durkan** asked the Tánaiste and Minister for Justice and Equality if she will facilitate a family reunification with a spouse for a person (details supplied); and if she will make a statement on the matter. [14188/16]

Tánaiste and Minister for Justice and Equality (Deputy Frances Fitzgerald): I am advised by the Irish Naturalisation and Immigration Service (INIS) of my Department that the

visa application referred to by the Deputy was received by the Irish Visa Office in Abuja, Nigeria on 15/04/2016. Should all documentation be in order, the applicant can expect a decision by the end of June 2016 and will be notified of this decision by the Abuja Visa Office.

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

In addition, applicants may themselves e-mail queries directly to the Visa Office in Abuja (abujaembassy@dfa.ie).

Naturalisation Applications

127. **Deputy Bernard J. Durkan** asked the Tánaiste and Minister for Justice and Equality to set out the status and progress to date in the determination of eligibility for naturalisation in the case of a person (details supplied); if all documentation requested has been received; and if she will make a statement on the matter. [14189/16]

Tánaiste and Minister for Justice and Equality (Deputy Frances Fitzgerald): I am advised by the Irish Naturalisation and Immigration Service (INIS) of my Department that the processing of the application for a certificate of naturalisation from the person referred to by the Deputy is ongoing and will be submitted to me for decision as expeditiously as possible. No further information is required from the person at this time.

As the Deputy will appreciate, the granting of Irish citizenship through naturalisation is a privilege and an honour which confers certain rights and entitlements not only within the State but also at European Union level and it is important that appropriate procedures are in place to preserve the integrity of the process.

It is recognised that all applicants for citizenship would wish to have a decision on their application without delay. While most cases are now generally processed within six months, the nature of the naturalisation process is such that, for a broad range of reasons, some cases will take longer than others to process. In some instances, completing the necessary checks can take a considerable period of time.

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

Naturalisation Applications

128. **Deputy Bernard J. Durkan** asked the Tánaiste and Minister for Justice and Equality to set out the status of an application for naturalisation by a person (details supplied); if she has received all the documentation requested; when she will conclude the process; and if she will make a statement on the matter. [14190/16]

Tánaiste and Minister for Justice and Equality (Deputy Frances Fitzgerald): I am advised by the Irish Naturalisation and Immigration Service (INIS) of my Department that the processing of the application for a certificate of naturalisation from the person referred to by the Deputy is ongoing and will be submitted to me for decision as expeditiously as possible. No further information is required from the person at this time.

As the Deputy will appreciate, the granting of Irish citizenship through naturalisation is a privilege and an honour which confers certain rights and entitlements not only within the State but also at European Union level and it is important that appropriate procedures are in place to preserve the integrity of the process.

It is recognised that all applicants for citizenship would wish to have a decision on their application without delay. While most cases are now generally processed within six months, the nature of the naturalisation process is such that, for a broad range of reasons, some cases will take longer than others to process. In some instances, completing the necessary checks can take a considerable period of time.

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

Residency Permits

129. **Deputy Bernard J. Durkan** asked the Tánaiste and Minister for Justice and Equality the status in respect of residency status and eligibility for naturalisation in the case of a person (details supplied); and if she will make a statement on the matter. [14191/16]

Tánaiste and Minister for Justice and Equality (Deputy Frances Fitzgerald): I am informed by the Irish Naturalisation and Immigration Service (INIS) of my Department that the persons referred to by the Deputy both hold refugee status in this State.

It is open to any individual to lodge an application for citizenship if and when they are in a position to meet the statutory requirements as prescribed in the Irish Nationality and Citizenship Act 1956, as amended. Detailed information on Irish citizenship and naturalisation is available on the INIS website at www.inis.gov.ie. The website also contains an on-line naturalisation residency calculator which individuals may find of assistance in establishing if the residency requirements are met.

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

Naturalisation Eligibility

130. **Deputy Bernard J. Durkan** asked the Tánaiste and Minister for Justice and Equality

the status in determining the eligibility for naturalisation of a person (details supplied); and if she will make a statement on the matter. [14199/16]

Tánaiste and Minister for Justice and Equality (Deputy Frances Fitzgerald): I am advised by the Irish Naturalisation and Immigration Service (INIS) of my Department that there is no current application for a certificate of naturalisation from the person referred to by the Deputy. A previous application was refused for reasons provided to the person concerned in a letter issued on 1 May 2013 advising of the decision.

It is open to any individual to lodge an application for citizenship if and when they are in a position to meet the statutory requirements as prescribed in the Irish Nationality and Citizenship Act 1956 as amended. Detailed information on Irish citizenship and naturalisation is available on the INIS website at www.inis.gov.ie. The website also contains an on-line naturalisation residency calculator which individuals may find of assistance in establishing if the residency requirements are met.

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

Insolvency Service of Ireland Data

131. **Deputy Michael McGrath** asked the Tánaiste and Minister for Justice and Equality the administrative cost of running the Insolvency Service of Ireland, ISI, in 2015; the fees received by the ISI in 2014 and 2015, the number of cases completed, by category; the budget allocated to the ISI for 2016; the staff it employs; and if she will make a statement on the matter. [14228/16]

Tánaiste and Minister for Justice and Equality (Deputy Frances Fitzgerald): I can inform the Deputy that the administrative cost of running the Insolvency Service of Ireland (ISI) in 2015 was €7,914,000. The total staff currently employed by the ISI is 69 full time equivalents.

The total fees received by the ISI in 2014 were €615,000 and in 2015 were €654,000. The budget allocated to the ISI for 2016 is €7,317,000.

The 2016 Q1 Statistical Report published by the ISI indicated that the number of insolvency arrangements approved to the end of the first Quarter of 2016 is 2,057. This figure comprises 669 Debt Relief Notices, 379 Debt Settlement Arrangements and 1,009 Personal Insolvency Arrangements.

In addition, the Government will shortly launch a new Government-funded Scheme to help people who are insolvent, and in mortgage arrears on their home, to access independent expert financial and legal advice. This will include free consultations with Personal Insolvency Practitioners.

Insurance Costs

132. **Deputy Brendan Griffin** asked the Minister for Finance his views on a matter (details

supplied) regarding a driving licence exchange; and if he will make a statement on the matter. [14015/16]

Minister for Finance (Deputy Michael Noonan): As Minister for Finance, I am responsible for the development of the legal framework governing financial regulation. The ability of the Government to influence insurance pricing is limited as insurance companies are required under European law to price in accordance with risk and neither I, nor the Central Bank of Ireland, have the power to direct insurance companies on the pricing or the provision of insurance products.

The EU framework for insurance expressly prohibits Member States adopting rules which require the prior approval or systematic notification of certain matters, including general and special policy conditions and scales of premiums. Furthermore, the EU framework provides non-life insurers with the freedom to set premiums.

Insurance companies consider a number of risks when determining the premium for a proposed insurance policy, whether that is a general insurance policy such as motor or home insurance, or a life assurance policy. A premium is based on the actuarial calculation of risk.

Insurance Ireland has informed me that motor insurers make their own individual decisions on whether to offer cover and what terms to apply. They use a combination of rating factors in doing this, such as the age of the driver, the type of car, claims record, driving experience, number of drivers, how the car is used, etc. Insurers do not all use the same combination of rating factors, prices vary across the market and consumers are free to choose.

In the event that a person is unable to obtain a quotation for motor insurance or feels that the premium proposed or the terms are so excessive that it amounts to a refusal to give them motor insurance, they should contact Insurance Ireland (telephone 01 6761820) quoting the Declined Cases Agreement. Under this Agreement, the Declined Cases Committee of Insurance Ireland deals with cases of difficulty in obtaining motor insurance.

Mortgage Lending

133. **Deputy Thomas P. Broughan** asked the Minister for Finance his further contacts with the Governor of the Central Bank regarding guidelines on mortgages for first-time buyers given the onerous nature of these guidelines for families urgently needing to purchase a home; and if he will make a statement on the matter. [14072/16]

Minister for Finance (Deputy Michael Noonan): Both I and my Department maintain close and on-going contacts with the Governor and the staff of the Central Bank regarding all matters of mutual interest.

In relation to the up-coming review of the macro prudential measures for residential mortgage lending, the Central Bank has informed me that this will take place later this year with publication expected in November. The Central Bank has indicated that, while the general framework of mortgage rules is intended to be a permanent feature, arising from this forthcoming review the calibration of these rules can be tightened, loosened or left unchanged in response to its analysis of the operation of these rules from inception through summer 2016. However, it has cautioned that, given the value of a stable rules-based system, any changes to the existing measures will require a high evidence threshold. As part of the review process, the Central Bank has indicated that it will invite written public submissions that provide evidence-based analyses of the impact of the rules and that details on this process will be provided in advance of the submission period. The macro prudential regulations were put in place under the

provisions of section 48 of the Central Bank (Supervision and Enforcement) Act 2013 and that Act requires the Central Bank to formally consult with me, as Minister for Finance, on any new regulation it proposes to put in place under that section including in relation to the mortgage lending macro prudential measures.

Insurance Costs

134. **Deputy Paul Murphy** asked the Minister for Finance his views on the increase in motor insurance costs; his plans to assist in reducing these costs; and if he will make a statement on the matter. [14073/16]

Minister for Finance (Deputy Michael Noonan): As Minister for Finance, I am concerned that there should be a stable insurance sector and that risks to policyholders and to the wider financial system are limited. I am aware that the increasing cost of motor insurance has become an issue for a large number of households and businesses. However, the ability of the Government to influence insurance pricing is limited as insurance companies are required under European law to price in accordance with risk and neither I, as Minister for Finance, nor the Central Bank of Ireland, have the power to direct insurance companies on the pricing of insurance products.

While the provision and the pricing of insurance policies is a commercial matter for insurance companies, this does not preclude the Government from introducing measures that may, in the longer term, lead to a better claims environment that could facilitate a reduction in claims costs.

The question of the cost of insurance is a complex one involving a number of Government Departments, State Bodies and private sector organisations. I have asked my officials to examine the factors which contribute to increasing costs of insurance. This work is part of an overall review of policy in the insurance sector which my Department is carrying out in consultation with the Central Bank and other Departments, Agencies and external stakeholders. The objective of the Review is to recommend measures to improve the functioning and regulation of the insurance sector.

The first phase of the Review is dealing with the motor insurance compensation framework and this work is nearing completion. The next phase of the Review will deal with the issue of insurance costs and it will include an examination of the factors contributing to the current rise in insurance premiums.

The Review of Policy in the Insurance Sector will continue over the coming months.

Disabled Drivers and Passengers Scheme

135. **Deputy Éamon Ó Cuív** asked the Minister for Finance why primary medical certificate appeals for tax relief for disabled drivers are not held on a regional basis, given the unfairness of having persons with severe disabilities travelling to County Dublin for appeal hearings; and if he will make a statement on the matter. [14079/16]

Minister for Finance (Deputy Michael Noonan): As the Deputy is aware, a Primary Medical Certificate is required to claim the tax reliefs provided under the Disabled Drivers and Disabled Passengers (Tax Concessions) Scheme. The Senior Medical Officer for the relevant local Health Service Executive administrative area makes a professional clinical determination

as to whether an individual applicant satisfies the medical criteria to receive a Primary Medical Certificate. An unsuccessful applicant can appeal the decision of the Senior Medical Officer to the Disabled Drivers Medical Board of Appeal, which makes a new clinical determination in respect of the individual.

Hearings of the Disabled Drivers Medical Board of Appeal are held on average twice a month at the National Rehabilitation Hospital in Dun Laoghaire, which has the facilities to cater for people with mobility impairing disabilities of the kind provided for under the Disabled Drivers and Disabled Passengers Scheme.

The Medical Board of Appeal holds regional clinics as demand arises. I'm informed that one clinic per year, for the past four years, has been held in Cork City. A regional clinic is scheduled for September this year in the Mercy University Hospital, Cork City.

Regulation 6(1)(e) of the Disabled Drivers and Disabled Passengers (Tax Concession) Regulations 1994 (S.I. 353 of 1994) mandates that the Medical Board of Appeal is independent in the exercise of its functions.

Tax Exemptions

136. **Deputy Michael D'Arcy** asked the Minister for Finance if the 40% tax break on land lease applies to a lease for a renewable solar energy resource. [14087/16]

Minister for Finance (Deputy Michael Noonan): I understand that the Deputy's question refers to the income tax exemption available under section 664 of the Taxes Consolidation Act 1997 (TCA) in respect of certain income derived by lessors from the leasing of farm land. The relief is available, subject to a maximum limit, where farm land is leased to a qualifying lessee for a period of 5 years or more. Farm land is defined for the purposes of the relief and includes land in the State which is wholly or mainly occupied for the purpose of husbandry. The farm land must be used by the lessee for the purpose of a trade of farming on the land.

It is considered that land which is leased for the production of renewable energy (such as the installation of solar panels on the land) does not qualify as farm land for the purpose of section 664 relief. In addition, the installation of renewable energy equipment and the activities associated with the generation of renewable energy would not be regarded as a trade of farming for the purpose of the exemption. Therefore, in general, leases of land for the production of renewable energy will not be eligible for the relief. The Revenue Commissioners have published a recent eBrief which specifically clarifies the application of section 664 TCA in respect of leases to solar energy development companies. The eBrief can be accessed on Revenue's website at <http://www.revenue.ie/en/practitioner/ebrief/2016/no-532016.html>.

Insurance Coverage

137. **Deputy Brendan Griffin** asked the Minister for Finance if he will address the issue of persons visiting Ireland with Australian and international drivers' licences being unable to acquire affordable motor insurance cover on their own privately owned vehicles with motor insurance companies and the Insurance Federation of Ireland; if this is preventing persons from returning and spending part of the year in Ireland with the subsequent economic spin-off; if insurance companies are prohibited from extending such affordable cover; and if he will make a statement on the matter. [14098/16]

Minister for Finance (Deputy Michael Noonan): As Minister for Finance, I am responsible for the development of the legal framework governing financial regulation.

Insurance companies are not prohibited from extending insurance cover in cases where motorists have an Australian or International Driver's Licence. However, the provision of insurance cover and the price at which it is offered is a commercial matter for insurance companies and is based on an assessment of the risks they are willing to accept and adequate provisioning to meet those risks. These are considered by insurance companies on a case by case basis.

Insurance Ireland has informed me that motor insurers, in making decisions on whether to offer cover and what terms to apply, use a combination of rating factors such as the age of the driver, the type of car, claims record, driving experience, number of drivers, how the car is used, etc. Insurers do not all use the same combination of rating factors, prices vary across the market, and consumers are free to choose. Insurance Ireland has further stated that if the individual can produce confirmation that they were continually insured and are claims free in their own name while they were away, this would be taken into consideration when re-applying for insurance.

Insurance Ireland operates a free Insurance Information Service for those who have queries, complaints or difficulties in relation to obtaining insurance. In the event that a person is unable to obtain a quotation for motor insurance or feels that the premium proposed or the terms are so excessive that it amounts to a refusal to give them motor insurance, they should contact Insurance Ireland, 5 Harbourmaster Place, IFSC, Dublin 1, Telephone +353 1 6761820 quoting the Declined Cases Agreement.

My Department is conducting an overall review of policy in the insurance sector in consultation with the Central Bank and other Departments, Agencies and external stakeholders. The objective of the Review is to recommend measures to improve the functioning and regulation of the insurance sector.

Mortgage Data

138. **Deputy Michael McGrath** asked the Minister for Finance the entitlement to, and how a borrower may obtain a copy of, the full loan file documentation, including the original loan application and the underwriting process, in respect of personal loans and commercial loans; if the entitlement of the borrower is different if the owner of the loan is or is not a regulated entity; and if he will make a statement on the matter. [14145/16]

140. **Deputy Michael McGrath** asked the Minister for Finance if the restructuring of residential and buy-to-let mortgage loans and commercial loans is legally binding on the new owner of the loan where the loan was restructured by agreement between the borrower and the original lender prior to its sale to the new owner; and if there is a distinction between new owners who are regulated entities and those who are not. [14147/16]

Minister for Finance (Deputy Michael Noonan): I propose to take Questions Nos. 138 and 140 together.

The Central Bank has confirmed to me that it does not have a remit in regard to access to records.

Access rights under the Data Protection legislation are a matter for my colleague, the Tánaiste and Minister for Justice and Equality.

As I have previously said, the sale of a loan from one entity to another does not change the terms of the contract or the borrower's rights and obligations under the original contract. Any right of access under the Data Protection legislation would not be impacted by the regulatory status of the owner.

Where a loan has been restructured prior to the sale and a new contract is in place, it is this new loan contract which is sold and the rights and obligations of the borrower under the contract are not changed by the sale.

The Deputy will be aware that the Consumer Protection (Regulation of Credit Servicing Firms) Act, 2015 was enacted on 8 July 2015. It was introduced to fill the consumer protection gap where loans were sold by the original lender to an unregulated firm. The 2015 Act introduced a regulatory regime for a new type of entity called a 'credit servicing firm'. Credit Servicing Firms are now subject to the provisions of Irish financial services law that apply to 'regulated financial service providers'. This ensures that relevant borrowers, whose loans are sold to third parties, maintain the same regulatory protections they had prior to the sale, including under the various statutory codes (such as the Consumer Protection Code, Code of Conduct on Mortgage Arrears, Code of Conduct for Business Lending to Small and Medium Enterprises and the Minimum Competency Code) issued by the Central Bank of Ireland and the Central Bank (Supervision and Enforcement) Act 2013 (Section 48) (Lending to Small and Medium-Sized Enterprises) Regulations 2015 which comes into operation on 1 July 2016.

Loan Books Purchasers

139. **Deputy Michael McGrath** asked the Minister for Finance if he will consider requiring the new owner of a loan to inform the borrower of the price the new owner paid for the loan and the portfolio of which the loan forms part, in cases where loans have been sold on by the original lender; and if he will make a statement on the matter. [14146/16]

Minister for Finance (Deputy Michael Noonan): The sale of a loan from one entity to another does not change the terms of the contract or the borrower's rights and obligations under the original contract.

The amount outstanding on the loan is not changed.

Generally speaking, the price paid for a portfolio to which a loan belongs is a matter of considerable commercial sensitivity and is not revealed in a manner which would allow the identification of the price paid for the individual loan.

Question No. 140 answered with Question No. 138.

Mortgage Data

141. **Deputy Michael McGrath** asked the Minister for Finance the protections available to a residential mortgage holder whose loan is owned by a regulated entity which are not available where the loan is owned by a non-regulated entity; and if he will make a statement on the matter. [14148/16]

Minister for Finance (Deputy Michael Noonan): I am not aware of any protections that a residential mortgage holder has where their loan is owned by a regulated entity which would not be available where the loan is owned by a non-regulated entity.

The Consumer Protection (Regulation of Credit Servicing Firms) Act, 2015 was introduced to fill the consumer protection gap where loans were sold by the original lender to an unregulated firm. The 2015 Act introduced a regulatory regime for a new type of entity called a 'credit servicing firm'. Credit Servicing Firms are now subject to the provisions of Irish financial services law that apply to 'regulated financial service providers'. This ensures that relevant borrowers, whose loans are sold to third parties, maintain the same regulatory protections they had prior to the sale, including under the various statutory codes.

Mortgage Data

142. **Deputy Michael McGrath** asked the Minister for Finance the number of residential mortgages owned by non-bank lenders, by institution, by regulated entity, by non-regulated entity; and if he will make a statement on the matter. [14149/16]

Minister for Finance (Deputy Michael Noonan): I have been informed by the Central Bank of Ireland that, for confidentiality reasons, it is not in a position to provide this information by institution.

The Deputy will be aware from my reply to his question 13438 earlier this week that the total number of mortgage accounts owned by non-banks for Principal Dwelling House and Buy to Let combined was 47,402 at end-2015.

Property Ownership

143. **Deputy Michael McGrath** asked the Minister for Finance the number of vacant residential properties owned by private citizens, banks, non-bank lenders, the National Asset Management Agency, in receivership, and so on; and if he will make a statement on the matter. [14150/16]

Minister for Finance (Deputy Michael Noonan): The Central Bank publishes Residential Mortgage Arrears and Repossessions Statistics on a quarterly basis, however, neither the Bank nor my Department collate data on all vacant properties categorised by the requested cohorts.

The Deputy will be aware that NAMA does not own residential property. Rather NAMA has acquired loans and its role is that of a lender with claims over security for its loans rather than a property owner or lessor. In that capacity, NAMA holds security over properties that are owned by its debtors or, in the case of enforcement, which are managed on behalf of those debtors by duly appointed insolvency practitioners. I am advised that there are approximately 6,000 completed residential properties over which NAMA holds security in relation to its loan portfolio, 99% of which are occupied. The other 1% is frictional vacancy due to tenants relocating as leases roll over and expire.

Mortgage Resolution Processes

144. **Deputy Michael McGrath** asked the Minister for Finance the legislative basis for the application of the code of conduct on mortgage arrears, the consumer protection code, the mortgage arrears resolution process and the mortgage arrears resolution targets in respect of lenders which are regulated entities and lenders which are non-regulated entities; and if he will make a statement on the matter. [14154/16]

Minister for Finance (Deputy Michael Noonan): The Code of Conduct on Conduct on Mortgage Arrears (which includes the Mortgage Arrears Resolution Process) and the Consumer Protection Code are issued under Section 117 of the Central Bank 1989. The Central Bank has the power to administer sanctions for a contravention of these Codes, under Part IIIC of the Central Bank Act 1942. This applies to all regulated entities operating in the State.

The Deputy will be aware that the Consumer Protection (Regulation of Credit Servicing Firms) Act, 2015 was enacted on 8 July 2015. It was introduced to fill the consumer protection gap where loans were sold by the original lender to an unregulated firm. The 2015 Act introduced a regulatory regime for a new type of entity called a ‘credit servicing firm’. Credit Servicing Firms are now subject to the provisions of Irish financial services law that apply to ‘regulated financial service providers’. This ensures that relevant borrowers, whose loans are sold to third parties, maintain the same regulatory protections they had prior to the sale, including under the Consumer Protection Code and the Code of Conduct on Mortgage Arrears.

I should add that the Central Bank has updated each of the Codes in order to ensure that Credit Servicing Firms are subject to these Codes directly in their own right. This has been done for the sake of certainty and transparency, in order to make it explicit that the activity of credit servicing is a regulated activity within the meaning of the Codes and firms carrying out that activity are regulated entities in their own right with respect to that activity. As I have previously said, the Mortgage Arrears Resolution Targets (MART) were introduced as a prudential policy measure for credit institutions. Full details of their legal basis were provided in the Central Bank’s press release which is available here: <https://www.centralbank.ie/press-area/press-releases/documents/approach%20to%20mortgage%20arrears%20resolution%20-.pdf>.

Mortgage Arrears Resolution Targets applied from March 2013 to December 2014. They had applied to ACC Bank plc, Allied Irish Bank plc (including AIB Mortgage Bank, EBS Limited and EBS Mortgage Finance), The Governor and Company of the Bank of Ireland (including Bank of Ireland Mortgage Bank and ICS Building Society), KBC Bank Ireland plc, Permanent Tsb plc and Ulster Bank Ireland Limited with respect to their Republic of Ireland principal dwelling home/primary residence (PDH) and buy-to-let (BTL) mortgagees. In April 2015, the Central Bank determined that relying on common quarterly solution targets across all banks was no longer appropriate and wrote to each bank setting out new requirements.

I would reiterate that authorised Credit Servicing Firms (including those who have notified the Central Bank that they wish to avail of the transitional arrangements provided for under the Consumer Protection (Regulation of Credit Servicing Firms) Act 2015) are required to comply with the requirements of financial services legislation including the Central Banks statutory codes and in particular the CCMA (including as it pertains to matters such as engagement with the borrower). They are also required to comply with the provisions of other legislation in force in the State as it applies to their activities, including the Personal Insolvency Act 2012.

Local Authority Expenditure

145. **Deputy Pearse Doherty** asked the Minister for Finance how he calculates spending by local authorities for the purposes of the expenditure benchmark and in the calculation of fiscal space; and if he will make a statement on the matter. [14185/16]

Minister for Finance (Deputy Michael Noonan): Fiscal space is estimated using the Expenditure Benchmark. The starting point for the Expenditure Benchmark calculations is General Government expenditure as per European System of Accounts 2010 (ESA 2010), which is the aggregate consolidated expenditure of the Central Government sub-sector and the Local

Government sub-sector. So Local Authorities expenditure is treated in the same way as the other components of General Government expenditure.

Expenditure of local government comprises both current and capital expenditure and includes expenditures by all non-market corporations under local government control. These data are produced in accordance with ESA 2010.

Credit Institutions Resolution Fund

146. **Deputy Michael McGrath** asked the Minister for Finance the drawdown from the €250 million he made available through the Exchequer Central Fund to the credit institutions resolution fund in December 2011, by amount used, by credit union, in each of the years 2011 to 2016 to date; and if he will make a statement on the matter. [14216/16]

Minister for Finance (Deputy Michael Noonan): The Government put €250 million into the Credit Institutions Resolution Fund which was established by section 10(1) of the Central Bank and Credit Institutions (Resolution) Act 2011 (as amended) (2011 Act). The purpose of the Resolution Fund under the 2011 Act is to provide a source of funding for the resolution of financial instability in, or an imminent serious threat to the financial stability of, an authorised credit institution. In particular the Resolution fund may be used for:

- the payment of financial incentives for transfers;
- providing capital for a bridge bank (details of a bridge bank are set out in Part 4 of the 2011 Act);
- meeting the expenses of the Central Bank incurred when discharging functions under the Act, and
- making certain payments under the Act, for example, the payment of expenses to an assessor appointed under the Act.

To date, the resources of the Resolution Fund have been utilised to fund the resolution of 4 credit unions. In the case of 3 of those credit unions, the resolution action taken was a directed transfer under the 2011 Act, and the Resolution Fund funded a financial incentive for the transferee. The remaining case was a liquidation, and no incentive was paid from the Resolution Fund in respect of that resolution. In each of the 4 cases, the Central Bank discharged its third party resolution-related costs against the Resolution Fund.

The amounts paid or payable to date from the Resolution Fund for incentives in each of the 3 transfer resolution cases are as follows:

- Newbridge Credit Union Limited: €27 million
- Howth Sutton Credit Union Limited: €2.15 million
- Killorglin Credit Union Limited: €2.15 million
- Central Bank resolution-related expenses that have been discharged against the Resolution Fund to date amount to €2.7 million.

To date €35.41 million has been drawn down from the Resolution Fund by way of expenditure relating to incentives for credit union resolution, Central Bank resolution-related expenses and interest expenses.

The breakdown of expenses per year of operation of the Resolution Fund is as follows:

October 2011 to December 2012*	€1.3 million October 2011 to December 2012*
2013	€26.9 million 2013
2014	€6.9 Million 2014
2015	€0.3 million
2016 (YTD)	€0.01 million

Total income over the period is €34.6m which is made up of levies of €28.7m and other income of €5.9m.

Under Section 12(2) of the Resolution Act, as Minister for Finance I am entitled to be reimbursed from the Resolution Fund for all contributions to that Fund and for any financial incentive provided.

*The CIRF was established by the 2011 Act, and was only in operation from October in 2011; therefore the first set of published accounts for the CIRF relate to period from 28 October 2011 to 31 December 2012.

Tax Reliefs Data

147. **Deputy Michael McGrath** asked the Minister for Finance further to Parliamentary Question No. 62 of 26 May 2016, the number of microbreweries resident outside the State which qualified for tax relief in each of the years 2011 to 2015; and if he will make a statement on the matter. [14218/16]

Minister for Finance (Deputy Michael Noonan): I am informed by Revenue that 17 claimants availed of the relief in 2015 on a total of 7,023 hectolitres of beer produced in 37 qualifying microbreweries based in other Member States. These claimants are Irish-based traders who bring beer into the State from a variety of suppliers. Revenue advise me that while information on the number of other Member State microbreweries represented in the claims for the relief for previous years is not collated, they can advise me that 5 claimants and 13 claimants availed of the relief on beer produced by qualifying microbreweries in other Member States in 2013 and 2014, respectively.

Tax Reliefs Data

148. **Deputy Michael McGrath** asked the Minister for Finance the tax expenditure associated with the home renovation incentive in each year since it was established; and if he will make a statement on the matter. [14219/16]

Minister for Finance (Deputy Michael Noonan): I am advised by Revenue that data relating to the Home Renovation Incentive (HRI) is available from the statistics section of the Revenue website at <http://www.revenue.ie/en/about/statistics/index.html>. Specifically, the most recently available information on the cost of the scheme is in the Tax Expenditures section of the page at <http://www.revenue.ie/en/about/statistics/hri-stats.html>.

It should be noted that the value of the tax credits referred to therein is not reflective of the cost to the exchequer as not all credits have been claimed to date. Furthermore, it should be noted that tax credits claimed by an individual under HRI are generally split evenly over a two

year period.

Tax Exemptions

149. **Deputy Michael McGrath** asked the Minister for Finance if he is considering anti-avoidance measures relating to the potential misuse of the dwelling house exemption; and if he will make a statement on the matter. [14221/16]

Minister for Finance (Deputy Michael Noonan): The dwelling house exemption is a provision of the capital acquisitions tax (CAT) legislation. It allows for the tax-free transfer by way of gift or inheritance of the residential property in which a beneficiary lives, subject to certain conditions. These conditions include a requirement that the beneficiary has been living in the property for three years prior to receiving it and that they remain living in the property for six years afterwards, except in certain special circumstances. It is also a condition of the relief that the beneficiary not be beneficially entitled to any other residential property at the time of the transfer.

The underlying purpose of the relief, which I consider to be reasonable, is to prevent so far as possible cases of hardship arising from a tax perspective when a person is gifted or inherits what is, in effect, their home. My Department and the Revenue Commissioners have encountered some evidence that individuals may be using the relief as a way of passing on wealth tax-free in a manner which is not in line with the core aim of the relief.

My Department and the Revenue Commissioners are currently working to gather and assess information relating to such possible practices and to consider whether the current scope of the relief is in line with its original spirit. The work of investigating this issue and developing potential policy responses is current and ongoing.

Tax Yield

150. **Deputy Michael McGrath** asked the Minister for Finance the cumulative yield from the levy on private pension funds; if all outstanding levies due have now been collected; and if he will make a statement on the matter. [14222/16]

Minister for Finance (Deputy Michael Noonan): I am informed by Revenue that the yield for all relevant years from the Stamp Duty levy on pension schemes is as set in the following table.

Year	Yield - €m
2011	463
2012	483
2013	535
2014	743
2015	169
Total	2,393

For each year of the levy, Revenue has an on-going compliance programme to ensure the “chargeable persons” have included all scheme assets in the statements required to be submitted; that the assets have been correctly valued in the statements; and that outstanding payments, if any, are collected.

Prize Bonds

151. **Deputy Michael McGrath** asked the Minister for Finance the total value of prizes paid and the percentage this represents of the total prize bonds outstanding in each of the years 2011 to 2016 to date; and if he will make a statement on the matter. [14223/16]

Minister for Finance (Deputy Michael Noonan): The NTMA has advised me that the value of prizes in respect of prize bonds, and these prizes as a percentage of total prize bonds outstanding, in each of the last five years, and to-date during 2016, are as follows:

Year	Fund at Year-End - €m	Prizes Paid - €m	% of Year-End Fund
2016 (end-May)	2,689.18	12.80	0.48
2015	2,481.0	28.9	1.16
2014	2,176.4	31.7	1.46
2013	1,928.7	35.2	1.83
2012	1,648.5	46.0	2.79
2011	1,447.9	42.0	2.90

Property Tax Data

152. **Deputy Michael McGrath** asked the Minister for Finance the rate of compliance with the local property tax; and if he will make a statement on the matter. [14224/16]

Minister for Finance (Deputy Michael Noonan): I am advised by Revenue that compliance in respect of 2016 Local Property Tax (LPT) currently stands at 90% and that this will increase further as payments made on foot of approximately 290,000 compliance letters issued by mid May 2016 are processed. I am also advised by Revenue that debt collection/enforcement action, including deductions from salaries and pensions, is underway against property owners who failed to respond to the compliance letters within the timeframe allowed.

Departmental Staff

153. **Deputy Michael McGrath** asked the Minister for Finance the number of economists he employs, specifically on banking policy; his plans to increase this number; and if he will make a statement on the matter. [14226/16]

Minister for Finance (Deputy Michael Noonan): Since 2011 the Department has implemented organisational changes with the aim of developing a modern, professional and forward-looking Department. We have adapted, realigned and enhanced our resources in order to achieve the goals we set ourselves. This has involved the building and expanding of the economic expertise and capability across the Department.

A total of 44 staff within the Department hold a Masters in Economics qualification (a further three staff are in the process of completing their Masters of Economics study).

Staff across all grades in the Department hold qualifications in Economics at Certificate, Diploma, Degree, Masters and PhDs levels.

All staff within the Economics Division hold a Masters in Economics or higher qualification and resources have been recently allocated within that division dealing with monetary and financial economic analysis.

In addition, staff within the Banking Division hold a total of 50 qualifications. Three staff from this Division hold a Masters in Economics qualification.

The Department continues to grow its expertise in the area of economics through the recruitment of staff via the Irish Government Economic and Evaluation Service (IGEES) and also through recruitment via the Public Appointment Service (PAS).

Through the Refund of Fees Scheme, staff participate in learning leading to an accredited qualification and support is offered to staff who undertake Masters in Economic Policy through this Scheme. It is expected that further applications for this course will be made for the 2016/2017 academic year to further strengthen the level of economic knowledge within the Department.

Departmental Expenditure

154. **Deputy Michael McGrath** asked the Minister for Finance the fees his Department has paid to third parties relating to a possible flotation of a bank (details supplied); and if he will make a statement on the matter. [14227/16]

Minister for Finance (Deputy Michael Noonan): The Department of Finance has to-date paid €385,502 to William Fry Solicitors in relation to work carried out on the capital reorganisation of the bank in 2015 and preparation for a potential IPO of AIB. These fees relate to a period from their appointment in April 2015 (following a competitive tender process) up to the present date. They relate to both IPO preparatory work and related advice given to my Department concerning the capital reorganisation undertaken by AIB in December last year which allowed for the return of €1.64bn cash to the State.

The capital reorganisation was necessary to make the bank's capital structure fully compliant with new European rules and was therefore a prerequisite to any disposal of the State's shareholding in AIB. Goldman Sachs also provided financial advice to the Department in respect of this reorganisation on a pro-bono basis.

In December 2015, Rothschild & Sons were appointed as an Independent Financial Advisor to my Department (following a competitive tender process), to assist in the preparation for a potential IPO. No fees have yet been paid in this regard.

My Department has also agreed with AIB that all third party fees incurred by the Department of Finance in preparation for an IPO will be reimbursed by the bank.

The Department of Finance regularly publishes details of all consultancy fees paid, attributed to the relevant project. Fees paid to the end of March 2016 can be found here: <http://www.finance.gov.ie/who-we-are/financials/consultancy/consultancy>.

Banking Sector

155. **Deputy Michael McGrath** asked the Minister for Finance if he will consider increasing the bank levy on financial institutions that do not reduce standard variable mortgage rates. [14229/16]

Minister for Finance (Deputy Michael Noonan): As the Deputy is aware, the Programme for Government makes it clear that it is not ethically acceptable for Irish banks to charge excessive interest rates on standard variable rate customers. The Government has committed to take

all necessary action to tackle high variable interest rates; including through establishing a new code of conduct for switching mortgage provider, administered by the Central Bank and the development of a new, easy-to-use standardised and dedicated switching form. We will also request the Competition and Consumer Protection Commission to work with the Central Bank to set out the options for the Government in terms of market structure, legislation and regulation to lower the cost of secured mortgage lending and improve the degree of competition and consumer protection. These are Year 1 Actions in the programme.

Central Bank research on the influences on standard Variable Mortgage Pricing in Ireland published last year identified three main reasons for higher rates in Ireland.

First, the pricing of loans needs to reflect credit risks. In Ireland these risks are elevated due to high levels of non-performing loans and the lengthy and uncertain process around collateral recovery. Second, competition is weak. This is not unrelated to credit risks since high credit risk deters new players from entering the market. Third, bank profitability is still constrained by legacy issues. Profitability is essential to ensure banks build up adequate capital buffers to meet increasing regulatory requirements and to withstand future adverse shocks.

I think that it is fair to say that there have been considerable movements in the mortgage offerings of the Irish banks in the last twelve months since my meetings with the banks. As recently as last month, two banks made additional reductions to their mortgage offerings. There has also been media speculation on the entry of another new mortgage provider into the market and the additional competition should help to put further pressure on the existing banks to reduce their rates.

The Financial Institutions (Bank) Levy was introduced for the three-year period 2014 to 2016 in Finance (No. 2) Act 2013, with the purpose of enabling the banking sector to contribute to economic recovery. The annual yield of the levy is approximately €150 million. In my Budget 2016 speech last October, I announced the extension of the levy to 2021, with a review to be carried out into the methodology used to calculate the levy. All taxation measures are considered as part of the annual budgetary process and I will not comment on changes ahead of that consideration.

Tax Compliance

156. **Deputy Michael McGrath** asked the Minister for Finance further to Parliamentary Question No. 108 of 3 December 2015 if he has concluded the investigation into the tax affairs of medical consultants; the lessons learned for tax compliance; and if he will make a statement on the matter. [14230/16]

Minister for Finance (Deputy Michael Noonan): I am advised by Revenue that their programme of compliance interventions in relation to the tax affairs of medical consultants is ongoing with further additional interventions being opened as necessary. At end March 2016, a total of 752 Revenue compliance interventions had been opened on medical consultants and their controlled companies, with some 370 of these interventions having been finalised, resulting in settlements of almost €46.5 million, including tax, interest and penalties. There have also been 24 associated publications in the Quarterly Lists of Tax Defaulters published in accordance with the provisions of section 1086 of the Taxes Consolidation Act 1997.

I am aware that Revenue continues to evaluate the programme towards targeting specific tax risks in the sector and leveraging tax compliance generally.

Living City Initiative

157. **Deputy Michael McGrath** asked the Minister for Finance the number of successful applications, by relevant area, under the living city initiative; and if he will make a statement on the matter. [14231/16]

Minister for Finance (Deputy Michael Noonan): Applications for the Living City Initiative (LCI) are only required to be made to the relevant local authority under the residential element of the scheme. Applications to local authorities are not required to be made under the commercial element of the scheme and thus it is likely to be early next year before information on this aspect of the scheme will become available. Based on information received from the City and County Councils to date, the number of applications received under the residential element per eligible city is as follows:

City	Applications Received
Dublin	18
Cork	4
Limerick	0
Waterford	7
Kilkenny	2
Galway	2

Details of the numbers participating in the commercial element of the scheme should become available in early 2017, by which stage the tax returns for 2015 will be filed and processed.

The Initiative has only been in operation for just over a year, and take-up of the scheme is lower than anticipated considering up to 100% of relevant expenditure may be tax relieved. My officials are currently reviewing the LCI and considering potential changes to the scheme.

Any proposed amendments will be considered in the context of the Budget and Finance Bill.

Tax Data

158. **Deputy Michael McGrath** asked the Minister for Finance the interest the Revenue Commissioners levied and collected from the late payment of tax liabilities, by tax category, in each of the years 2012 to 2015; and if he will make a statement on the matter. [14232/16]

159. **Deputy Michael McGrath** asked the Minister for Finance the penalties the Revenue Commissioners levied and collected from the late payment of tax liabilities, by tax category, in each of the years 2012 to 2015; how this is broken down across different categories of tax; and if he will make a statement on the matter. [14233/16]

Minister for Finance (Deputy Michael Noonan): I propose to take Questions Nos. 158 and 159 together.

I am advised by Revenue that interest and penalties charged and collected as part of their compliance intervention programmes is as set out in the following tables.

Table 1 - Interest

Interest	2012	2013	2014	2015
PAYE	€6.13m	€12.74m	€15.28m	€19.29m
PRSI	€1.10m	€2.13m	€2.24m	€2.48m
VAT	€18.90m	€19.64m	€17.57m	€20.80m
INCOME TAX (Self-Employed)	€18.17m	€23.27m	€27.76m	€26.36m
CORPORA- TION TAX	€7.57m	€14.53m	€12.86m	€18.27m
CAPITAL GAINS TAX	€5.77m	€12.15m	€5.62m	€7.47m
RELEVANT CONTRACTS TAX	€1.47m	€1.45m	€0.80m	€1.25m
PROFESSION- AL SERVICES WITHOLDING TAX	€0.04m	€0.02m	€0.01m	€0.18m
DEPOSIT IN- TEREST RE- TENTION TAX	€0.003m	€0.01m	€0.08m	€0.46m
LIFE ASSUR- ANCE EXIT TAX	€0.06m	€0.30m	€0.0004m	€0.30m
DIVIDEND WITHOLDING TAX	€0.05m	€0.23m	€0.16m	€0.13m
ENVIRON- MENTAL LEVY	€0.02m	€0.05m	€0.01m	€0.01m
RELEVANT TAX ON SHARE OP- TION	€0.02m	€0.18m	€0.23m	€0.27m
BETTING DUTY	€0.01m	€0.04m	€0.04m	€0.01m
STAMP DUTY	€2.36m	€3.06m	€2.74m	€2.06m
CAPITAL AC- QUISITIONS TAX	€1.25m	€2.55m	€2.05m	€1.41m
INVESTMENT UNDERTAK- ING TAX	€0.01m	€0.00m	€0.07m	€0.00m
LOCAL PROP- ERTY TAX	€0.00m	€0.0001m	€0.01m	€0.01m
TOTAL	€62.93m	€92.39m	€87.53m	€100.76m

Table 2 - Penalties

Questions - Written Answers

Penalties	2012	2013	2014	2015
PAYE	€2.36m	€3.75m	€3.89m	€5.29m
PRSI	€.31m	€.24m	€.40m	€.44m
VAT	€4.49m	€5.35m	€6.03m	€5.03m
INCOME TAX (Self-Employed)	€4.48m	€4.64m	€8.58m	€4.40m
CORPORA- TION TAX	€1.09m	€4.63m	€7.77m	€2.80m
CAPITAL GAINS TAX	€1.23m	€1.30m	€1.40m	€.46m
RELEVANT CONTRACTS TAX	€1.18m	€.87m	€.85m	€1.93m
PROFESSION- AL SERVICES WITHOLDING TAX	€.06m	€.01m	€.01m	€.01m
DEPOSIT IN- TEREST RE- TENTION TAX	€.00m	€.003m	€.00m	€.00m
LIFE ASSUR- ANCE EXIT TAX	€.003m	€.00m	€.02m	€.00m
DIVIDEND WITHOLDING TAX	€.004m	€.01m	€.01m	€.03m
ENVIRON- MENTAL LEVY	€.00m	€.001m	€.001m	€.00m
BETTING DUTY	€.03m	€.03m	€.01m	€.00m
STAMP DUTY	€1.90m	€1.67m	€1.34m	€1.32m
CAPITAL AC- QUISITIONS TAX	€.20m	€.48m	€.24m	€.22m
INVESTMENT UNDERTAK- ING TAX	€.0004m	€.00m	€.00m	€.00m
LOCAL PROP- ERTY TAX	€.00	€.0001m	€.0003m	€.0002m
TOTAL	€17.33m	€23.00m	€30.54m	€21.95m

Personal Insolvency Practitioners

160. **Deputy Martin Heydon** asked the Minister for Finance if he will advise on correspondence (details supplied) in relation to the application of value added tax on the fees of personal insolvency practitioners; and if he will make a statement on the matter. [14235/16]

Minister for Finance (Deputy Michael Noonan): Services provided by Personal Insolvency Practitioners do not qualify for exemption in accordance with the VAT Directive, Irish VAT law, and relevant decisions of the Court of Justice of the European Union. The Court of Justice of the European Union has consistently held that the terms used to specify exemptions are to be interpreted strictly since they constitute exceptions to the general principle that VAT is to be levied on all services supplied for consideration by a taxable person.

The Deputy has acknowledged that the Personal Insolvency Practitioner fees which are built into the Debt Settlement Arrangement (DSA) or the Personal Insolvency Arrangement (PIA) and borne by the creditors are liable to VAT at the standard rate (currently 23%). In relation to professional advisory services provided to debtors in advance of proceeding with a PIA or DSA, these services are similar to those provided by accountants and other insolvency service providers such as liquidators, receivers and examiners and as such are also liable to VAT at the standard rate.

Government Deficit

161. **Deputy Michael McGrath** asked the Minister for Finance the impact on the general government deficit of the dividend of €275 million due to be received from the Irish Bank Resolution Corporation's special liquidator; if this impacts on the fiscal space for 2016; if possible future dividends will impact on the general government deficit in 2017 and beyond; and if he will make a statement on the matter. [14240/16]

Minister for Finance (Deputy Michael Noonan): The Special Liquidators of IBRC announced last Friday (via a third progress update report which is available on the Department of Finance website) that they hope to be in a position to make an interim distribution by 31 December 2016 of 25% of all admitted claims made by unsecured creditors. While neither the Department of Finance nor the Special Liquidators announced the sum that the State is due to receive from this interim dividend, there were various reports stating the sum to be in the region of €275m. This is based on 25% of a €1.1bn claim which the State has made.

Given the creditor adjudication process is still ongoing, it is not clear as to what month this interim dividend will be paid.

The Special Liquidators of IBRC also announced last Friday that their expectation is that the eventual unsecured creditor dividend will be in the range of 75% - 100% of all eligible claims. While it is too early to confirm whether there will be further interim dividends or when the final dividend will be paid, the Special Liquidators have advised me that this eventual dividend range is subject to change depending on future events which are outside their control. The ultimate level of dividend paid to each creditor cannot be known until such time as all loan assets are sold, the total level of adjudicated creditors is finalised and the other contingent creditor claims which may crystallise, including those from litigation, are known.

Any amounts paid into the Exchequer would be recorded as a financial transaction in the General Government accounts under Eurostat rules. This means that such proceeds would not count as General Government Revenue and, therefore, have no beneficial impact on Ireland's General Government Deficit. Furthermore, it will not have any effect on the calculation of available fiscal space.

However, while not improving the deficit, cash proceeds would result in a reduced Exchequer borrowing requirement which ultimately results in lower debt. A lower debt level is not only beneficial in terms of the fiscal sustainability but would also lead to reduced interest pay-

ments in future years.

Defibrillators in Schools Provision

162. **Deputy Bobby Aylward** asked the Minister for Education and Skills further to Parliamentary Question No. 110 of 25 May 2016, his plans to implement defibrillator training for pupils and designated members of staff in post-primary schools; and if he will make a statement on the matter. [14027/16]

Minister for Education and Skills (Deputy Richard Bruton): Under the provisions of the Education Act 1998, the board of management is the body charged with the direct governance of a school. Schools are required to take all reasonable precautions to provide training for teachers to ensure the safety and welfare of their pupils.

The installation of a defibrillator in a school and the provision of training on its use is a matter for the board of management of each individual school.

Schools are encouraged to engage actively with community groups and a wide range of stakeholders to provide for extracurricular learning opportunities. Many schools invite organisations such as the Red Cross or the Order of Malta to provide some first aid training, or to give talks to students.

The Social Personal and Health Education curriculum, which is currently mandatory for junior cycle students, is focused on promoting the health and well-being of our young people, helping them to create and maintain supportive relationships and to become active responsible citizens in society. The curriculum deals with issues such as making decisions, developing self-confidence, growing and changing and personal safety.

School Fees

163. **Deputy Martin Heydon** asked the Minister for Education and Skills the status of schools seeking mandatory contributions or fees from parents in non-fee paying schools; and if he will make a statement on the matter. [14033/16]

180. **Deputy Martin Heydon** asked the Minister for Education and Skills if schools can charge mandatory fees for expenses such as text service and school insurance; and if he will make a statement on the matter. [14184/16]

Minister for Education and Skills (Deputy Richard Bruton): I propose to take Questions Nos. 163 and 180 together. Apart from those recognised fee-charging second level schools, recognised primary and post-primary schools are precluded from charging school fees. This includes any mandatory charges or fees in respect of the school's expenses or running costs including costs in respect of the school's own insurance etc.

Voluntary contributions by parents are permissible provided it is made absolutely clear to parents that there is no question of compulsion to pay and that, in making a contribution, they are doing so of their own volition. The manner in which such voluntary contributions are sought and collected is a matter for school management, however their collection should be such as not to create a situation where either parents or pupils could reasonably infer that the contributions take on a compulsory character.

A school may seek payment to cover the cost of photocopied material or other such learning

materials where the amount sought by the school is consistent with the costs involved and the level of materials provided. It is also permissible for a school to seek payments in respect of extra-curricular activities provided such activities are not obligatory and individual pupils can choose whether or not to participate. No charge may be made, however, in respect of instruction in any subject of the school curriculum or for recreation or other activities where all pupils are expected to take part.

The Education (Admission to Schools) Bill, which was published in April 2015, contained a provision prohibiting the charging of fees or seeking payment or contributions as part of the school admission process or for continued enrolment in the school. The Bill also provided for exceptions in the case of fees charged by schools known as fee charging schools, fees charged by boarding schools for the boarding element and fees charged by schools for post-leaving certificate courses in so far as those fees relate to the cost of providing such courses.

The Programme for Government contains a commitment to publish a new School Admissions and Excellence legislation, taking account of current draft proposals. It would be my intention to maintain those provisions relating to the prohibition on charging fees or seeking payments or contributions in the new School Admissions Bill.

Teachers' Panel Rights

164. **Deputy Brendan Griffin** asked the Minister for Education and Skills if he will review the supplementary teaching panel, given the difficulties teachers in rural areas are having meeting the income requirements; and if he will make a statement on the matter. [14036/16]

165. **Deputy Brendan Griffin** asked the Minister for Education and Skills if he will provide automatic panel rights to teachers who have been on the supplementary panel for more than three years; and if he will make a statement on the matter. [14037/16]

Minister for Education and Skills (Deputy Richard Bruton): I propose to take Questions Nos. 164 and 165 together.

The core function of the redeployment arrangements is to facilitate the redeployment of all surplus permanent/CID holding teachers to other schools that have vacancies. Thereafter, schools are required under the panel arrangements to fill permanent vacancies from supplementary panels comprised of eligible fixed-term (temporary/substitute) and part-time teachers. Arrangements for panel access for fixed-term (temporary), substitute and part-time teachers to the Supplementary Redeployment Panel for the 2016/17 school year are set out in Circular 0058/2015 which is available on the Department website. Applicants must meet all of the published criteria in order to gain access to the Supplementary Redeployment Panel.

Special Educational Needs

166. **Deputy James Lawless** asked the Minister for Education and Skills if children with autistic spectrum disorder have access to primary and secondary school places in County Kildare; if he will increase funding, given the increased demand; and if he will make a statement on the matter. [14042/16]

Minister for Education and Skills (Deputy Richard Bruton): My Department's policies focus on ensuring that all children can have access to an education appropriate to their needs, preferably in school settings through the primary and post primary school network.

A range of placement options for pupils with special educational needs is provided in order to ensure that all pupils can receive a school placement. Many pupils with special educational needs will be able to attend a local mainstream school, whereas for pupils who have needs which require more specialist interventions, special class and special school placements are provided for.

The National Council for Special Education (NCSE), through its network of local Special Educational Needs Organisers (SENOs), is responsible for processing applications from primary and post-primary schools for special educational needs supports, including the establishment of special classes in various geographical areas as required. The NCSE operates within my Department's criteria in allocating such support.

The NCSE continues to monitor and review the requirement for special class places in particular areas and has capacity to establish such new special classes where necessary subject to the willingness of schools to open classes.

The NCSE has advised that SENOs are currently liaising with schools in the area referred to by the Deputy regarding the establishment of further classes for 2016/17 school year.

I understand that the number of special classes for students with ASD in Co. Kildare is 57, 11 of which are at post primary level, 41 at primary level and 5 are early intervention classes.

The enrolment of a child to a school is a matter, in the first instance, for the parents of the child and the Board of Management of a school. Full details of all special classes are available at www.ncse.ie.

Gaelscoil Issues

167. **Deputy Róisín Shortall** asked the Minister for Education and Skills how he will accommodate the demonstrated significant demand for a Gaelscoil in an area following a recent decision by his Department (details supplied); and if he will make a statement on the matter. [14056/16]

Minister for Education and Skills (Deputy Richard Bruton): Since 2011 new schools are only established in areas of demographic growth. My Department uses a Geographical Information System to identify the areas under increased demographic pressure nationwide. The system uses data from the Central Statistics Office, Ordnance Survey Ireland, the Department of Social Protection and information from my Department's own databases. With this information, my Department carries out nationwide demographic exercises to determine where additional school accommodation is needed at primary and post-primary level.

When it is decided that a new school is required to meet demographic needs in an area, the Department runs a separate patronage process to decide who will operate the school. It is open to all patrons and prospective patrons to apply for patronage of the school under this process and parental preferences for each patron is key to decisions in relation to the outcome of the process.

With regard to the decision on the patronage of the new school which will open this September, to which the Deputy refers, my Department assessed the applications received from the prospective patrons, including examining the parental preferences received in the applications, to ensure they represented children living within the school planning area which will be served by this school, and prepared a report for the consideration of the New Schools Establishment Group (NSEG) who then submitted their report with recommendations to me for consideration

and final decision. The valid parental preferences for Educate Together as patron was twice as high as those for a Gaelscoil. I accepted the recommendation of the NSEG and the patronage of the new school remains as announced. The NSEG did note the strong level of demand for Irish medium education in the area referred to by the Deputy and recommended that this should be kept under review in the context of future demographic exercises.

My Department is focused on ensuring that schools in an area can, between them, cater for all pupils seeking school places in that area. My officials are keeping the changing demographics in the Drumcondra/Marino/Dublin 1 area under review to take into account updated child benefit data and to take into account the impact of ongoing and planned capacity increases in this and adjacent school planning areas.

School Accommodation Provision

168. **Deputy Jim Daly** asked the Minister for Education and Skills when he will make a decision on an application by a school (details supplied) for additional accommodation; and if he will make a statement on the matter. [14090/16]

Minister for Education and Skills (Deputy Richard Bruton): I wish to advise the Deputy that my Department has no record of receiving an application for additional accommodation from the school in question. I am pleased, however, to advise the Deputy that the school's application for electrical upgrade under Category 2 of the Summer Works Scheme (2016 - 2017) was recently approved.

Schools Refurbishment

169. **Deputy Sean Fleming** asked the Minister for Education and Skills if he will approve the replacement of windows in a school (details supplied); and if he will make a statement on the matter. [14094/16]

Minister for Education and Skills (Deputy Richard Bruton): I wish to advise the Deputy that a €30 million investment under Summer Works Scheme (SWS) (2016/2017) was announced on 28th April last. This related to successful applicants under Categories 1 and 2, Gas and Electrical works.

I wish to confirm that applications for replacement windows are assessed under Category 7 of the SWS in accordance with the prioritisation criteria outlined in the Circular Letter accompanying the Scheme. Valid SWS applications from schools in respect of Categories 3 to 10 that were not reached under this round will, subject to the overall availability of funding, qualify to be assessed under future rounds of the Scheme. If this arises, the terms and conditions of the scheme, as outlined in Circular Letter (0055/2015) which may be accessed on my Department's website, will continue to apply when allocating funding to such projects.

In the meantime, the school may use its minor works grant, which all primary schools received last November, to carry out the works in full or on a phased basis as that grant permits if the school considers them to be a priority.

Special Educational Needs

170. **Deputy Sean Fleming** asked the Minister for Education and Skills if he is considering

a school (details supplied) for an autism spectrum disorder unit; and if he will make a statement on the matter. [14095/16]

Minister for Education and Skills (Deputy Richard Bruton): My Department's policies focus on ensuring that all children can have access to an education appropriate to their needs, preferably in school settings through the primary and post primary school network.

A range of placement options for pupils with special educational needs is provided in order to ensure that all pupils can receive a school placement. Many pupils with special educational needs will be able to attend a local mainstream school, whereas for pupils who have needs which require more specialist interventions, special class and special school placements are provided for.

The National Council for Special Education (NCSE), through its network of local Special Educational Needs Organisers (SENOs), is responsible for processing applications from primary and post-primary schools for special educational needs supports, including the establishment of special classes in various geographical areas as required. The NCSE operates within my Department's criteria in allocating such support.

The NCSE continues to monitor and review the requirement for special class places in particular areas and has capacity to establish such new special classes where necessary subject to the willingness of schools to open classes. The NCSE has advised that it expects to open up to 100 new special classes for the coming school year.

The NCSE has indicated that, at present, there is sufficient capacity within existing ASD classes to meet demand for placements at primary level in the area referred to by the Deputy.

All schools have the contact details of their local SENO, while Parents may also contact their local SENO directly to discuss their child's special educational needs, using the contact details available on www.ncse.ie.

The enrolment of a child to a school is a matter, in the first instance, for the parents of the child and the Board of Management of a school. Full details of all special classes are available at www.ncse.ie.

Gaelscoileanna Il-sainchreidmheacha

171. D'fhiafraigh **Deputy Catherine Martin** den an Aire Oideachais agus Scileanna cad iad na pleananna atá aige chun gaelscoil ilchreidmheach a chur ar fáil i gceantar Dhroim Conrach i mBaile Átha Cliath le go ndéanfar freastal ar mhianta cuid mhór tuismitheoirí agus a bpáistí; agus an ndéanfaidh sé ráiteas ina thaobh [14121/16]

Minister for Education and Skills (Deputy Richard Bruton): Ó 2011 ní gnách scoileanna nua a thógáil ach amháin i gceantair ina bhfuil méadú ar an daonra. Tá próiseas oscailte cinnte patrúnachta i bhfeidhm ag an Roinn maidir le cé a bheidh mar phatrún ar na scoileanna. Is faoi gach patrún agus patrún ionchasach atá sé iarratas a dhéanamh faoin bpróiseas seo agus is é éileamh ó thuismitheoirí an rud is tábhachtaí.

Tá Córas Faisnéise Geografaí in úsáid ag an Roinn chun na ceantair ar fud na tíre is mó atá faoi bhrú déimeagrafach a aithint. Sa chóras seo úsáidtear sonraí ón bPríomh-Oifig Staidrimh, ó Shuirbhéireacht Ordanáis na hÉireann, ón Roinn Coimirce Sóisialaí agus ón bhunachair shonraí na Roinne seo. Leis an bhfaisnéis seo, déanann an Roinn seo againne cleachtaí déimeagracha ar fud a tíre le fáil amach cá háit a bhfuil gá le cóiríocht bhreise scoile ar leibhéal bunscoile agus

iarbhunscoile araon.

Maidir le mo chinneadh ar phatrúnacht cheantar Dhroim Conrach/Marino, rinne an Roinn seo measúnú ar na hiarratais a fuarthas agus d'ullmhaigh tuarascáil le cur faoi bhráid an Ghrúpa um Bunú Scoileanna Nua, a chuir a dtuarascáil siúd agus a gcuid moltaí ar aghaidh chugamsa le go mbreithneoinn iad agus cinneadh deireanach a dhéanamh. Ghlac mé lena moladh agus beidh an phatrúnacht mar a fógraíodh í. Mar sin féin, rinne an Grúpa tagairt don éileamh láidir ar oideachas Gaeilge i gceantar Dhroim Conrach/Marino agus mhol siad an t-ábhar a choimeád faoi athbhreithniú i gcleachtaí déimeagrafacha a dhéanfar amach anseo.

Mar is eol don Teachta, b'fhéidir, is é an phríomhchúram ar an Roinn seo a chinntiú go bhfuil slí sna scoileanna in aon cheantar ar leith do na daltaí uile a iarrann áit iontu. Dá bharr brúnna déimeagrafacha, is féidir nach bhfaigheadh gach dalta áit sa scoil is céadrogha di nó dó.

DEIS Scheme

172. **Deputy Fiona O'Loughlin** asked the Minister for Education and Skills to immediately include a school (details supplied) under the delivering equality of opportunity in schools scheme and in whatever interim arrangements are in place pending his decision; and if he will make a statement on the matter. [14141/16]

Minister for Education and Skills (Deputy Richard Bruton): The Deputy may be aware that a process to review the DEIS Programme is currently underway in my Department. The overall scope of the review is to assess the existing DEIS Programme in the context of evaluations to date and any relevant policy and other developments in order to inform future policy to tackle educational disadvantage.

All aspects of the DEIS programme are being considered including the identification of schools. A Technical Advisory Group is examining available data sources in order to develop an improved identification process for the allocation of resources in the future.

The majority of the review work programme is scheduled for completion by the end of the current school year. In the meantime my focus, and that of my Department, is on maintaining current DEIS supports while the review process is underway. The programme for a Partnership Government has committed to publish a new updated Action Plan for Educational Inclusion within 12 months. Subject to Government approval, it is intended to start to implement actions arising from an updated plan in the 2017/18 school year.

Accordingly, pending the outcome of the review process I do not propose to make any changes to the current programme, including the addition of further schools or any other interim arrangements.

DEIS Scheme

173. **Deputy Fiona O'Loughlin** asked the Minister for Education and Skills the primary schools in County Kildare that have delivering equality of opportunity in schools status and the extra supports and resources this provides to them; the process by which a school can receive this status; and if he will make a statement on the matter. [14142/16]

Minister for Education and Skills (Deputy Richard Bruton): The list of primary schools in County Kildare that have DEIS status is available on my Department's website at the following link:-

<http://www.education.ie/en/Schools-Colleges/Services/DEIS-Delivering-Equality-of-Opportunity-in-Schools/>.

The resources provided for the schools in question are set out hereunder.

The Deputy may be aware that a process to review the DEIS Programme is currently underway in my Department. The overall scope of the review is to assess the existing DEIS Programme in the context of evaluations to date and any relevant policy and other developments in order to inform future policy to tackle educational disadvantage.

Accordingly, pending the outcome of the review process I do not propose to make any changes to the current programme, including the addition of further schools.

Resources Provided to Primary Schools under the DEIS Programme

Resources for Band 1 Schools:-

Reduced class sizes with pupil teacher ratios of 20:1 in junior schools, 22:1 in vertical schools and 24:1 in senior schools.

With effect from September 2012 DEIS Band 1 schools are given an allocation of 0.2 of a post, where the school has less than 200 students, and 0.4 of a post where the school has 200 or more students, additional to the mainstream provision of 0.2 of a post in all-boys & mixed school and 0.16 of a post in All-girls schools.

Resources for Band 1 and Band 2 Schools:-

The appointment of an Administrative Principal in Band 1 schools is based on 116 pupils and in Band 2 schools is based on 145 pupils.

Access to Home/School/Community Liaison (HSCL) services.

Access to range of supports under School Completion Programme (SCP).

Access to literacy/numeracy support service to specific literacy/numeracy measures.

Access to transfer programmes.

Resources for Band 1, Band 2 and DEIS Rural schools:-

Additional non-pay/capitation allocation based on level of disadvantage.

Additional funding under School Books Grant Scheme.

Access to Schools Meals Programme.

Access to planning supports.

Access to a range of professional development supports.

Educational Disadvantage

174. **Deputy Fiona O'Loughlin** asked the Minister for Education and Skills to publish the review of the delivering equality of opportunity in schools scheme commissioned by his predecessor; and if he will make a statement on the matter. [14143/16]

Minister for Education and Skills (Deputy Richard Bruton): As the Deputy may be

aware, a process to review DEIS, the Action Plan for Social Inclusion, is ongoing. The majority of the review work programme is scheduled for completion by the end of the current school year.

The overall scope of the review is to assess the existing DEIS Programme in the context of evaluations to date and any relevant policy and other developments, in order to inform future policy on educational disadvantage.

The review project involves a number of strands:

- Stakeholder consultation is a key component of the process and, at the outset, the education partners were invited for their views on both the current and future operation of the programme. Comprehensive submissions were received and are being considered as part of the review. Further stakeholder engagement with the Education Partners took place on 23 May 2016. Further engagement with other stakeholders will take place over the coming weeks.

- An internal DEIS Advisory Group within my Department is considering the make-up of the current DEIS School Support Programme in the context of the learning from the implementation of the programme to date and the input of education stakeholders

- An Interdepartmental Group is considering current and potential future supports to tackle educational disadvantage provided by other Government Departments and agencies in order to ensure greater cohesion and cross-sectoral cooperation for future service delivery

- A Technical Advisory Group is examining available data sources in order to develop an improved identification process for the inclusion of schools in any future resource allocation framework to tackle educational disadvantage.

The programme for a Partnership Government has committed to publish a new updated Action Plan for Educational Inclusion within 12 months. Subject to Government approval, it is intended to start to implement actions arising from an updated plan in the 2017/18 school year.

Teaching Council of Ireland

175. **Deputy Michael Healy-Rae** asked the Minister for Education and Skills his views on a number of issues (details supplied); and if he will make a statement on the matter. [14155/16]

Minister for Education and Skills (Deputy Richard Bruton): Since 2006, the Teaching Council is the body with statutory responsibility and authority for regulation of the teaching profession, including the registration of teachers under the Teaching Council Acts 2001-2015.

Under the Teaching Council [Registration] Regulations 2009, Regulation 3 (Montessori and other categories), graduates with certain Montessori qualifications (Level 8 on the National Framework of Qualifications) are allowed to be registered as teachers to teach in certain restricted settings in recognised schools.

Lengthening and reconfiguring the programmes of initial teacher education is a key component of the National Strategy to Improve Literacy and Numeracy among Children and Young People 2011-2020. These changes were incorporated into the Teaching Council's Policy Paper on the Continuum of Teacher Education, which set the criteria for providers of initial teacher education.

A revision to the registration regulations is required to provide for the recognition of graduates of the 59 reconceptualised programmes of initial teacher education which are accredited

by the Council as qualifying persons to teach in Ireland. The revised regulations will also give effect to changes made in the Teaching Council (Amendment) Act 2015, such as the placing of the garda vetting of new teachers on a statutory footing. Revised regulations have recently been approved by the Teaching Council and will shortly take effect.

Further to significant stakeholder engagement following publication of draft revised registration regulations in 2014, the new regulations will provide for persons currently registered with the Council under Regulation 3 on the basis of holding a level 8 Montessori qualification. The Regulations will also allow for the registration of persons who obtain a level 8 Montessori qualification, where the course is commenced on or before 1 October 2016 and the qualification is obtained before the end of 2021.

The Department has no plans to change the current position whereby teachers who are registered with a level 8 Montessori qualification under Regulation 3 (or its equivalent in the new regulations) who are eligible for employment as teachers of pupils with special education needs in recognised mainstream primary schools and special schools.

The Deputy refers also to the Supplementary Special National Panel. The position is that, since the end of the 2012/13 school year, this Panel is being phased out and no new applications are being accepted. This decision by my Department reflects the wider availability of primary teachers who are qualified to work in all settings, which was not the case when this panel was originally set up.

I note also the reference to probation and Droichead. Since 2012, the Teaching Council has responsibility for determining policy, procedures and criteria for the induction and probation of newly qualified teachers. Following approval of the Droichead process as its policy on induction and probation in March 2016, the Council requested the Inspectorate in my Department to continue to conduct inspection visits for the purpose of probation during the growth and development phase. As part of this growth phase, the Council indicated that from September 2016, newly qualified teachers in mainstream settings may complete probation in the traditional manner, through external evaluation conducted by inspectors. However, completion of the induction/probation process in special education settings can only be achieved through the Droichead process.

Teaching Council of Ireland

176. **Deputy Róisín Shortall** asked the Minister for Education and Skills his views on and rationale in relation to a proposal (details supplied) including its adverse impact on special needs children; the implications for the 1,300 teachers registered under the regulation and for teachers who trained outside Ireland and who wish to secure employment here; if he will reopen the consultation process for this proposal; and if he will make a statement on the matter. [14160/16]

Minister for Education and Skills (Deputy Richard Bruton): Since 2006, the Teaching Council is the body with statutory responsibility and authority for regulation of the teaching profession, including the registration of teachers under the Teaching Council Acts 2001-2015.

Under the Teaching Council [Registration] Regulations 2009, Regulation 3 (Montessori and other categories), graduates with certain Montessori qualifications (Level 8 on the National Framework of Qualifications) are allowed to be registered as teachers to teach in certain restricted settings in recognised schools.

Lengthening and reconfiguring the programmes of initial teacher education is a key compo-

ment of the National Strategy to Improve Literacy and Numeracy among Children and Young People 2011-2020. These changes were incorporated into the Teaching Council's Policy Paper on the Continuum of Teacher Education, which set the criteria for providers of initial teacher education. The Deputy should note also that all graduates of initial teacher education programmes from summer 2016 onwards will have studied SEN modules under the Council's standards for these programmes.

It is my Department's policy that all students are entitled to be taught first and foremost by fully qualified, registered teachers. The revision to the registration regulations is in accordance with the policy and the revised regulations will provide for the recognition of graduates of the 59 reconceptualised programmes of initial teacher education which are accredited by the Council as qualifying persons to teach in Ireland. The revised regulations will also give effect to changes made in the Teaching Council (Amendment) Act 2015, such as the placing of the garda vetting of new teachers on a statutory footing. Revised regulations have recently been approved by the Teaching Council and will shortly take effect.

Further to significant stakeholder engagement following publication of draft revised registration regulations in 2014, the new regulations will provide for persons currently registered with the Council under Regulation 3 on the basis of holding a level 8 Montessori qualification. The Regulations will also allow for the registration of persons who obtain a level 8 Montessori qualification, where the course is commenced on or before 1 October 2016 and the qualification is obtained before the end of 2021.

The Department has no plans to change the current position whereby teachers who are registered with a level 8 Montessori qualification under Regulation 3 (or its equivalent in the new regulations) are eligible for employment as teachers of pupils with special education needs in recognised mainstream primary schools and special schools.

School Transport

177. **Deputy James Browne** asked the Minister for Education and Skills further to Parliamentary Question No. 102 of 26 May 2016, if he monitors payments to Bus Éireann under State aid rules; if Bus Éireann is market-orientated; the meaning of the phrase market-oriented; if Bus Éireann competes with private bus operators; the specific monitoring precautions in place since 2004 to make sure there is no cross-subsidisation from payments to Bus Éireann for school transport; and if he will make a statement on the matter. [14167/16]

Minister of State at the Department of Education and Skills (Deputy John Halligan): Payments made to Bus Éireann, which operates the School Transport Scheme on behalf of my Department are in line with the Summary of Accounting Arrangements relating to the Transport Scheme for Primary and Post-Primary School Children dated 1 January 1975.

My Department receives an Annual Statement of Account in respect of the School Transport Scheme, which includes an audit opinion provided by independent external auditors.

For 2015 and prior years the opinion states that the financial information of Bus Éireann's School Transport Scheme is prepared, in all material respects, in accordance with the Summary of Accounting Arrangements relating to the Transport Scheme for Primary and Post-Primary School Children dated 1 January 1975. The auditors have stated that they believe that the audit evidence they have obtained is sufficient and appropriate to provide a basis for their audit opinion.

School transport services operated by Bus Éireann are provided using a mix of publicly

owned buses and private vehicles supplied by private operators under contract to Bus Éireann. About 90% of the vehicles used to provide school transport services each day under the School Transport Scheme are sourced from private contractors.

Third Level Admissions Assistance

178. **Deputy Jan O’Sullivan** asked the Minister for Education and Skills if a person who got the necessary points for a higher education place following a recheck, but got the information too late to take the place and has therefore deferred it, can retain the option of the place while also making a new application to the Central Applications Office; and if he will make a statement on the matter. [14171/16]

Minister for Education and Skills (Deputy Richard Bruton): The responsibility for managing access to third level places rests with the Central Applications Office (CAO) and the third level institutions generally. The higher education institutions have delegated to the CAO the task of processing applications to their first year undergraduate courses. However, the participating institutions retain the function of making decisions on admissions. Neither my Department nor the Higher Education Authority has any role to play in relation to the operation of the CAO or the admissions policies of third level institutions.

Any question on individual cases should be addressed directly to the higher education institution’s admissions office or to the CAO itself. Details for contacting the CAO are available at: <http://www.cao.ie/index.php?page=contact>.

Special Educational Needs Data

179. **Deputy Michael Lowry** asked the Minister for Education and Skills the number of autistic spectrum disorder units attached to primary and secondary schools in the Clonmel catchment area of County Tipperary; if there are sufficient units to meet the needs of children in this area; his plans to increase the number of primary and secondary schools; and if he will make a statement on the matter. [14180/16]

Minister for Education and Skills (Deputy Richard Bruton): My Department’s policies focus on ensuring that all children can have access to an education appropriate to their needs, preferably in school settings through the primary and post primary school network.

A range of placement options for pupils with special educational needs is provided, in order to ensure that all pupils can receive a school placement. Many pupils with special educational needs will be able to attend a local mainstream school, whereas for pupils who have needs which require more specialist interventions, special class and special school placements are provided for.

The National Council for Special Education (NCSE), through its network of local Special Educational Needs Organisers (SENOs), is responsible for processing applications from primary and post primary schools for special educational needs supports, including the establishment of special classes in various geographical areas as required. The NCSE operates within my Department’s criteria in allocating such support.

I am advised by the NCSE that there are currently 4 classes for children with ASD at primary level and a further 3 classes at post primary level in the Clonmel area.

The NCSE continues to monitor and review the requirement for special class places in par-

ticular areas and has capacity to establish such new special classes where necessary subject to the willingness of schools to open classes. The NCSE has advised that they expect to open up to 100 new special classes for the coming school year.

The NCSE has identified the need for an additional ASD class at Primary Level in the Clonmel area and are currently liaising schools in the area with a view to establishing an additional class for the 2016/17 school year.

Question No. 180 answered with Question No. 163.

Leader Programmes Administration

181. **Deputy Brendan Griffin** asked the Minister for the Environment, Community and Local Government when the Leader programme will be available for applications in County Kerry; the reason for the delay in rolling it out; if he will prioritise this; and if he will make a statement on the matter. [14133/16]

Minister for the Environment, Community and Local Government (Deputy Simon Coveney): My Department is currently concluding the selection of LEADER local development strategies, in accordance with strict EU regulatory requirements. At this stage, 32 strategies have been received from the 28 designated LEADER areas, of which 26 have been evaluated. The remaining six strategies will be evaluated by the Selection Committee later this month.

To date, discussions regarding contracts and implementation arrangements have been held with 17 local action groups, including in County Kerry, whose strategies have reached the required standard.

The first LEADER contracts will issue to local action groups (LAGs), including in County Kerry, on a phased basis over the coming weeks as any remaining outstanding issues with local development strategies are finalised and contract and implementation arrangements are concluded with the respective LAGs.

Discussions will progress with the remaining groups over the coming weeks with a view to commencing programme implementation in all areas as soon as possible, while also focussing on securing high quality LEADER strategies that will yield optimum results for rural Ireland.

Local Authority Assets

182. **Deputy Brendan Griffin** asked the Minister for the Environment, Community and Local Government the status of an application by Kerry County Council to dispose of a property it owns (details supplied) in County Kerry; and if he will make a statement on the matter. [14028/16]

Minister for the Environment, Community and Local Government (Deputy Simon Coveney): My Department has not received an application from Kerry County Council to dispose of the property in question. It is a matter for the Council, which owns the property, to determine in the first place its future use or disposal.

Waste Management

183. **Deputy Michael Healy-Rae** asked the Minister for the Environment, Community and Local Government his views on a matter (details supplied) regarding the charge for the collection of bins; and if he will make a statement on the matter. [14029/16]

Minister for the Environment, Community and Local Government (Deputy Simon Coveney): Government waste policy is predicated on the waste hierarchy as set out in the EU's Waste Framework Directive. A number of specific measures have been, and will continue to be, introduced to reduce the amount of waste generated in the State and to increase the segregation of waste which cannot be prevented in line with Government policy. The introduction of pay-by-weight charges for the collection of household waste is one such measure.

The legislation requires that from 1 July, 2016 the collector will charge for each kilogramme of waste collected. The Government has set a minimum mandatory fee per kilogramme for the different types of household waste: 11c for black bin (residual waste), 6c for brown bin (food/organic waste) and I have decided that a zero cent minimum fee per kilogramme should be set for green bins (recyclate). The collector may also charge a service fee, which may typically cover staff, collection, administrative and back office, capital and overhead costs.

Under the current arrangements, customers pay in a variety of ways including flat fees, pay per lift, pay per tag and banded weighing systems. As is now the case, from 1 July 2016, it will be a matter for the collector to set charges at the level they consider to be competitive, including whether they wish to charge separately for the collection of recyclate, in compliance with the requirements of the legislation.

Unfinished Housing Developments

184. **Deputy James Lawless** asked the Minister for the Environment, Community and Local Government the progress in completing unfinished housing estates in County Kildare; the number of these he can hand over to the local authority; and if he will make a statement on the matter. [14041/16]

Minister for the Environment, Community and Local Government (Deputy Simon Coveney): Since 2010, an annual National Housing Survey of Unfinished Housing Developments has been conducted during the Summer months to monitor progress. In that period, the number of unfinished housing developments has decreased by approximately three-quarters, from nearly 3,000 in 2010 to 668 in 2015. Of the 668 unfinished developments identified in the 2015 survey, my objective is to resolve as many more developments as possible with a particular focus on the 492 of these developments with residents.

The detailed findings of the annual surveys providing a breakdown of unfinished housing developments across local authority areas, annual progress reports and other useful publications and information in relation to Unfinished Housing Developments are available on the Housing Agency's website:

<http://www.housing.ie/Our-Services/Unfinished-Housing-Developments.aspx>

The 2015 National Housing Development Survey and the Annual Progress Report illustrate that improvements are continuing to be made in resolving unfinished developments and that the reactivation of sites is now evident throughout the country. The 2015 Survey showed that good progress is being made in Kildare, where 32 unfinished housing developments were recorded in 2015, representing a 56% reduction over 2014. Reactivation of construction on sites is also evident in the county, with over 30% of the 32 sites in Kildare reactivated in 2015.

My Department has issued detailed guidance to planning authorities in relation to the taking-in-charge of housing estates and the steps to be followed in this regard. The matter of taking-in-charge of estates is a matter for Kildare County Council.

The Government has committed, as set out in the Programme for a Partnership Government, to seek additional funding for the completion of the remaining unfinished housing developments to 2017. This recognises that finishing out housing developments will alleviate housing supply pressures and deliver social housing units under the social housing obligations, contained in Part V of the Planning and Development Acts 2000 to 2015.

Irish Water

185. **Deputy David Cullinane** asked the Minister for the Environment, Community and Local Government the status of his commitment to retaining Irish Water in public ownership, and given this, if he will introduce legislation to amend section 4 of the Water Services Act 2013, which refers to the subsidiary, Irish Water, as a private company limited by shares. [14067/16]

Minister for the Environment, Community and Local Government (Deputy Simon Coveney): The Government decided in December 2011, based on the recommendations in an independent assessment, to establish a public water utility company to take over the operational and capital delivery functions of local authorities in the water services area. The Government also decided that the question of whether the role of Irish Water should be assigned to an existing State Agency merited further analysis with a view to ensuring that existing resources and capabilities in the State sector were used to best effect.

This further analysis was undertaken by a team comprising my Department and NewERA, in consultation with the Department of Communications, Energy and Natural Resources. The process involved an assessment of the capacity and capabilities of a number of State agencies from amongst those identified in the independent assessment as having the potential to incorporate a new water utility. The process involved the making of detailed submissions and presentations by Bord na Móna and Bord Gáis Éireann based on identified capabilities required for the establishment and operation of Irish Water.

The outcome of the analysis was that Irish Water should be established as an independent State owned company within the Ervia Group.

The Water Services Act 2013 provided for the establishment of Irish Water as a subsidiary of Bord Gáis Éireann (now Ervia), conforming to the conditions contained in the Act and registered under the Companies Acts.

Section 5 of the Water Services Act 2013, as amended by Section 46 of the Water Services (No. 2) Act 2013, prohibits each of the shareholders of Irish Water – who are the Minister for the Environment, Community and Local Government, the Minister for Finance and Ervia - from disposing of their shareholding in Irish Water and thus placed a statutory prohibition on the privatisation of Irish Water. To further strengthen this protection of the State's ownership of the company, Section 2 of the Water Services Act 2014 provides that in the event of any proposal for legislation being brought forward at any future stage that would involve a change in the State ownership of Irish Water, the matter would have to be put to a plebiscite of the people.

Building Regulations

186. **Deputy Barry Cowen** asked the Minister for the Environment, Community and Local Government further to Parliamentary Question No. 29 of 24 May 2016, which cited the figure of €3,800 as the average cost for securing assigned certifier services for the construction of a multi-unit dwelling, if this is the estimated cost for the statutory certifier fees only and not an estimate of the additional average construction costs for a multi-unit dwelling that are incurred since March 2014 under BC(A)R SI.9. [14083/16]

187. **Deputy Barry Cowen** asked the Minister for the Environment, Community and Local Government his estimate for all additional average unit construction costs for a multi-unit dwelling that were incurred since March 2014 under BC(A)R SI.9, including estimates for BC(A)R additional contractor and specification costs, BC(A)R Part L (fRsi/Wufi) certification costs, BC(A)R acoustic testing for Part E costs, multi-unit BC(A)R phasing costs, and Part V costs. [14084/16]

Minister of State at the Department of the Environment, Community and Local Government (Deputy Damien English) (Deputy Damien English): I propose to take Questions Nos. 186 and 187 together.

The key impact on costs associated with the implementation of the Building Control (Amendment) Regulations 2014 lies in the requirement for the appointment of an Assigned Certifier whose role, in conjunction with the builder and the project team, is to draw up and execute an appropriate inspection plan and to certify the building's compliance with Building Regulations on completion. While fees for professional services are determined by market forces and are therefore outside the scope of my regulatory powers, as part of last year's review of the first twelve months of the operation of the regulations, my Department prepared a Sample Preliminary Inspection Plan for a Single Unit Dwelling on a Single Development.

The cost calculations published to accompany the Sample Preliminary Inspection Plan demonstrated that the Assigned Certifier role could be achieved at an approximate cost of €3,800 inclusive of VAT. Where additional design work is required the combined cost of Assigned Certifier duties and additional design work will be of the order of €6,000 inclusive of VAT. These costs relate to the implementation of the inspection plan on a single non-complex dwelling; they do not relate to multi-units dwellings, such as apartments, where the costs may be considerably lower due to economies of scale. A copy of this plan and all other documents released as part of that public consultation are available on my Department's website at <http://www.environ.ie/search/archived/archived/archived/current?query=sample%20inspection%20plan>.

During the public consultation, a number of respondents confirmed that the Assigned Certifier services could be secured in line with the Department's estimates.

In general terms, the cost of delivering housing is dependent on the type, size and geographic location of the development concerned and on the contractual arrangements leading to its construction. Fees for professional services, including those relating to acoustic and energy performance requirements in accordance with Parts E and L of the Building Regulations, are determined by the market place and are separate to requirements under S.I. No. 9 of 2016 as are contractor and specification costs and Part V obligations.

In the latter case, new obligations under Part V of the Planning and Development Acts have been introduced to balance viability and social housing delivery. In addition, revised planning guidelines on apartment standards, which are now on a statutory footing under the Planning and Development Acts, have the potential to significantly reduce the cost of high quality apartment building.

In accordance with the Programme for a Partnership Government, my Department is prepar-

ing a new Action Plan for Housing and will continue to liaise closely with other Departments and agencies as well as with industry stakeholders with a view to identifying any reasonable and appropriate measures that may be taken in the interests of reducing construction overheads to facilitate an increased level of housing output.

Regeneration Projects

188. **Deputy Aengus Ó Snodaigh** asked the Minister for the Environment, Community and Local Government the amount allocated to each estate regeneration project in each of the years 2007 to 2016 to date. [14135/16]

189. **Deputy Aengus Ó Snodaigh** asked the Minister for the Environment, Community and Local Government the annual housing budget his Department allocated to Dublin City Council including the amount allocated to regeneration projects and if the money was fully drawn down in each of the years 2006 to 2016 to date, in tabular form; the housing projects, by Dublin local authority, by housing body, by those granted, by grant given, by the number of dwellings proposed, then authorised, by the number of applications refused; by commencement date and by rejection date, in each of the years 2011 to 2016 to date, in tabular form. [14136/16]

Minister for the Environment, Community and Local Government(Deputy Simon Coveney): I propose to take Questions Nos. 188 and 189 together.

The information requested is being compiled and will be forwarded to the Deputy as soon as possible.

Regeneration Projects Funding

190. **Deputy Aengus Ó Snodaigh** asked the Minister for the Environment, Community and Local Government his future policy on and commitment to delivering social, economic, cultural and environmental goals in regeneration areas with particular regard to the level of resource allocation given a statement (details supplied). [14137/16]

Minister for the Environment, Community and Local Government (Deputy Simon Coveney): My Department's regeneration programme targets the country's most disadvantaged communities; those defined by the most extreme social exclusion, unemployment and anti-social behaviour. Regeneration seeks to rebuild these communities by addressing not just the physical environment in which they live but also by investing in the social and economic development of the areas. This Government has confirmed its continued support for the regeneration of urban centres in the recently published Programme for a Partnership Government.

Regeneration projects are currently supported by my Department through its Social Housing Capital Investment Programme. These include large projects (Dublin City, Limerick City and Cork City) and small (Tralee, Sligo and Dundalk).

Funding of €73 million is being provided in 2016 to allow for the continuation of these projects. This includes funding for social inclusion initiatives and other measures at community level in the regeneration locations.

Housing Data

191. **Deputy Michael McGrath** asked the Minister for the Environment, Community and Local Government the number of vacant residential properties owned by private citizens, banks, non-bank lenders, local authorities, in receivership and so on; and if he will make a statement on the matter. [14151/16]

Minister for the Environment, Community and Local Government (Deputy Simon Coveney): My Department does not hold the information requested by the Deputy.

The Housing Agency presented a paper for the Oireachtas Committee on Housing and Homelessness in relation to vacant homes in Ireland. I understand the figures produced by the Housing Agency drew on Census 2011. The report is available at: <http://www.housing.ie/our-publications/latest-publications.aspx>.

This year's Census will provide more information on the number of vacant units in Ireland. Moreover, the potential to bring vacant units in private ownership back into productive use will be examined in the context of drafting the Government's Action Plan for Housing.

In relation to vacant local authority units, high priority has been placed on supporting local authorities to return vacant social housing units to productive use for those on the housing waiting list. Between 2014 and 2015, some 5,000 such units were remediated with Exchequer support and were made available to those on housing waiting lists. Work was also carried out by local authorities themselves on vacant houses through normal pre-letting works. Over the last two years, my Department has provided some €60 million for this purpose. This investment is a very significant support to deal with the backlog of vacant social housing units and a key element in addressing urgent social housing need.

Private Rented Accommodation

192. **Deputy Michael McGrath** asked the Minister for the Environment, Community and Local Government if a residential tenant's rights cease if the owner of the property wishes to sell the property and seek vacant possession; his plans to address this; and if he will make a statement on the matter. [14152/16]

Minister for the Environment, Community and Local Government (Deputy Simon Coveney): The Residential Tenancies Act 2004 regulates the landlord-tenant relationship in the private rented residential sector and sets out the rights and obligations of landlords and tenants. Security of tenure under the Act is based on rolling four-year tenancy cycles. Where a tenant has been in occupation of a dwelling for a continuous period of 6 months and no notice of termination has been served in respect of that tenancy before the expiry of the period of 6 months, the tenancy is established for the remainder of the four year period. This is referred to in the Act as a 'Part 4' tenancy.

A landlord may not terminate a Part 4 tenancy except on clearly defined grounds which are set out in the Table to section 34 of the Act. These grounds include that the landlord intends to sell the dwelling, that the landlord wishes to change the use of the dwelling, and that the landlord requires the dwelling for a family member.

Amendments introduced in the **Residential Tenancies (Amendment) Act 2015** further strengthen the protections around tenancy terminations by providing for measures that will guard against, for example, landlords falsely declaring that the property is needed for a family member, or that it is going to be sold.

In addition, the 2015 Act introduced further graduated increases in the notice periods that

must be given to tenants of the termination of a tenancy so that a landlord must now give a tenant up to a maximum of 224 days' notice for tenancies of 8 years or more.

The Programme for a Partnership Government contains a specific commitment to review the regulatory regime for the rented sector to ensure that an appropriate balance is struck between the rights, interests and responsibilities of both tenants and landlords.

Hazardous Waste Removal

193. **Deputy Eamon Ryan** asked the Minister for the Environment, Community and Local Government if the remediation works carried out on the former Irish Glass Bottle site have identified all the chemicals on and being released from the site, including methane; and if the current contamination levels are safe or if further remediation works are necessary. [14162/16]

Minister for the Environment, Community and Local Government (Deputy Simon Coveney): I have no function in relation to the matters raised in this question. Notwithstanding the role performed by the Government in the designation of this general area as a Strategic Development Zone, it is subsequently a matter for the relevant development agency (in this instance, Dublin City Council), in consultation with landowners, including the National Asset Management Agency (NAMA) and the wider community, to prepare a planning scheme within which all the matters raised in the Question must be addressed, including carrying out relevant environmental assessments. Furthermore, a decision on a planning scheme may be appealed to An Bord Pleanála.

Social and Affordable Housing Provision

194. **Deputy Eamon Ryan** asked the Minister for the Environment, Community and Local Government the status of the requirement to provide social housing as part of the Spencer Dock development project on North Wall Quay in the Dublin docklands; if he has agreed the use of a site at the junction of Sheriff Street Upper and New Wapping Street for the provision of such social housing; the legal status for such a requirement to provide social housing units in circumstances where the ownership of a development may have changed hands; and if there are any circumstances where such an obligation may be removed. [14164/16]

Minister for the Environment, Community and Local Government (Deputy Simon Coveney): Requirements to provide social or affordable housing in Dublin Docklands development arose under the planning schemes made pursuant to the Dublin Docklands Act 1990, and in relation to future development, will arise under Part V of the Planning and Development Act 2000. This is now a matter for Dublin City Council and I have no role in relation to it. I cannot comment on the application of legal provisions in respect of particular cases.

Docklands Oversight and Consultative Forum

195. **Deputy Eamon Ryan** asked the Minister for the Environment, Community and Local Government when he will establish the Docklands Oversight and Consultative Forum; the members of the forum he has selected under the provisions of section 39 of the Dublin Docklands Development Authority (Dissolution) Act 2015; when the first meetings of the forum will take place; and if he will lay formal advice or proposals the forum presents to Dublin City Council before Dáil Éireann. [14165/16]

Minister for the Environment, Community and Local Government (Deputy Simon Coveney): Part 5 of The Dublin Docklands Development Authority (Dissolution) Act, 2015 contains provisions for the establishment of the Docklands Oversight and Consultative Forum and came into operation on 1 March 2016.

Dublin City Council recently nominated four councillors to the Forum. The Council has also advertised in local and national media inviting organisations who are representative of persons engaged in (a) community development (b) economic activity and (c) educational activity in the Dublin Docklands Area to express an interest in membership of the Forum. The closing date for receipt of expressions of interest is 17 June 2016.

On completion of this process I will, in accordance with Part 5 of the Act, prescribe the organisations that have expressed an interest in being part of the Docklands Oversight and Consultative Forum and additionally prescribe Public Authorities that are relevant to the work of the Forum. Following prescription I will, in consultation with the Dublin City Council, invite the prescribed bodies to nominate members to the Forum in accordance with Section 39 of the Act.

It is envisaged the first meeting of the Forum will take place in September 2016.

Section 49 of the Act requires the Forum to complete an annual report in relation to the performance of its functions and to submit it to Dublin City Council. The Council is required to submit the report to me and I will lay the report before each House of the Oireachtas.

State Pensions Reform

196. **Deputy Kathleen Funchion** asked the Minister for Social Protection to consider reinstating the supplementary State transition pension payment; and if he will make a statement on the matter. [14039/16]

Minister for Social Protection (Deputy Leo Varadkar): The Social Welfare and Pensions Act 2011 provided for a gradual increase in the State pension age. This process began in January 2014 with the abolition of the State pension (transition) previously available at 65, thereby standardising State pension age for all at 66 years. There are no plans to introduce changes to this legislation which was introduced on foot of a Government commitment included in the National Recovery Plan published in 2010 and in the subsequent Memorandum of Understanding with the EU/ECB/IMF.

Each year more people are living to pension age and living longer in retirement. As a result of this demographic change, the number of State pension recipients is increasing by approximately 17,000 annually. This has significant implications for the future costs of State pension provision which are currently increasing by close to €1 billion every 5 years. The purpose of changes to the State pension age is to make the pension system more sustainable in the context of increasing life expectancy.

In January 2016, and with reference to a number of factors including the increasing age at which a State pension can be drawn, the previous Government established an Interdepartmental Working Group, chaired by the Department of Public Expenditure and Reform, to consider policy that will support fuller working lives. This Group, on which my Department is represented, is examining the implications arising from prevailing retirement ages for workers in both the private and public sectors. I understand the Group is due to report to Government in the near future.

Invalidity Pension Applications

197. **Deputy Michael Healy-Rae** asked the Minister for Social Protection the status of an application by a person (details supplied) under the invalidity pension scheme; and if he will make a statement on the matter. [14085/16]

Minister for Social Protection (Deputy Leo Varadkar): Invalidity pension (IP) is a payment for people who are permanently incapable of work because of illness or incapacity and who satisfy the pay related social insurance (PRSI) contribution conditions.

The department received a claim for IP for the person concerned on 19 January 2016. In order to establish medical suitability, forms for completion issued to the person concerned on 19 February 2016. Following the issue of reminders, the completed medical forms were returned to the department on 1 April 2016. A social welfare inspector's report on the circumstances of the person in question was also requested in order to assist in determining eligibility.

The person concerned has been awarded invalidity pension with effect from the 21 January 2016. Payment will issue to his nominated bank account on the 16 June 2016. Any arrears due from the 21 January 2016 to the 15 June 2016 (less any overlapping social welfare payment and/or outstanding overpayment) will issue in due course. The person in question was notified of this decision on the 31 May 2016.

I hope this clarifies the matter for the Deputy.

Wage Subsidy Scheme

198. **Deputy Caoimhghín Ó Caoláin** asked the Minister for Social Protection the steps he has taken or will take to address the loss of jobs by 14 disabled workers at the Rehab Enterprises cardboard box manufacturing facility on the Hebron Industrial Estate, Kilkenny, given the announcement this month by Rehab Enterprises that it will close the facility and that these special needs workers all qualify for the wage subsidy scheme; if he will intervene and secure the facts regarding the economics of this enterprise; if the closure is irreversible, if he will help ensure alternative employment is secured in the Kilkenny area; and if he will make a statement on the matter. [13674/16]

Minister for Social Protection (Deputy Leo Varadkar): The wage subsidy scheme (WSS) is a support to private sector employers, providing financial incentives to employers who take on people with a disability for between 21 and 39 hours per week under a contract of employment. Rehab Enterprises, which is one of the largest organisations providing employment to people with disabilities in Ireland, was closely involved in the setting up of this scheme.

Rehab Enterprises currently employs 17 people at its cardboard box manufacturing facility in the Hebron Industrial Estate in Kilkenny. 14 of these employees have disabilities, 13 of whom are supported through the WSS.

Officials from my Department have been in contact with Rehab Enterprises regarding their plans to close their facility in Kilkenny. I understand that the closure of this facility is due to the availability of lower cost packaging from elsewhere and as a result the business is considered to be no longer viable. Rehab Enterprises have stated that they are committed to continuing to employ the members of this workforce through redeployment. However, where another reasonable role is not available, Rehab has undertaken to work with each person to help them to get alternative employment, training or other activity, which meet their needs and wishes.

Furthermore, my Department will assist and work with Rehab to provide appropriate supports to the people affected by this announcement, which may include assistance from the local EmployAbility service and for those who have an income support need, expediting applications for disability allowance or other suitable payment.

I hope this clarifies the matter for the Deputy.

Social Welfare Benefits Applications

199. **Deputy Michael Healy-Rae** asked the Minister for Social Protection the status of an application by a person (details supplied) under the illness benefit scheme; and if he will make a statement on the matter. [14022/16]

Minister for Social Protection (Deputy Leo Varadkar): An application for disability allowance was received from the person in question and, based upon the evidence submitted, was refused on medical grounds.

The person concerned requested a review of the decision by a deciding officer (DO) and submitted additional evidence for consideration. The review has now been concluded by a DO but the outcome is that the decision to refuse on medical grounds has been confirmed. They were notified of this on 1 June 2016 and advised of their right to appeal the decision to the independent Social Welfare Appeals Office.

I hope this clarifies the matter for the Deputy.

General Register Office

200. **Deputy Louise O'Reilly** asked the Minister for Social Protection his views on a matter (details supplied) regarding a birth certificate; and if he will make a statement on the matter. [14023/16]

Minister for Social Protection (Deputy Leo Varadkar): Section 65 of the Civil Registration Act 2004, provides that an tArd-Chláraitheoir (Registrar General) may examine an entry in a register to determine whether the entry is correct and complete and where an entry is found to be incorrect or incomplete arrange for the correction and completion of the entry.

The application to which the Deputy refers is being examined under that section of the Civil Registration Act 2004 by the General Register Office.

The General Register Office can be contacted as follows:

Email Address: gro@groireland.ie

By Telephone: Direct Dial +353(0)90 663 2900

LoCall: 1890252076

By Fax: + 353(0)90 663 2999

By Post:

General Register Office

Government Buildings

Convent Road

Co. Roscommon.

Back to Education Allowance Eligibility

201. **Deputy Brendan Griffin** asked the Minister for Social Protection if a MSc in psychological science is an eligible course for support under the back to education scheme; and if he will make a statement on the matter. [14034/16]

Minister for Social Protection (Deputy Leo Varadkar): The objective of the back to education allowance scheme (BTEA) is to assist those who are distant from the labour market to acquire the necessary education to improve their chances of becoming independent of the social welfare system. The BTEA, which is designed to support second chance education, enables eligible persons to pursue approved education courses and to continue to receive income support for the duration of a course of study, subject to meeting certain conditions.

Other than the Professional Masters in Education, which is a pre-requisite to taking up a teaching post, the BTEA does not provide income support to customers seeking to pursue a qualification at Masters Level. I have no plans to alter the current arrangement.

Services for People with Disabilities

202. **Deputy Jack Chambers** asked the Minister for Social Protection to provide further information on the fit for work programme referenced in the programme for Government; and if he will make a statement on the matter. [14047/16]

Minister for Social Protection (Deputy Leo Varadkar): The recently agreed programme for a partnership government provides for a range of actions that are designed to improve the quality of life for people with disabilities. One of these actions is a proposal for the Departments of Health and Social Protection to work together to pursue a “Fit for Work Programme” to support more people with an illness or disability to get back to work through early intervention.

The “Fit for Work” proposal is based on the findings of a pan European study, which examined the impact of musculoskeletal disorders (MSDs) on an individual’s ability to work. The Irish module of this study was progressed by a coalition of key stakeholders and was led by Arthritis Ireland. The Irish College of General Practitioners, ICTU, IBEC and the Health & Safety Authority also contributed to the study.

Early interventions and developing return to work practices in the case of people with musculoskeletal incapacities is consistent with my Department’s approach to illness/disability income support, which aims to reduce the number of people progressing to chronic disability and long-term social welfare dependency. To this end, my Department has in 2015, issued a set of certification guidelines for GPs, which sets out defined periods of recovery for common medical conditions, including MSDs.

While specific proposals for a “Fit for Work Programme” require further development and scoping out, I would like to assure the Deputy that any such proposals will be in line with the wealth of evidence which shows that generally employment is good for one’s mental and physical health and well-being and, conversely, that unemployment is damaging.

I hope this clarifies the matter for the Deputy

Social Insurance Data

203. **Deputy Michael McGrath** asked the Minister for Social Protection the number of persons paying class K pay related social insurance who have passed 66 years of age; and if he will make a statement on the matter. [14059/16]

Minister for Social Protection (Deputy Leo Varadkar): In 2014 there were 765 Class K contributors who were over 66 years of age. 2014 is the most recent year for which full year figures are available.

Carer's Allowance Delays

204. **Deputy Paul Murphy** asked the Minister for Social Protection the length of time an applicant must wait for payment under the carer's allowance scheme; the reason for this length of time and the measures he will take to shorten it, given the hardship it causes; and if he will make a statement on the matter. [14066/16]

Minister for Social Protection (Deputy Leo Varadkar): My Department is committed to providing a quality service to all its customers. This includes ensuring that applications are processed and that decisions on entitlement are made as quickly as possible.

My Department is experiencing some delay in the processing of new Carers allowance claims at present. The volume of CA claims on hand is a consequence of continued strong claim intake and the delays in processing are frequently caused by the customer failing to fully complete the claim form or failing to attach the supporting documentation that is requested on the application form.

An in-depth Business Process Improvement (BPI) review has recently been completed for the CA scheme. This project focused on optimising output, improving customer service and the elimination of backlogs.

The outcome of this review is a detailed plan outlining the process required to manage both the continuous weekly intake and reduce the average waiting time. My Department has introduced a number of measures to address the efficiency of claim processing for CA in light of the current waiting times, including the assignment of temporary and full-time staff and the facility to assign overtime working where appropriate.

These measures will, over time, lead to a reduction in the average waiting time. The position is being closely monitored and kept under review by the Department.

I hope this clarifies the matter for the Deputy.

Invalidity Pension Applications

205. **Deputy Michael Healy-Rae** asked the Minister for Social Protection the status of an application by a person (details supplied) under the invalidity pension scheme; and if he will make a statement on the matter. [14075/16]

Minister for Social Protection (Deputy Leo Varadkar): The person concerned has been

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awarded invalidity pension with effect from the 28 January 2016. Payment will issue to his nominated Post Office on the 16 June 2016. Any arrears due from the 28 January 2016 to the 15 June 2016 (less any overlapping social welfare payment and/or outstanding overpayment) will issue in due course. The person in question was notified of this decision on the 31 May 2016.

The delay in awarding this claim was due to a delay in submission of medical diagnostic reports to the department.

I hope this clarifies the matter for the Deputy.

Employment Support Services

206. **Deputy Jim Daly** asked the Minister for Social Protection if persons in receipt of a payment under the jobseeker's allowance or otherwise who are eligible for supported employment due to illness, injury, mental ill health or disability will not be denied access to the additional client-centred specialist support they need, via employability services, while working with payment-by-results JobPath providers, Turas Nua or Seetec, given that the majority of clients utilising supported employment in west Cork are not in receipt of payment under disability allowance or the invalidity allowance scheme and given the growing trend for referrals due to mental ill health; and if he will make a statement on the matter. [14092/16]

Minister for Social Protection (Deputy Leo Varadkar): The EmployAbility service is a national employment service dedicated to improving employment outcomes for people with disabilities who wish to take up employment. The budget for 2016 provides €9.6 million to run the service.

EmployAbility participants are people with a disability, which can range from physical to mental ill health, who are "job ready" (typically able to work a minimum of 8 hours per week and motivated to work) and need the support of a job coach to obtain employment in the open labour market. All potential EmployAbility clients must be referred through a Department of Social Protection Intreo office, or a Local Employment Service.

Participants should be in receipt of a disability-related social welfare payment, such as disability allowance, illness benefit, or invalidity pension. Where a potential client is not on a disability-related payment but on another payment, such as jobseeker's payments, a medical certificate or letter from their GP to verify their illness/injury/disability is required for registration on the service. There are no plans to change the eligibility criteria in this regard to access this service.

JobPath is a new approach to employment activation that supports people who are long-term unemployed and who are most distant from the labour market to secure and sustain full-time paid employment. Only clients in receipt of a jobseeker payment are referred to JobPath. Where it transpires that a jobseeker's allowance recipient on JobPath requires additional supports that are not available on JobPath and where such supports are available under the EmployAbility service, then arrangements may be made for the person to avail of the EmployAbility service if they meet the eligibility criteria for that service.

I hope this clarifies the matter for the Deputy.

Disability Allowance Applications

207. **Deputy Bobby Aylward** asked the Minister for Social Protection to expedite an appli-

cation by a person (details supplied) under the disability allowance scheme; and if he will make a statement on the matter. [14097/16]

Minister for Social Protection (Deputy Leo Varadkar): An application for disability allowance was received from the person in question and, based upon the evidence submitted, was refused on medical grounds.

The person concerned requested a review of the decision by a deciding officer (DO) and submitted additional evidence for consideration. The review has now been concluded by a DO but the outcome is that the decision to refuse on medical grounds has been confirmed. They were notified of this on 1 June 2016 and advised of their right to appeal the decision to the independent Social Welfare Appeals Office.

I hope this clarifies the matter for the Deputy.

Disability Allowance Applications

208. **Deputy Brendan Griffin** asked the Minister for Social Protection to approve an application by a person (details supplied) under the disability allowance scheme; and if he will make a statement on the matter. [14102/16]

Minister for Social Protection (Deputy Leo Varadkar): I can confirm that the department is in receipt of an application for disability allowance from the person concerned on 11 September 2015. In order to assist him/her to make a decision on eligibility, the deciding officer (DO) referred the application to a local social welfare investigative officer for a report on the person's means and circumstances.

The DO has received the report from the investigative officer but there is some essential supporting documentation still outstanding. This information has been requested by the DO directly from the person concerned. On receipt of this information, a decision will be made and the person concerned will be notified of the outcome.

I hope this clarifies the matter for the Deputy.

Domiciliary Care Allowance Applications

209. **Deputy Willie Penrose** asked the Minister for Social Protection the status of an appeal by a person (details supplied) under the domiciliary care allowance scheme; and if he will make a statement on the matter. [14168/16]

Minister for Social Protection (Deputy Leo Varadkar): An application for domiciliary care allowance was received from the person concerned on the 24th August 2015. This application was not allowed as the child was not considered to satisfy the qualifying conditions for the allowance. A letter issued on the 12th November 2015 outlining the decision of the deciding officer to refuse the allowance.

A review of this decision was requested on 2nd December 2015 and additional information on this child's condition/care needs was supplied. A letter issued on the 8th April 2016 outlining the decision of the deciding officer that a revised decision was not warranted as the child was not considered to satisfy the qualifying conditions. The person concerned was advised that if they were not happy with the deciding officer's decision, they could appeal the decision to the Social Welfare Appeals Office within 21 days. There is no record of any further correspon-

dence in relation to her claim.

I hope this clarifies the matter for the Deputy.

Disability Allowance Applications

210. **Deputy Willie Penrose** asked the Minister for Social Protection the status of an appeal by a person (details supplied) under the disability allowance scheme; and if he will make a statement on the matter. [14169/16]

Minister for Social Protection (Deputy Leo Varadkar): An application for disability allowance was received from the person in question by the department on 12 November 2015. The application, based on the evidence submitted, was refused on medical grounds and the person in question was notified in writing of this decision on 23 January 2016.

The person was also notified of his right to a review of this decision or to appeal it to the independent Social Welfare Appeals Office. My department has no record of an application for a review or an appeal in this case.

I hope this clarifies the matter for the Deputy.

Disability Allowance Payments

211. **Deputy Willie Penrose** asked the Minister for Social Protection the status of an appeal by a person (details supplied) under the disability allowance scheme; and if he will make a statement on the matter. [14170/16]

Minister for Social Protection (Deputy Leo Varadkar): The person concerned has been awarded disability allowance with effect from 20 January 2016. The first payment will issue to the person in question on 22 June 2016.

Once a decision is made and an application is put into payment, arrears are held for a period so that any necessary adjustment can be made in respect of other overlapping payments or in respect of outstanding payments.

I hope this clarifies the matter for the Deputy.

Carer's Allowance Appeals

212. **Deputy Bernard J. Durkan** asked the Minister for Social Protection when he will restore a carer's allowance or an exceptional needs payment in lieu thereof and rent support to a person (details supplied); and if he will make a statement on the matter. [14192/16]

Minister for Social Protection (Deputy Leo Varadkar): Payment of carer's allowance in the case of the person concerned was terminated in January 2016, when means were not disclosed during the course of a review of entitlement. The person concerned has appealed this decision and her case is currently with the social welfare appeals office. Entitlement to rent supplement is based on household means and cannot be determined in this case until all relevant requested documentation is submitted in support of this application. Payment of rent supplement is currently suspended.

The person concerned has not submitted an application for an emergency needs payment. These payments are made based on individual needs and circumstances and are also means tested.

I hope this clarifies the matter for the Deputy.

Rent Supplement Scheme

213. **Deputy Bernard J. Durkan** asked the Minister for Social Protection when he will approve payment to a person (details supplied) under the rent support scheme; and if he will make a statement on the matter. [14193/16]

Minister for Social Protection (Deputy Leo Varadkar): Though the Department is aware that the client applied for Rent Supplement at a previous location that has since closed, the Department has not, to date, received an application for Rent Supplement from the client concerned in respect of her current address. The client should forward an application to be assessed for entitlement to Rent Supplement to, the Mid-Leinster Rent Unit, PO Box 11758, Dublin 24.

I hope this clarifies the matter for the Deputy.

Carer's Allowance Applications

214. **Deputy Bernard J. Durkan** asked the Minister for Social Protection if and when he will approve an application by persons (details supplied) under the carer's allowance scheme; and if he will make a statement on the matter. [14195/16]

Minister for Social Protection (Deputy Leo Varadkar): I confirm that the department received an application for carer's allowance (CA) from the person concerned on 15 March 2016. Unfortunately, there are currently delays in the processing of new applications. Additional resources have been provided to the CA section in order to improve the waiting times for new applications and they are working hard to make this happen.

Frequently, delays are outside the control of the Department and are caused by the customer failing to fully complete the claim form or failing to attach the supporting documentation that is requested on the application form.

This application will be processed as quickly as possible and the person concerned will be notified directly of the outcome.

In the meantime, if the means of the person concerned are insufficient to meet her needs she should apply for a means-tested supplementary welfare allowance from her local community welfare service.

I hope this clarifies the matter for the Deputy.

Disability Allowance Payments

215. **Deputy Bernard J. Durkan** asked the Minister for Social Protection if and when he will pay arrears to a person (details supplied) under the disability allowance scheme; and if he will make a statement on the matter. [14196/16]

Minister for Social Protection (Deputy Leo Varadkar): Disability allowance arrears have recently issued to the person in question and he may expect to receive them within the next few days.

Carer's Allowance Applications

216. **Deputy Bernard J. Durkan** asked the Minister for Social Protection if a person (details supplied) is entitled to a further payment for a second child under the carer's allowance scheme; and if he will make a statement on the matter. [14197/16]

Minister for Social Protection (Deputy Leo Varadkar): Carer's allowance (CA) is in payment to the person concerned since 24 June 2010 in respect of one care recipient.

My department received an application for CA for a 2nd care recipient from the person concerned on 13 April 2016 in respect of her spouse.

This application will be processed as quickly as possible and the person concerned will be notified directly of the outcome. In the meantime, both the person concerned and her spouse are in receipt of a weekly social welfare support.

I hope this clarifies the matter for the Deputy.

Exceptional Needs Payment Eligibility

217. **Deputy Bernard J. Durkan** asked the Minister for Social Protection if a person (details supplied) qualifies for assistance arising from storm damage to a dwelling; and if he will make a statement on the matter. [14200/16]

Minister for Social Protection (Deputy Leo Varadkar): There is no record that the person concerned has applied for an exceptional needs payment. The relevant application form has been issued to the person concerned by post. A decision will be made on receipt of the completed application form.

I hope this clarifies the matter for the Deputy.

Rent Supplement Scheme Applications

218. **Deputy Bernard J. Durkan** asked the Minister for Social Protection if he will offer rent support to a person (details supplied); if he will make an exceptional needs payment in the interim; and if he will make a statement on the matter. [14201/16]

Minister for Social Protection (Deputy Leo Varadkar): As detailed to the Deputy in reply to Parliamentary Question No. 131 of 26th May 2016, my Department has not, to date, received an application for Rent Supplement from the client concerned. As previously advised, the client should forward an application to be assessed for entitlement to Rent Supplement to the Mid-Leinster Rent Unit, PO Box 11758, Dublin 24. I hope this clarifies the matter for the Deputy.

JobPath Implementation

219. **Deputy Willie O’Dea** asked the Minister for Social Protection the checks in place to ensure that two companies (details supplied) contracted to provide JobPath services are offering suitable and appropriate employment opportunities to participants; and if he will make a statement on the matter. [14236/16]

220. **Deputy Willie O’Dea** asked the Minister for Social Protection the annual cost of contracting two companies (details supplied) to deliver JobPath services; and if he will make a statement on the matter. [14237/16]

221. **Deputy Willie O’Dea** asked the Minister for Social Protection the training that companies (details supplied) contracted to deliver JobBridge undertake to deal with the specific needs of those who are long-term unemployed; and if he will make a statement on the matter. [14238/16]

Minister for Social Protection (Deputy Leo Varadkar): I propose to take Questions Nos. 219, 220 and 221 together.

JobPath will support long-term unemployed people and those most at risk of becoming long-term unemployed to secure and sustain paid employment. Two companies, Turas Nua and Seetec, have been contracted by the Department to deliver JobPath services.

Participants on JobPath receive intensive individual support to help them address barriers to employment and to find jobs. Each person is assigned a personal advisor who assesses their skills, experience, challenges and work goals and agrees a “personal progression plan” that includes a schedule of activities, actions and job focused targets.

Participants are provided with a range of development supports and may also be referred for further education and training opportunities to assist them in finding full-time sustainable employment. Examples of training and development activities include confidence building, motivation, interview preparation, literacy, IT courses and a variety of industry related skill needs. If placed into a job, the companies will continue to provide in-work support to the client for at least three months and up to twelve months while the client remains in employment.

JobPath is a payment by results model and all initial costs are borne by the companies. JobPath is so structured that the companies will not be able to fully recover their costs until they place sufficient numbers of jobseekers into sustainable jobs. The suitability of employment is a key factor in ensuring that jobs are sustainable. It is not intended to publish the individual payments to the JobPath companies as these are commercially sensitive and to do so would place the State at a disadvantage both in terms of the contracts now in place and any future procurement that may be undertaken.

The JobPath companies are subject to regular on-site checks and inspections to ensure that JobPath is delivered in accordance with contractual obligations. The Department will also commission customer satisfaction surveys to independently assess if customers are satisfied with the level, and quality, of service delivered by the contractors. Failure by the contractors to satisfy the Department’s inspectors or to achieve a satisfactory score in the independent survey will result in payment penalties being applied.

I hope this clarifies the matter for the Deputy.

Social Welfare Overpayments

222. **Deputy Michael Healy-Rae** asked the Minister for Social Protection his views on

a matter (details supplied) regarding a debt; and if he will make a statement on the matter. [14242/16]

Minister for Social Protection (Deputy Leo Varadkar): The debt in question occurred as the person concerned was absent from the State without notification to my Department from 5 November 2011 to 27 December 2012. Disability allowance (DA) was disallowed for that period as DA is not payable to persons while outside the State. The person concerned appealed this decision to the Social Welfare Appeal Office (SWAO) but the appeal against the revised decision was disallowed.

My department is obliged to recoup any debt owing to it in an appropriate and timely manner. There are no valid grounds for the balance of this debt to be written off.

The original debt amounted to €24,792 and the balance as at 1 June 2016 is €18,819.20. He is currently repaying €10 per week. The repayment of debt to the department is governed by guidelines. Those guidelines allow for the means and other circumstances of the debtor to be taken into account in deciding upon an appropriate recovery plan. If the person concerned wishes my Department to consider reducing the amount of weekly repayment, they should apply in writing to DA section and include as much information as possible about their weekly outgoings. On receipt of this information, a deciding officer will review the current recovery amount.

Partnership for Peace

223. **Deputy Seán Crowe** asked the Minister for Foreign Affairs and Trade the cost of Ireland's NATO Partnership for Peace liaison office in Brussels, Belgium, in each of the years 2011 to 2014. [14046/16]

Minister for Foreign Affairs and Trade (Deputy Charles Flanagan): The cost of running the Partnership for Peace liaison office in the years 2011 to 2014 is set out in the following table. This figure includes staff costs, office costs, building rental and maintenance and other overheads.

Year	Cost
2011	€546,290
2012	€460,051
2013	€439,475
2014	€405,892

Military Aircraft Landings

224. **Deputy Clare Daly** asked the Minister for Foreign Affairs and Trade why he gave permission for an aeroplane (details supplied) to land at Shannon Airport in County Clare on 25 May 2016 given that it has a range of up to 6,000 nautical miles without refuelling and should have had no need to land there. [14060/16]

Minister for Foreign Affairs and Trade (Deputy Charles Flanagan): The Air Navigation (Foreign Military Aircraft) Order 1952 gives the Minister for Foreign Affairs primary responsibility for the regulation of activity by foreign military aircraft in Ireland.

Permission must be sought in advance for landings by all foreign military aircraft, includ-

ing US aircraft, and if granted, is subject to strict conditions. These include stipulations that the aircraft must be unarmed, carry no arms, ammunition or explosives and must not engage in intelligence gathering, and that the flights in question must not form part of military exercises or operations.

My Department approved a request to permit a US military C-32B aircraft to land at Shannon airport on 25 May 2016 for re-fuelling, subject to the strict conditions set out above. It is not the policy of my Department to query operational decisions of foreign governments concerning frequency and location of re-fuelling.

Architectural Heritage

225. **Deputy Tony McLoughlin** asked the Minister for Arts, Heritage and the Gaeltacht further to Parliamentary Question No. 379 of 24 May 2016, as the reply was unclear with regard to whether there is any current legislation that prevents orders being established on structures already under deconstruction, if any legislation exists that prevents buildings and structures from being protected by local authorities once deconstruction works have already commenced. [14082/16]

Minister for Arts, Heritage and the Gaeltacht (Deputy Heather Humphreys): I refer the Deputy to my reply to Parliamentary Question No 379 of 24th May, 2016.

No legislation exists to prevent orders being established on protected structures already under de-construction.

Cultural Policy

226. **Deputy James Lawless** asked the Minister for Arts, Heritage and the Gaeltacht if she supports proposals from the National Campaign for the Arts for an all-party approach to national cultural policy similar to that adopted by the Minister for Health; and if she will make a statement on the matter. [14156/16]

Minister for Arts, Heritage and the Gaeltacht (Deputy Heather Humphreys): Significant progress has been made in drafting the first National Cultural Policy - *Culture 2025*. This followed a major public consultation process in 2015, including a national cultural workshop held in October at the Royal Hospital Kilmainham.

Work by my Department, the expert steering group and a wider expert committee continued on the document in early 2016 and is currently ongoing.

The *Programme for a Partnership Government* commits to the publication of *Culture 2025* as a priority and I intend to submit the draft policy to Government for consideration in the coming weeks. As I have stated previously, this first such policy will be a living document and will form the basis of an ongoing dialogue with all who are interested in cultural policy. I look forward to consideration of *Culture 2025* by the Oireachtas following its publication and would very much welcome the adoption of an all-party approach in this matter.

Vacancies on State Boards

227. **Deputy James Lawless** asked the Minister for Arts, Heritage and the Gaeltacht the

number of vacancies on the boards of the Arts Council and national cultural institutions; when she will fill them; and if she will make a statement on the matter. [14159/16]

Minister for Arts, Heritage and the Gaeltacht (Deputy Heather Humphreys): The information sought by the Deputy is provided in the following table. I would point out that the National Archives of Ireland has an Advisory Council rather than a Board.

The Public Appointments Service operates a dedicated website, *www.stateboards.ie*, through which it advertises vacancies on State Boards. Arrangements are currently in train in cooperation with the Public Appointments Service to fill all of the vacancies listed. There are no vacancies on the boards of the other National Cultural Institutions.

Institution	Number of vacancies on Board
National Museum of Ireland	13 to 15
National Gallery of Ireland	5
National Archives of Ireland	10
National Concert Hall	9
Crawford Art Gallery	7
Arts Council	3

Hospital Equipment

228. **Deputy Gerry Adams** asked the Minister for Health the number of patient hoists located at Our Lady of Lourdes Hospital in Drogheda, County Louth, and whether one is permanently located in its emergency department. [14010/16]

Minister for Health (Deputy Simon Harris): As this is a service matter, I have asked the HSE to respond to you directly. If you have not received a reply from the HSE within 15 working days please contact my Private Office and my officials will follow the matter up.

HSE Staff

229. **Deputy Gerry Adams** asked the Minister for Health the number of Health Service Executive staff on sick leave due to work-related stress. [14011/16]

Minister for Health (Deputy Simon Harris): I have asked the HSE to respond to the Deputy directly on this matter. If you have not received a reply from the HSE within 15 working days please contact my Private Office and they will follow up the matter with them.

HSE Staff

230. **Deputy Gerry Adams** asked the Minister for Health the number of Health Service Executive staff in County Louth on sick leave due to work-related stress. [14012/16]

Minister for Health (Deputy Simon Harris): I have asked the HSE to respond to the Deputy directly on this matter. If you have not received a reply from the HSE within 15 working days please contact my Private Office and they will follow up the matter with them.

Hospital Staff

231. **Deputy Gerry Adams** asked the Minister for Health the number of Health Service Executive staff at Our Lady of Lourdes Hospital in Drogheda, County Louth, on sick leave due to work-related stress. [14013/16]

Minister for Health (Deputy Simon Harris): I have asked the HSE to respond to the Deputy directly on this matter. If you have not received a reply from the HSE within 15 working days please contact my Private Office and they will follow up the matter with them.

HSE Staff

232. **Deputy Gerry Adams** asked the Minister for Health the number of Health Service Executive staff who were on sick leave due to work related stress for any period in each of the years 2013 to 2016 to date. [14014/16]

Minister for Health (Deputy Simon Harris): I have asked the HSE to respond to the Deputy directly on this matter. If you have not received a reply from the HSE within 15 working days please contact my Private Office and they will follow up the matter with them.

Nursing Staff

233. **Deputy Michael Healy-Rae** asked the Minister for Health the status of the personal identification number of a nurse (details supplied); and if he will make a statement on the matter. [14024/16]

Minister for Health (Deputy Simon Harris): I wish to thank the Deputy for the matter raised.

Given that this is an operational matter, it is appropriate that it should be dealt with by the NMBI. I have referred the Deputy's question to the NMBI for attention and direct reply.

If you have not received a reply from the NMBI within 15 working days, please contact my Private Office and they will follow up the matter with them.

Hospital Records

234. **Deputy Michael Healy-Rae** asked the Minister for Health the status of a person's (details supplied) hospital records; and if he will make a statement on the matter. [14025/16]

Minister for Health (Deputy Simon Harris): Under the Health Act 2004, the Health Service Executive (HSE) is required to manage and deliver, or arrange to be delivered on its behalf, health and personal social services. Section 6 of the HSE Governance Act 2013 bars the Minister for Health from directing the HSE to provide a treatment or a personal service to any individual or to confer eligibility on any individual.

In relation to the specific case raised, I have asked the HSE to respond to you directly. If you have not received a reply from the HSE within 15 working days please contact my Private Office and my officials will follow the matter up.

National Cancer Strategy

235. **Deputy Pearse Doherty** asked the Minister for Health his plans to introduce a compensation scheme for persons suffering from asbestosis cancer; and if he will make a statement on the matter. [14030/16]

Minister for Health (Deputy Simon Harris): My Department has no plans to introduce a compensation scheme for persons suffering from Asbestosis cancer. The focus is on supporting the health and well-being of our population, and on providing high-quality, patient-centred care when cancer, or other illnesses, occur.

My Department is currently developing a new National Cancer Strategy 2016 - 2025 which is likely to focus on prevention, early diagnosis and further improvements in treatment and patient care, as well as on survivorship. This Strategy will be published in the coming months.

Health Services

236. **Deputy Brendan Griffin** asked the Minister for Health his views on the case of a person (details supplied) in County Limerick; and if he will make a statement on the matter. [14043/16]

Minister for Health (Deputy Simon Harris): As the particular issue raised relates to an individual case, I have arranged for the question to be referred to the HSE for direct reply to you. If you have not received a reply from the HSE within 15 working days, please contact my Private Office and they will follow up the matter with them.

Hospital Appointments Administration

237. **Deputy Brendan Griffin** asked the Minister for Health his views on a matter (details supplied) regarding hospital appointments. [14048/16]

Minister for Health (Deputy Simon Harris): Under the Health Act 2004, the Health Service Executive (HSE) is required to manage and deliver, or arrange to be delivered on its behalf, health and personal social services. Section 6 of the HSE Governance Act 2013 bars the Minister for Health from directing the HSE to provide a treatment or a personal service to any individual or to confer eligibility on any individual.

The scheduling of appointments for patients is a matter for the hospital to which the patient has been referred. Should a patient's general practitioner consider that the patient's condition warrants an earlier appointment, he or she should take the matter up with the consultant and the hospital involved. In relation to the specific case raised, I have asked the HSE to respond to you directly. If you have not received a reply from the HSE within 15 working days please contact my Private Office and my officials will follow the matter up.

National Drugs Strategy

238. **Deputy Róisín Shortall** asked the Minister for Health if the issue of alcohol misuse will form a comprehensive part of any successor to the National Drugs Strategy 2009 to 2016. [14053/16]

Minister of State at the Department of Health (Deputy Catherine Byrne): Government policy on tackling the drug problem is set out in the National Drugs Strategy 2009-2016. A

Steering Committee, chaired by an independent chair and with representatives from the Statutory, Community and Voluntary Sectors, has been established to advise on the development of a new National Drugs Strategy, which will cover the period from 2017 onwards.

The terms of reference of the Steering Committee include the development of an integrated public health approach to substance misuse, which is defined as the harmful or hazardous use of psychoactive substances including alcohol and illicit drugs, incorporating the relevant recommendations of other related policies including the National Substance Misuse Strategy.

The Public Health (Alcohol) Bill remains a priority for this Government. The Government approved the publication of the Public Health (Alcohol) Bill and the introduction of the Bill in the Houses of the Oireachtas on the 8 December 2015. The Bill completed Second Stage in the Seanad on the 17 December 2015. The Department of Health is currently awaiting dates to progress the Bill in the Houses of the Oireachtas.

The Bill is part of a suite of measures agreed on foot of the recommendations in the Steering Group Report on a National Substance Misuse Strategy. Work is continuing on the implementation of the recommendations in the Steering Group Report on a National Substance Misuse Strategy. It is intended to publish the First Annual Report on the National Substance Misuse Strategy later this year.

Disability Support Services Funding

239. **Deputy Jack Chambers** asked the Minister for Health the status of the provision of funding for a disability support service (details supplied); and if he will make a statement on the matter. [14054/16]

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

As the Deputy's question relates to service matters, I have arranged for the question to be referred to the Health Service Executive (HSE) for direct reply to the Deputy. If the Deputy has not received a reply from the HSE within 15 working days, he can contact my Private Office and they will follow the matter up with the HSE.

Primary Care Centres

240. **Deputy Thomas P. Broughan** asked the Minister for Health the status of the new primary care centres he will establish, including when they will be completed and operational, and in particular the centre in Edenmore, Dublin 5; and if he will make a statement on the matter. [14068/16]

Minister for Health (Deputy Simon Harris): As this is a service issue, this question has been referred to the Health Service Executive for direct reply to the Deputy. If you have not received a reply from the HSE within 15 working days, please contact my Private Office and they will follow up the matter with them.

Accident and Emergency Services Provision

241. **Deputy Thomas P. Broughan** asked the Minister for Health when he will complete the new accident and emergency department at Beaumont Hospital, Dublin 9; and if he will make a statement on the matter. [14069/16]

Minister for Health (Deputy Simon Harris): As this is a service matter, I have asked the HSE to respond to you directly. If you have not received a reply from the HSE within 15 working days please contact my Private Office and my officials will follow the matter up.

Electronic Cigarettes

242. **Deputy Thomas P. Broughan** asked the Minister for Health his views on vaping, including the measures he will bring forward to regulate it; and if he will make a statement on the matter. [14070/16]

Minister of State at the Department of Health (Deputy Marcella Corcoran Kennedy): Vaping is a relatively new occurrence. However, the market share for electronic cigarettes and refill containers is growing and, as such, the long-term effects of vaping on public health are not yet known.

The European Union (Manufacture, Presentation and Sale of Tobacco and Related Products) Regulations 2016 which transposed the European Tobacco Products Directive came into effect on 20 May 2016. These Regulations which are a first step in the regulation of electronic cigarettes and refill containers will give confidence to users as to the safety and efficacy of products used for vaping.

The Regulations include the following provisions:

- Obligatory health warnings advising consumers that electronic cigarettes contain nicotine and should not be used by non-smokers.

- Obligatory information leaflets setting out instructions for use and information on adverse effects, risk groups, addictiveness and toxicity.

- Mandatory safety and quality requirements setting maximum nicotine concentration levels for electronic cigarettes and maximum volumes for cartridges, tanks and containers of nicotine liquids.

In addition to these Regulations, electronic cigarettes will be further regulated in Ireland through the introduction of a retail licensing system. The legislation, approved by Government will also prohibit the sale of these products to, and by, persons under 18 years of age.

My Department will continue to monitor existing and emerging evidence on the potential harms and potential benefits of vaping, so as to inform any future decisions in this area.

Programme for Government Priorities

243. **Deputy Thomas P. Broughan** asked the Minister for Health his priorities as outlined in the programme for Government; if he requires, and the amount of, Supplementary Estimates to meet these commitments; and if he will make a statement on the matter. [14071/16]

Minister for Health (Deputy Simon Harris): I outlined my priorities under the Programme for a Partnership Government to the House previously.

The planning and management of future health expenditure will be considered as part of the annual estimates and budgetary process which seeks to balance available funding across all of the various service areas to achieve the best possible outcomes for the greatest number of service users and prioritise areas of greatest need.

Medical Card Applications

244. **Deputy Michael Healy-Rae** asked the Minister for Health the status of an application by a person (details supplied) under the medical card scheme; and if he will make a statement on the matter. [14078/16]

Minister for Health (Deputy Simon Harris): The Health Service Executive has been asked to examine this matter and to reply to the Deputy as soon as possible. The Health Service Executive operates the General Medical Services scheme, which includes medical cards and GP visit cards, under the Health Act 1970, as amended. It has established a dedicated contact service for members of the Oireachtas specifically for queries relating to medical cards and GP visit cards, which the Deputy may wish to use for an earlier response. Contact information has recently issued to Oireachtas Members. If the Deputy has not received a reply from the HSE within 15 working days, please contact my Private Office who will follow up the matter with them.

Medical Card Applications

245. **Deputy Éamon Ó Cuív** asked the Minister for Health the status of an application by a person (details supplied) under the medical card scheme, given that the person has provided all requested documentation; how he ensures that when subsequent documentation is received it is referenced to the original; and if he will make a statement on the matter. [14089/16]

Minister for Health (Deputy Simon Harris): The Health Service Executive has been asked to examine this matter and to reply to the Deputy as soon as possible. The Health Service Executive operates the General Medical Services scheme, which includes medical cards and GP visit cards, under the Health Act 1970, as amended. It has established a dedicated contact service for members of the Oireachtas specifically for queries relating to medical cards and GP visit cards, which the Deputy may wish to use for an earlier response. Contact information has recently issued to Oireachtas Members. If the Deputy has not received a reply from the HSE within 15 working days, please contact my Private Office who will follow up the matter with them.

Drug and Alcohol Task Forces

246. **Deputy Maurice Quinlivan** asked the Minister for Health the reason for cuts to the mid-west task force of 51.8% since 2009; if he will establish a drugs task force for the metropolitan area of Limerick city; and if he will make a statement on the matter. [14099/16]

Minister of State at the Department of Health (Deputy Catherine Byrne): In line with the National Drugs Strategy, the Government is committed to continuing support for initiatives to tackle the drug problem. Drug and Alcohol Task Forces play a key role in assessing the ex-

tent and nature of the drug problem in their areas and coordinating action at local level, so that there is a targeted response to the problem of substance misuse in local communities.

Every effort has been made to protect the budgets of Drug and Alcohol Task Forces in recent years. The overall allocation to the Mid-West Regional Drug and Alcohol Task Force for community-based drugs initiatives from the Department of Health and the Health Service Executive in 2016 is €1,407,989. This is the same overall level of funding allocated in 2014 and 2015, and a reduction of 9% on the 2009 allocation.

The Department of Health has commissioned external consultants to develop a performance measurement framework to assist in measuring the effectiveness of Drug and Alcohol Task Forces. The framework will provide a mechanism to target funding allocations on the basis of objective criteria, having regard to the drugs situation in the Task Force catchment areas and other demographic factors. The Study will also inform the question of how best to align Drug and Alcohol Task Forces in order to address locally identified needs. This issue is also under consideration in the context of the development of the new National Drugs Strategy.

Hospital Waiting Lists

247. **Deputy Michael Healy-Rae** asked the Minister for Health the status of an operation for a person (details supplied); and if he will make a statement on the matter. [14101/16]

Minister for Health (Deputy Simon Harris): Under the Health Act 2004, the Health Service Executive (HSE) is required to manage and deliver, or arrange to be delivered on its behalf, health and personal social services. Section 6 of the HSE Governance Act 2013 bars the Minister for Health from directing the HSE to provide a treatment or a personal service to any individual or to confer eligibility on any individual.

The National Waiting List Management Policy, *A standardised approach to managing scheduled care treatment for in-patient, day case and planned procedures, January 2014*, has been developed to ensure that all administrative, managerial and clinical staff follow an agreed national minimum standard for the management and administration of waiting lists for scheduled care. This policy, which has been adopted by the HSE, sets out the processes that hospitals are to implement to manage waiting lists.

In relation to the particular query raised, as this is a service matter, I have asked the HSE to respond to you directly. If you have not received a reply from the HSE within 15 working days please contact my Private Office and my officials will follow the matter up.

Speech and Language Therapy

248. **Deputy Gerry Adams** asked the Minister for Health the speech and language services, the waiting time for early intervention services and the waiting time from initial assessment to commencement of treatment in County Mayo, by clinic area, in tabular form. [14138/16]

Minister for Health (Deputy Simon Harris): As this is a service issue, this question has been referred to the Health Service Executive for direct reply to the Deputy. If you have not received a reply from the HSE within 15 working days, please contact my Private Office and they will follow up the matter with them.

Speech and Language Therapy

249. **Deputy Gerry Adams** asked the Minister for Health the staffing levels in place for speech and language therapy services, the number of vacant positions and the length of time these have been vacant; the measures he will put in place to provide a proper service; the number of children, including the number who are awaiting occupational therapy assessments and early intervention services by community health organisation region in County Mayo; and if he will make a statement on the matter. [14139/16]

Minister for Health (Deputy Simon Harris): As this is a service issue, this question has been referred to the Health Service Executive for direct reply to the Deputy. If you have not received a reply from the HSE within 15 working days, please contact my Private Office and they will follow up the matter with them.

Medical Card Applications

250. **Deputy Michael Healy-Rae** asked the Minister for Health the status of an application by a person (details supplied) under the medical card scheme; and if he will make a statement on the matter. [14166/16]

Minister for Health (Deputy Simon Harris): The Health Service Executive has been asked to examine this matter and to reply to the Deputy as soon as possible.

The Health Service Executive operates the General Medical Services scheme, which includes medical cards and GP visit cards, under the Health Act 1970, as amended. It has established a dedicated contact service for members of the Oireachtas specifically for queries relating to medical cards and GP visit cards, which the Deputy may wish to use for an earlier response. Contact information has recently issued to Oireachtas members.

If the Deputy has not received a reply from the HSE within 15 working days, please contact my Private Office who will follow up the matter with them.

Health Services Staff

251. **Deputy Charlie McConalogue** asked the Minister for Health his plans to implement the national transfer policy for non-rostered paramedics (details supplied); and if he will make a statement on the matter. [14181/16]

Minister for Health (Deputy Simon Harris): As this is a service matter, I have asked the HSE to respond to you directly. If you have not received a reply from the HSE within 15 working days please contact my Private Office and my officials will follow the matter up.

Medical Card Administration

252. **Deputy Bernard J. Durkan** asked the Minister for Health why a person (details supplied) received a renewal under the medical card scheme which was due to expire in September 2016; and if he will make a statement on the matter. [14194/16]

Minister for Health (Deputy Simon Harris): The Health Service Executive has been asked to examine this matter and to reply to the Deputy as soon as possible.

The Health Service Executive operates the General Medical Services scheme, which includes medical cards and GP visit cards, under the Health Act 1970, as amended. It has established a dedicated contact service for members of the Oireachtas specifically for queries relating to medical cards and GP visit cards, which the Deputy may wish to use for an earlier response. Contact information has recently issued to Oireachtas members.

If the Deputy has not received a reply from the HSE within 15 working days, please contact my Private Office who will follow up the matter with them.

Home Care Packages Provision

253. **Deputy Bernard J. Durkan** asked the Minister for Health if, and when, he will approve a person (details supplied) under the home care package scheme; and if he will make a statement on the matter. [14198/16]

Minister of State at the Department of Health (Deputy Helen McEntee): As this is a service matter it has been referred to the Health Service Executive for direct reply. If you have not received a reply from the HSE within 15 working days please contact my Private Office and they will follow up the matter with them.

Emergency Departments Waiting Times

254. **Deputy Bernard J. Durkan** asked the Minister for Health if he has examined and how he will address the ongoing issue of long waiting lists at accident and emergency departments; and if he will make a statement on the matter. [14202/16]

Minister for Health (Deputy Simon Harris): Pressures on EDs have been rising, as the population is both growing and ageing. However, 2015 and 2016 have seen increases in the Health Budget, with investments in capital expansion and the implementation of measures designed to tackle overcrowding in EDs.

It is important to note that patient experience times have improved in April 2016, with 67.6% of patients being admitted or discharged within 6 hours and 81.7% within 9 hours.

In June 2015, €18m of additional funding was made available under the 2015/16 Winter Additional Capacity Initiative. As a result, 366 new or re-opened beds have been made available to date.

Extended access to GP care and an expansion in services offered by GPs such as treatment for chronically ill patients, can help to reduce ED pressure. There are currently 50 locations where primary care infrastructure is under construction, or, at an advanced planning stage.

I attended the ED Taskforce Implementation Group meeting on Monday, which continues to be focussed on driving improved ED performance, achieving an integrated approach across Acute Hospitals, Primary Care and Social Care to the challenge of ED overcrowding. At the meeting the Taskforce agreed to adopt a two-year approach to winter planning, and commence planning for Winters in 2016 and 2017.

Capital expansion is also ongoing. New EDs are open at the Mater Hospital in Dublin and in Wexford General Hospital. The Programme for a Partnership Government has committed to progress new ED facilities for University Hospital Galway and Beaumont Hospital, Dublin.

A review of bed capacity in our health service, coupled with the review of the hours of service of Medical Assessment Units, are further key commitments in the Programme for Government that are intended to alleviate ED overcrowding.

These increases in the health budget, measures to increase bed capacity, along with new ED facilities and maximising the potential of units and services to treat patients outside of the hospital setting will all contribute to improving ED waiting times for patients.

Health Services Expenditure

255. **Deputy Bernard J. Durkan** asked the Minister for Health if he is aware of reports that investment in capital and current support in the public health services appears to be greater than that in adjoining jurisdictions; if he has examined this to determine if he is achieving best comparable results or how he can do so; if he has identified anything in other jurisdictions that can be applied to ensure the best results; and if he will make a statement on the matter. [14203/16]

Minister for Health (Deputy Simon Harris): I am aware that a recent staff European Commission Staff working document indicated higher levels of current health expenditure for Ireland (as a percentage of GNI) than the EU average in 2013. The staff working document used Eurostat data, which in turn was based on country submissions based on the new System of Health Accounts classification system. Ireland submitted 2013 data on this new basis for the first time in 2015.

My Department is currently examining the implications of this new classification system for health accounts and the lessons that can be learned from international comparisons in this context. In this work, my department has engaged with the HSE.

All of the recent international comparisons that I am aware of suggest that Ireland's level of capital investment is below international average levels.

Health Services

256. **Deputy Bernard J. Durkan** asked the Minister for Health if a focused and strategic examination of the delivery of the public health services can identify best practice in service delivery; and if he will make a statement on the matter. [14204/16]

Minister for Health (Deputy Simon Harris): The focused and strategic examination of the delivery of the public health services is ongoing. Reform is required across and between primary, social and acute care but it is also important to think on a whole system basis in terms of strategic enablers of reform. These include organisational structures, workforce planning, better ICT systems, improved financial models and stronger leadership and management capability. These whole system functions are critical and can be core drivers of better, more integrated and more efficient services.

With these strategic reforms in mind, the planning and management of future health expenditure will be considered as part of the annual estimates and budgetary process which seeks to balance available funding across all of the various service areas to achieve the best possible outcomes for the greatest number of service users and prioritise areas of greatest need.

One of the key proposals in the Programme for Government is the establishment of an Oireachtas Committee to develop cross-party consensus on the future of the health service. I believe the health service would benefit enormously from a single unifying vision that we can

all get behind and that can help to drive reform and development of the system over the next 10 years.

I am pleased that the House has agreed to move ahead quickly to establish this committee and to get it up and running in the coming weeks.

National Children's Hospital

257. **Deputy Bernard J. Durkan** asked the Minister for Health if the provision of the new children's hospital is progressing satisfactorily; if it will be provided on schedule; and if he will make a statement on the matter. [14205/16]

Minister for Health (Deputy Simon Harris): The previous Government's decision to locate the new children's hospital at the St James's campus was based on the over-riding priority of best clinical outcomes for our children and, in particular, the sickest of these. That decision is unequivocally supported by this Government and by me as Minister. The planned new facilities will provide us with the means to deliver on improved health outcomes for children, especially the sickest children in Ireland. I am delighted at the unanimous decision of An Bord Pleanála to grant planning permission for these vital new facilities as designed.

The National Paediatric Hospital Development Board (NPHDB) is the statutory body responsible for planning, designing, building and equipping the new children's hospital. The NPHDB has commenced the tender process for enabling works contractors for the St James's site and tender returns have been received. It is expected that the enabling works contractor will be appointed in the coming weeks, for commencement on site in July. It is expected that the satellite centres can open in 2018, significantly enhancing access to urgent care and outpatient services for children from the Greater Dublin Area. Building work on the main site will be completed in 2020.

Primary Care Centres Data

258. **Deputy Bernard J. Durkan** asked the Minister for Health if he has evaluated the impact of new primary care centres and in particular alleviating overcrowding at accident and emergency departments in hospitals, given the number of minor procedures undertaken by these centres that were previously the responsibility of general hospitals; and if he will make a statement on the matter. [14206/16]

Minister for Health (Deputy Simon Harris): An evaluation of the impact of new Primary Care Centres on hospital Accident and Emergency Departments has not been undertaken by the Department.

However, I can advise the Deputy that there are a range of initiatives and services provided in a primary care setting which are intended to prevent unnecessary hospital admission or attendance and to facilitate early discharge of patients. These initiatives include implementation of the Community Intervention Teams (CITs), Outpatient Parenteral Antimicrobial Therapy (OPAT), Ultrasound Diagnostics and the GP Minor Surgery Pilot Initiative.

Medical Card Administration

259. **Deputy Bernard J. Durkan** asked the Minister for Health if he can streamline the

processing of applications, in particular of renewals where the applicant's financial position has not changed, under the medical card scheme; and if he will make a statement on the matter. [14207/16]

Minister for Health (Deputy Simon Harris): The Health Service Executive has been asked to examine this matter and to reply to the Deputy as soon as possible.

The Health Service Executive operates the General Medical Services scheme, which includes medical cards and GP visit cards, under the Health Act 1970, as amended. It has established a dedicated contact service for members of the Oireachtas specifically for queries relating to medical cards and GP visit cards, which the Deputy may wish to use for an earlier response. Contact information has recently issued to Oireachtas members.

If the Deputy has not received a reply from the HSE within 15 working days, please contact my Private Office who will follow up the matter with them.

Health Services Provision

260. **Deputy Bernard J. Durkan** asked the Minister for Health if, and when, he will approve a post-operative procedure for a person (details supplied); and if he will make a statement on the matter. [14208/16]

Minister for Health (Deputy Simon Harris): The Deputy's question relates to service delivery matters and accordingly I have asked the HSE to respond directly to him.

If you have not received a reply from the HSE within 15 working days please contact my Private Office and my officials will follow up the matter with them.

Medical Card Applications Data

261. **Deputy Bernard J. Durkan** asked the Minister for Health the number of applications and applications for renewal received and the number granted and refused, in each of the last 12 months, under the medical card scheme; and if he will make a statement on the matter. [14209/16]

Minister for Health (Deputy Simon Harris): The Health Service Executive has been asked to examine this matter and to reply to the Deputy as soon as possible.

The Health Service Executive operates the General Medical Services scheme, which includes medical cards and GP visit cards, under the Health Act 1970, as amended. It has established a dedicated contact service for members of the Oireachtas specifically for queries relating to medical cards and GP visit cards, which the Deputy may wish to use for an earlier response. Contact information has recently issued to Oireachtas members.

If the Deputy has not received a reply from the HSE within 15 working days, please contact my Private Office who will follow up the matter with them.

Medical Card Applications Data

262. **Deputy Bernard J. Durkan** asked the Minister for Health the number of applications for discretionary medical card which are being approved and rejected; and if he will make a

statement on the matter. [14210/16]

Minister for Health (Deputy Simon Harris): The Health Service Executive has been asked to examine this matter and to reply to the Deputy as soon as possible.

The Health Service Executive operates the General Medical Services scheme, which includes medical cards and GP visit cards, under the Health Act 1970, as amended. It has established a dedicated contact service for members of the Oireachtas specifically for queries relating to medical cards and GP visit cards, which the Deputy may wish to use for an earlier response. Contact information has recently issued to Oireachtas members.

If the Deputy has not received a reply from the HSE within 15 working days, please contact my Private Office who will follow up the matter with them.

Community Care

263. **Deputy Bernard J. Durkan** asked the Minister for Health if he is enhancing and improving community care facilities; and if he will make a statement on the matter. [14211/16]

Minister of State at the Department of Health (Deputy Helen McEntee): Public Nursing Units are an essential part of our national nursing home infrastructure. They provide 5,000 long stay residential care beds i.e. approximately 20% of the total stock of nursing home beds. They also provide about 2,000 short stay beds. €385 million in capital funding has been secured for a programme for the replacement and refurbishment of public nursing homes across the country over the next five years which will consolidate our existing public stock and is expected to provide 250 additional beds.

A full list of facilities which will be replaced or refurbished is available on the Department's website at <http://health.gov.ie/wp-content/uploads/2016/01/90-facilities1.pdf>.

Hospitals Building Programme

264. **Deputy Bernard J. Durkan** asked the Minister for Health the status of proposals to extend Naas General Hospital, County Kildare, including when the various works will commence and conclude; and if he will make a statement on the matter. [14212/16]

Minister for Health (Deputy Simon Harris): As this is a service matter, I have asked the HSE to respond to you directly. If you have not received a reply from the HSE within 15 working days please contact my Private Office and my officials will follow the matter up.

Nursing Staff Provision

265. **Deputy Bernard J. Durkan** asked the Minister for Health if he can provide an adequate number of nurses to the public health sector; if the recent recruitment campaigns are on target; if competition from the private sector or overseas locations is evident; and if he will make a statement on the matter. [14213/16]

Minister for Health (Deputy Simon Harris): I have asked the HSE to respond to the Deputy directly on this matter. If you have not received a reply from the HSE within 15 working days please contact my Private Office and they will follow up the matter with them.

Health Services Staff

266. **Deputy Bernard J. Durkan** asked the Minister for Health if the number of various categories of staff in the public health sector are adequate to meet requirements; if he will examine and identify the most understaffed sectors to resolve this issue; and if he will make a statement on the matter. [14214/16]

Minister for Health (Deputy Simon Harris): My Department has committed, in its Statement of Strategy 2015-2017, to developing a national integrated strategic framework for health workforce planning, in collaboration with Government Departments and agencies. Workforce Planning models in other countries will be assessed and analysed as part of this development process. This will provide an overarching framework for strategic, discipline specific workforce planning and development including the work of the Taskforce on Staffing and Skill Mix for Nursing and work currently underway in the HSE's National Doctors Training and Planning Unit on medical workforce planning. The framework is intended to support the stability and sustainability of the health workforce in Ireland into the future.

I have asked the HSE to respond to the Deputy directly on the matter with regard to current requirements. If you have not received a reply from the HSE within 15 working days please contact my Private Office and they will follow up the matter with them.

Hospital Waiting Lists

267. **Deputy Bernard J. Durkan** asked the Minister for Health if hospital waiting lists indicate a requirement for specific procedures; his plans to address the causes; and if he will make a statement on the matter. [14215/16]

Minister for Health (Deputy Simon Harris): As this is a service matter, I have asked the HSE to respond to you directly. If you have not received a reply from the HSE within 15 working days please contact my Private Office and my officials will follow the matter up.

Hospital Consultant Contracts

268. **Deputy Michael McGrath** asked the Minister for Health the hospitals at which consultants are in breach of their 80:20 public private mix, the maximum breach; the number of breaches, by hospital, in tabular form; if this is impacting on waiting lists; the actions he is taking to address this; and if he will make a statement on the matter. [14217/16]

Minister for Health (Deputy Simon Harris): I have asked the HSE to respond to the Deputy directly on this matter. If you have not received a reply from the HSE within 15 working days please contact my Private Office and they will follow up the matter with them.

Medical Card Data

269. **Deputy Michael McGrath** asked the Minister for Health the number of medical cards which were withdrawn on income grounds from persons over 70 years of age in each of the years 2011 to 2015; and if he will make a statement on the matter. [14220/16]

Minister for Health (Deputy Simon Harris): The Health Service Executive has been asked to examine this matter and to reply to the Deputy as soon as possible.

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The Health Service Executive operates the General Medical Services scheme, which includes medical cards and GP visit cards, under the Health Act 1970, as amended. It has established a dedicated contact service for members of the Oireachtas specifically for queries relating to medical cards and GP visit cards, which the Deputy may wish to use for an earlier response. Contact information has recently issued to Oireachtas members.

If the Deputy has not received a reply from the HSE within 15 working days, please contact my Private Office who will follow up the matter with them.

Parliamentary Questions

270. **Deputy Charlie McConalogue** asked the Minister for Health when he will issue a final reply to an interim reply (details supplied); and if he will make a statement on the matter. [14243/16]

Minister of State at the Department of Health (Deputy Helen McEntee): I regret the delay in replying to the Deputy's representations earlier this year. I have asked the HSE to respond to the various issues raised. I will revert to the Deputy when I receive the information and would hope to be in a position to respond shortly.

Dental Services Waiting Lists

271. **Deputy Robert Troy** asked the Minister for Health when a person (details supplied) will receive a dental appointment. [14244/16]

Minister for Health (Deputy Simon Harris): As this is a service matter, it has been referred to the Health Service Executive for direct reply to the Deputy. If you have not received a reply from the HSE within 15 working days please contact my Private Office and they will follow up the matter with them.

Grocery Industry Regulation

272. **Deputy Pat Deering** asked the Minister for Agriculture, Food and the Marine when he will issue a licence to a person (details supplied) who applied for a licence to transport and export greyhounds; the reason for the delay, given that the veterinary inspection was carried out and passed over six weeks ago. [14016/16]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): I wish to confirm that an application to transport animals was received from the individual concerned. Processing of the application has been delayed pending the resolution of issues surrounding the transfer of the vehicle into the applicant's name. The applicant will be informed of the outcome shortly.

Basic Payment Scheme Payments

273. **Deputy Michael Ring** asked the Minister for Agriculture, Food and the Marine if a payment is due to a person (details supplied) or if the person owes money to his Department for 2015; and if he will make a statement on the matter. [14040/16]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): The person named has established 16.44 entitlements under the Basic Payment Scheme with a total value in 2015 of €4,686.13, including Greening. To date a payment of €3,284.60 representing the 70% advance Basic Payment Scheme payment has issued on 19th October 2015. A supplementary payment in respect of the 27% Basic Payment Scheme balancing payment will issue within the next week and the final balance of 3% due will issue later in the coming weeks.

Beef Data and Genomics Programme

274. **Deputy Joe Carey** asked the Minister for Agriculture, Food and the Marine the changes to the qualification criteria in cow numbers for a person (details supplied) under the beef data and genomics programme scheme; and if he will make a statement on the matter. [14086/16]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): The person named submitted an application to participate in the Beef Data and Genomics Programme on 21 May 2015. Payment is made on the basis of a Maximum Payable Area which is established by dividing the number of cows that calved in 2014 by a stocking rate of 1.5. In this case 25 cows calved in 2014 giving a reference area of 16.66 hectares. There has not been any change in the scheme cow numbers qualification criteria.

Payment of €1,787.75 issued to the person named on 16 December 2015 following deductions for the cost of genotyping of animals which is a requirement under the BDGP. A further minor deduction of €32 was also applied to the payment as the person named had not submitted all the required data at the time. As the person named has now submitted additional data a supplementary payment will be made in the coming weeks in respect of this submission.

Proposed Legislation

275. **Deputy Jim Daly** asked the Minister for Agriculture, Food and the Marine his plans to introduce legislation to amend the Sea Fisheries and Maritime Jurisdiction Act 2006 to allow for decriminalising of fishermen who inadvertently commit minor offences under the Act; and if he will make a statement on the matter. [14096/16]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): In November 2014, the Department published as a public consultation document in the form of a Regulatory Impact Assessment (RIA) a proposal for a Bill to amend the Sea Fisheries and Maritime Jurisdiction Act 2006 to provide for inter alia a system of fixed penalty notices (“on the spot” fines) for minor fisheries offences. This provided the possibility of creating a subset of minor offences which are legally suitable to be dealt with by way of fixed penalty notices.

In summary, the process suggested in the RIA involved giving a person who was alleged to have committed a minor offence an option to pay a fixed payment which would mean that a prosecution would not be taken in the Courts. If the payment was not received within 28 days, the prosecution would be initiated in the courts and on conviction it was expected that a higher fine would be applied.

A number of industry submissions received under the RIA on the implementation of fixed penalty notices raised concerns that these would be used in place of verbal or written warnings. Other comments raised concerns regarding potential inequalities in the application of the system between different Sea Fisheries Protection Authority Port Officers and Naval Service personnel. There were also comments regarding the constitutionality of applying sanctions in

the absence of a Court decision and others seeking a fully administrative system.

In light of the comments submitted in respect of the above proposal on a fixed penalty system, it was decided not to proceed with the introduction such a system.

Agri-Environment Options Scheme Applications

276. **Deputy Michael Healy-Rae** asked the Minister for Agriculture, Food and the Marine the status of an application by a person (details supplied) under the agri-environment options scheme; and if he will make a statement on the matter. [14140/16]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): The person named commenced their AEOS contract on 1 November 2010. Payment issued for the 2010 and 2011 Scheme years in the amount of €5,833.28.

Under the EU Regulations governing the Scheme and other area-based payment schemes, a comprehensive administrative check, including cross-checks with the Land Parcel Identification System, must be completed before any payment can issue. The application of the person named was also selected for an on-farm inspection which took place on the 4 October 2012. During this inspection non-compliances with the Terms and Conditions of the Scheme were noted in relation to the Tree Planting and Species Rich Grassland actions which resulted in penalties being incurred. Due to the severity of the breaches of the Terms and Conditions of the Scheme the penalties incurred were far greater than the total payable amount of the AEOS contract. Therefore, the contract was terminated and the Department is recouping all monies paid under the Scheme.

AEOS is a voluntary scheme where applicants agree to abide by the Terms and Conditions on joining the Scheme. There are no circumstances where an applicant can receive payment for a contract where the Terms and Conditions are not adhered to. Any contractual issues between a herdowner and their professional adviser are totally a matter between both of those parties.

Basic Payment Scheme Applications

277. **Deputy Michael Healy-Rae** asked the Minister for Agriculture, Food and the Marine the status of the case of a person (details supplied); and if he will make a statement on the matter. [14144/16]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): An application under the 2015 Basic Payment Scheme (BPS) was received from the person named on 5 May 2015. The person named has received the advance and balancing payments due to date under the BPS. A final balancing payment will issue to eligible applicants over the coming weeks.

Young Farmer Capital Investment Scheme Eligibility

278. **Deputy Michael Healy-Rae** asked the Minister for Agriculture, Food and the Marine the status of an application by a person (details supplied) for grant assistance; and if he will make a statement on the matter. [14158/16]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): The applicant in question applied on 24 March 2016 under the Young Farmer Capital Investment Scheme in

TAMS II. A response was received last week following a query raised during the administrative checks. All applications received in a given tranche have to be examined and then ranked and selected before approvals issue. This process is underway for the applications received in Tranche 2 of the Scheme.

Sheep Technology Adoption Programme Payments

279. **Deputy Michael Healy-Rae** asked the Minister for Agriculture, Food and the Marine the status of farm payments for a person (details supplied); and if he will make a statement on the matter. [14161/16]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): In order to qualify for payment under the 2015 Sheep Technology Adoption Programme participants were required to both attend four meetings and satisfactorily complete two tasks. While the person named attended the required meetings, the required tasks were not completed. The person named was notified on 13 January 2016 that as he had not satisfactorily completed the two tasks payment is not due. He was also notified of the option to appeal this decision. To date an appeal has not been received in my Department.

Departmental Schemes

280. **Deputy Niall Collins** asked the Minister for Agriculture, Food and the Marine the grant aid available for the deployment of solar energy panels on farm land; and if he will make a statement on the matter. [14172/16]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): Grant aid is available under the TAMS II Pig and Poultry Investment Scheme and the Young Farmer Capital Investment Scheme for solar panels used for electricity production (photovoltaic) and water heating that are permanently erected to buildings used for pig, poultry and egg production.

Additionally, the Sustainable Energy Authority (SEAI) administer the Better Energy Homes Scheme on behalf of the Department for Communications, Climate Change and Natural Resources. The Scheme delivers a range of energy efficiency measures to households which include attic insulation, wall insulation, heating systems upgrades, solar thermal systems and an accompanying Building Energy Rating (BER).

Afforestation Programme

281. **Deputy Niall Collins** asked the Minister for Agriculture, Food and the Marine the grant aid available for forestry planting and energy purposes; and if he will make a statement on the matter. [14173/16]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): The afforestation scheme provides grant aid for the total cost of establishing new forests. The potential end use for these forests includes wood for energy purposes. The following lists the grant aid available.

Grant Premium Category	Total Grant - €/ha
1 – Unenclosed	2600
2 - Sitka spruce / LP	3545
3 – 10% Diverse Conifer	3650
4 – Diverse Conifer	3965
5 – Broadleaf	5435
6 – Oak/Beech	5750
7 – Beech	5750
8 – Alder	3860
9- Native Woodland Establishment (Scenarios 1-4, Oak, Hazel, Birch)	5750
10- Native Woodland establishment (Scenario 4, Alder)	5435
11 - Agro-forestry	4450
12 – Forestry for Fibre	2450

Basic Payment Scheme Applications

282. **Deputy Willie Penrose** asked the Minister for Agriculture, Food and the Marine if he will take steps to address and rectify the issues referred to in correspondence (details supplied); and if he will make a statement on the matter. [14182/16]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): An application under the 2015 Basic Payment Scheme was received from the person named on 6 August 2015. This application is currently under review and an official from my Department will be in direct contact with the person named to clarify the position.

Agriculture Scheme Payments

283. **Deputy Willie Penrose** asked the Minister for Agriculture, Food and the Marine when a person (details supplied) will receive payments under the basic payment scheme for the past number of years; payments under the areas of natural constraint and disadvantaged areas schemes for 2014 and 2015; and if he will make a statement on the matter. [14183/16]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): Under the 2014 Single Payment Scheme (SPS) /Disadvantaged Areas Scheme the closing date for receipt of applications was 15 May. A pre-printed application form issued to the person named on 14 March 2014. However no application was received from the person named, and therefore no payment is due for 2014.

An application under the 2015 BPS /Areas of Natural Constraint (ANC) Scheme was received in my Department from the person named on 28 April 2015. Payment under the ANC scheme issued directly to the nominated bank account of the person named in September 2015.

The person named did not have entitlements under the Single Payment Scheme in 2013 or 2014 and applied for entitlements for the 2015 BPS under the Scottish Derogation provision in 2015. He was allocated entitlements and recently received his 2015 BPS payment.

Pigmeat Sector

284. **Deputy Brendan Smith** asked the Minister for Agriculture, Food and the Marine if he will review the conditions of the pigmeat compensation scheme to ensure small scale producers are eligible for payment as the existing criteria are too restrictive and deny small scale farmers of a payment; if he is aware that these small scale producers need this payment to remain viable; and if he will make a statement on the matter. [14234/16]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): These payments are the final tranche under the package agreed at EU level in September of last year, which allocated €0.5m for the pig sector for Ireland. The Government subsequently matched this funding to provide an overall aid package of €1m.

Eligible beneficiaries for the scheme were defined as current pig herd owners who produced a minimum of 200 pigs in 2015. The minimum level of supply and the requirement to have supplied in 2015 ensures that the payment goes to existing pig farmers only and ensures that the payment is directed to those farmers most affected by the price volatility, thus meeting the requirements of the EU Regulations providing the funding.

In addition, my Department is considering the allocation of some funding under this package to the Irish Pig Society to further their work in representing smaller scale producers.

Departmental Functions

285. **Deputy Fergus O'Dowd** asked the Minister for Communications, Energy and Natural Resources if he will respond to issues raised by a person (details supplied) regarding the re-configuration of the Department of the Environment, Community and Local Government and his Department; and if he will make a statement on the matter. [14081/16]

Minister for Communications, Energy and Natural Resources (Deputy Denis Naughten): A range of functions currently undertaken by the Department of the Environment, Community and Local Government will transfer into my Department in the coming weeks and the Department will be renamed the Department of Communications, Climate Action and Environment to reflect this. In addition to its current functions, my Department will assume responsibility for the following sections from the Department of the Environment, Community and Local Government:

- Environment Policy and Awareness;
- Climate Policy;
- EU and International Environmental Policy;
- Waste Policy and Resource Efficiency;
- Air Quality/Environmental Radiation Policy;
- Environment Advisory Unit

The heritage functions currently discharged by the Department of Arts, Heritage and the Gaeltacht will remain with that Department under its new title of the Department of Regional Development, Rural Affairs, Arts and the Gaeltacht.

Better Energy Homes Scheme

286. **Deputy Niall Collins** asked the Minister for Communications, Energy and Natural Resources the grant-aid available for the deployment of solar energy panels; and if he will make a statement on the matter. [14174/16]

Minister for Communications, Energy and Natural Resources (Deputy Denis Naughten): The Sustainable Energy Authority (SEAI) administer the Better Energy Homes Scheme on behalf of my Department. The Scheme delivers a range of energy efficiency measures to households which include attic insulation, wall insulation, heating systems upgrades, solar thermal systems and an accompanying Building Energy Rating (BER). Currently there is a €1,200 grant available to homeowners who wish to have solar thermal system installed in their homes. Full technical details of the solar thermal grant can be found on the SEAI website www.seai.ie/Renewables/Solar_Energy/Solar_Policy_and_Funding/Solar_Grants/#sthash.cIehkWD1.dpuf.

Tax Yield

287. **Deputy Brian Stanley** asked the Minister for Communications, Energy and Natural Resources the revenue that would be raised by increasing the taxes on exploration and drilling for oil and gas by 1%, 2%, 3%, 4%, 5%, 10%, 15% and 20%. [14177/16]

Minister for Communications, Energy and Natural Resources (Deputy Denis Naughten): There have been four commercial natural gas discoveries since exploration began offshore Ireland in the early 1970s, namely the Kinsale, Ballycotton and Seven Heads (Kinsale Area) producing gas fields off the coast of Cork and the Corrib producing gas field off the coast of Mayo. There have been no commercial discoveries of oil to date.

Profits from the three Kinsale Area gas fields and the Corrib gas field are taxed at a rate of 25%.

In addition royalties from the Kinsale and Ballycotton gas fields are payable to the State at a rate of 12.5% of the fair market value of the gas at the well head. The combination of tax, royalties and rental fees currently provides for a State take of 40% of net income from these two fields. Royalties are not payable on production from the Seven Heads gas field nor from the Corrib gas field as Ireland moved from a royalty based payments system to a tax based system in 1987.

The rate of tax that will apply to profits arising from any future commercial discoveries made under an exploration licence or licensing option granted prior to January 2007 will be 25%.

The rate of tax that will apply to profits arising from any future commercial discoveries made under an exploration licence or licensing option granted from January 2007 to May 2014 will be between 25% and 40% depending on the profitability of the field.

The rate of tax that will apply to profits arising from any future commercial discoveries made under an exploration licence or licensing option granted from June 2014 onwards will be between 25% and 55% depending on the profitability of the field. In addition there is a requirement for a minimum tax payment at a rate of 5% of gross revenues in every year that a field is selling production.

The level of profits arising from a field depend on a combination of factors including the volume of recoverable gas or oil, the cost of developing and operating the infrastructure, the price of gas or oil over the life of the field, together with the timing and profile of production.

The operation of the taxation system and the receipt of taxation are matters for the Revenue Commissioners. As a consequence I am not in a position to provide the Deputy with the current position as regards tax paid or due, or projected under hypothetical scenarios, to the Exchequer in respect of the four commercial gas fields. In the case of existing exploration licences where exploration is ongoing, while we would hope for more commercial discoveries, it would not be possible to meaningfully estimate potential revenues from oil or gas fields that have yet to be discovered.

I would also point out that it is both Government policy and the view of the former Joint Oireachtas Committee on Communications, Natural Resources and Agriculture, as expressed in their May 2012 report on Offshore Oil and Gas Exploration, that there should be no “retroactive” changes applying to discoveries made under existing exploration authorisations.

Sustainable Energy Communities Scheme

288. **Deputy Brian Stanley** asked the Minister for Communications, Energy and Natural Resources the national spend under the sustainable energy communities scheme; and if he will extend the scheme. [14178/16]

Minister for Communications, Energy and Natural Resources (Deputy Denis Naughten): The Sustainable Energy Communities scheme is a support network, operated by the Sustainable Energy Authority of Ireland (SEAI), and dedicated to community organisations that want to develop a sustainable energy system in their local area. A Sustainable Energy Community aims to be energy efficient, to use renewable energy where feasible and to develop decentralised energy supplies. The community can include all the different energy users in the community including homes, sports clubs, community centres, churches and businesses.

26 community groups have become members of the Sustainable Energy Communities support network and 100 more have expressed an interest in becoming members.

As a first step in the process, SEAI enters into a 3 year partnership agreements with communities, during which SEAI provides technical supports for groups to identify, plan, implement and review a tailored programme of activities for their community.

For 2016, €500,000 in capital funding has been made available to support the Sustainable Energy Communities network and my intention is to develop a multi-annual pipeline for the scheme that will build capacity in communities to take on more ambitious sustainable energy projects and projects of scale in the coming years.

Electric Vehicles

289. **Deputy Brian Stanley** asked the Minister for Communications, Energy and Natural Resources the spend under the Aran Islands electric vehicle project; and if he will extend the scheme elsewhere. [14179/16]

Minister for Communications, Energy and Natural Resources (Deputy Denis Naughten): The Aran Electric Vehicles (EV) Trial involved the operation of eight EVs for just over three years on the Aran Islands from January 2011 to April 2014. The Sustainable Energy Authority of Ireland (SEAI) funded the project and engaged Merrion Fleet to supply, manage and maintain the vehicles for the trial which included the cost of data collection and reporting. The total value of the contract was €247,000 including VAT. The trial was part of a study to examine

the potential benefits of an all electric energy system on an interconnected island.

The tests results showed that energy imports to the islands could be reduced by 68% using an EV when compared to a comparably sized diesel car. Should the islands produce their own electricity, this number could be reduced even further. The island community adapted very well to the use of electric vehicles and have purchased a number of EVs with more modern technology than was used in the trial. Assuming night rate electricity, the annual cost of the electricity was estimated to be 78% cheaper than the diesel equivalent. The final report is being made available to the deputy and will be published on the SEAI website shortly. There are currently no plans for further trials similar to the Aran Islands project.

Broadband Service Provision

290. **Deputy Charlie McConalogue** asked the Minister for Communications, Energy and Natural Resources his views on the provision of broadband in County Donegal, given correspondence from a person (details supplied) and the announcement of a former Minister for Communications, Energy and Natural Resources in April 2014 in this regard; and if he will make a statement on the matter. [14241/16]

Minister for Communications, Energy and Natural Resources (Deputy Denis Naughten): The National Broadband Plan (NBP) aims to deliver high speed services to every city, town, village and individual premises in Ireland. The Programme for a Partnership Government commits to the delivery of the NBP as a matter of priority. This is being achieved through private investment by commercial telecommunications companies and through a State intervention in areas where commercial investment is not forthcoming.

The High Speed Broadband Map 2020, which is available at www.broadband.gov.ie shows the extent of the State Intervention area, which is the subject of procurement. The areas marked BLUE represent those areas where commercial providers are either currently delivering or have plans to deliver high speed broadband services. The Department continues to monitor the commercial deployment plans in the BLUE area where commercial operators have committed to providing services, to ensure that those services are delivered. The areas marked AMBER on the High Speed Broadband Map represent the target areas for the State Intervention. The map provides information on a county by county basis with a breakdown of coverage across the townlands in every county.

While I have no statutory authority or shareholder role to compel any network service provider to provide services in a given area my Department continues to actively monitor the progress of commercial operator plans and will in this context, examine the case which you have raised.

Over 750,000 premises are the focus of the procurement process, which formally commenced in December 2015 with the publication of the Pre-Qualification Questionnaire (‘PQQ’) and Project Information Memorandum. Five responses were received from prospective bidders to this stage of the competitive procurement process by the deadline of 31 March 2016. The five responses are being assessed in line with the criteria set down by the Department with a view to shortlist of qualified bidders proceeding to the next stage of procurement.

The second stage in the procurement process will be a formal invitation to Participate in Dialogue (ITPD) to shortlisted bidders. I expect that my Department will move to this stage in the next month. The third stage of the procurement process involves the issue of final tender documentation which follows the dialogue process. Following the submission of final ten-

ders by bidders, a winning bidder(s) will be selected for the contract which will comprise one or two lots as set out in the NBP Intervention Strategy. The Department will then enter into formal contract negotiations with the winning bidder(s). It is expected that contract(s) will be awarded by June 2017.

As part of the competitive process, the Department will engage with winning bidder(s) on the best roll-out strategy, in order to target areas of particularly poor service, business needs and/or high demand. This will need to be balanced with the most efficient network roll-out plan. A prioritisation programme will be put in place in this regard, in consultation with the Minister for Regional Development, Rural Affairs, Arts and the Gaeltacht. Once contract(s) are in place, I expect to publish a detailed roll-out plan for the network.

The Programme for a Partnership Government commits also to measures to assist in the roll-out of the network once a contract is awarded. In this regard, Minister Humphreys will lead on the establishment of county or regional broadband task forces, working with Local Authorities, Local Enterprise Offices, LEADER Groups and other relevant agencies to help accelerate the broadband network build in rural Ireland, once a contract(s) has been awarded.

Road Safety

291. **Deputy Michael Healy-Rae** asked the Minister for Transport, Tourism and Sport his views on issues (details supplied) regarding a national speed awareness course; and if he will make a statement on the matter. [14157/16]

Minister for Transport, Tourism and Sport (Deputy Shane Ross): The Road Safety Strategy 2013-2020 includes an action to “legislate for, subject to legal advice, and implement rehabilitation and driving awareness courses as court-based sentencing options for repeat offenders”.

The Road Safety Association recently submitted a position paper in relation to this action, and the matter is now under consideration by officials in my Department. I would point out, however, that under the Fixed Charge Notice (FCN) system currently in operation, it is not possible to offer such courses in place of FCNs or penalty points without amending legislation. As there is no provision to bring this about in the current Road Traffic Bill, this will therefore be a long term project.

Departmental Properties

292. **Deputy Noel Rock** asked the Minister for Transport, Tourism and Sport for data he has relating to lands owned or held in County Dublin by Dublin Bus, CIE and Irish Rail. [14017/16]

Minister for Transport, Tourism and Sport (Deputy Shane Ross): The Deputy may be aware that I am in the process of getting some information from CIE about this. As the matter of its property holdings is, in the first instance, a matter for CIE, I have forwarded the Deputy’s question to the company for co-ordination, as needed, with the two subsidiary companies and direct reply. Please advise my private office if you do not receive a response within ten working days.

Road Traffic Accidents Data

293. **Deputy Thomas P. Broughan** asked the Minister for Transport, Tourism and Sport to report on the recently published report by Trinity College Dublin students, which states that serious injuries as a result of road traffic collisions are far higher than reported in the Road Safety Authority statistics; the discussions he has had with the authority regarding widening and strengthening its data collection and collation; the discussions that are taking place on a European level to define serious injury; and if he will make a statement on the matter. [14051/16]

Minister for Transport, Tourism and Sport (Deputy Shane Ross): I am aware that research has recently been published by TCD researchers in the Journal of Safety Research, using probabilistic and deterministic linkage techniques to produce estimates of non-fatal road traffic injuries. I welcome any such contribution from academia to our understanding of road safety matters. However, such estimates can only inform our understanding and not replace the official data. Data on serious injuries resulting from road traffic collisions is produced by the Road Safety Authority (RSA) from information provided by an Garda Síochána. The RSA has carried out extensive research into this data, including the under-reporting of road traffic collisions to an Garda. The RSA has also examined data available from other sources, including the Hospital In-Patient Enquiry (HIPE) system and the Personal Injuries Board, but there are limitations associated with both of these databases including, but not limited to, the lack of common unique identifiers.

Difficulties in reporting serious injury are not unique to Ireland. In 2013 the EU countries agreed to a standard definition of “serious injury” for use in EU road safety statistics. At the Road Transport Safety Conference on Serious Injuries held as part of Ireland’s European Presidency in March 2013, the RSA publicly announced its participation in the project, which aims to address under-reporting of serious injury and allow for like-for-like comparisons across the EU.

However, Ireland, in common with the majority of the other participating EU countries, is facing challenges in terms of data protection requirements, and the identification of an independent third party to conduct matching of databases. This project is still at an early stage.

Road Safety Data

294. **Deputy Thomas P. Broughan** asked the Minister for Transport, Tourism and Sport the number of persons who have been seriously injured in road traffic collisions by category, for example, pedestrian, cyclist, passenger, driver and so on in 2014 to 2016 to date; the measures he is taking to address these numbers; and if he will make a statement on the matter. [14052/16]

Minister for Transport, Tourism and Sport (Deputy Shane Ross): Under the Road Safety Authority Act 2006 (Conferral of Functions) Order 2006 (S.I. No. 477 of 2006) the Road Safety Authority has responsibility for the collection and compilation of statistics on road accidents.

I have referred the Deputy’s question to the Road Safety Authority for direct reply. Please advise my private office if you do not receive a reply within 10 working days.

While the number of deaths on our roads this year is of particular concern to me, it is too early in the year to identify any emerging trends.

My Department and I are working with the RSA and the other appropriate bodies to ensure that the recommendations in current Road Safety Strategy, which contains a number of measures to ensure greater safety for all road users, are implemented.

Tourism Funding

295. **Deputy Fergus O'Dowd** asked the Minister for Transport, Tourism and Sport the funding that has been allocated in County Louth for tourism under Fáilte Ireland's Ancient East initiative; the consultation that has taken place in County Louth on this initiative; the amounts sought and amounts allocated; if it is possible to apply for further project support; the conditions attached to same; and if he will make a statement on the matter. [14061/16]

Minister for Transport, Tourism and Sport (Deputy Shane Ross): The matters raised by the Deputy are operational matters for the Board and management of Fáilte Ireland. I have referred the Deputy's questions to Fáilte Ireland for direct reply. Please contact my private office if a response is not received within ten working days.

Wild Atlantic Way Project

296. **Deputy Michael Healy-Rae** asked the Minister for Transport, Tourism and Sport the status of an additional location (details supplied) to the Wild Atlantic Way; and if he will make a statement on the matter. [14077/16]

Minister for Transport, Tourism and Sport (Deputy Shane Ross): The matter raised by the Deputy is an operational matter for the Board and Management of Fáilte Ireland. I have referred the Deputy's question to Fáilte Ireland for direct reply. Please contact my private office if a response is not received within ten working days.

Motor Insurance

297. **Deputy Pearse Doherty** asked the Minister for Transport, Tourism and Sport his plans to renegotiate or vary the agreement with the Motor Insurance Bureau of Ireland following the Setanta ruling; and if he will make a statement on the matter. [14088/16]

Minister for Transport, Tourism and Sport (Deputy Shane Ross): A review of the framework for motor insurance compensation in Ireland, after the failure of Setanta insurance, is currently being carried out by a joint working group comprised of officials of the Departments of Finance and of my Department. A final report of the review is due to be submitted to the Minister for Finance and to myself in the coming weeks. It should also be noted that further court proceedings are to take place on the matter. In these circumstances it would be premature for me to comment on any proposals regarding this matter.

Sports Funding

298. **Deputy Robert Troy** asked the Minister for Transport, Tourism and Sport if he will provide funding to a group (details supplied) in order to secure new premises; and if he will make a statement on the matter. [14103/16]

Minister for Transport, Tourism and Sport (Deputy Shane Ross): The Sports Capital Programme is the primary vehicle for government support for the development of sports and physical recreation facilities and the purchase of non-personal sports equipment throughout the country. It is part funded from the proceeds of the National Lottery. However, the Programme does not fund the purchase of land or buildings.

It may be possible for the club to raise funds via the ‘Tax Relief for Donations to Certain Sports Bodies’ scheme (section 847A of the Taxes Consolidation Act, 1997). This is a Revenue operated scheme which offers tax benefits to individuals or companies who make donations to sports clubs. Further details on this scheme and how it operates can be found on the Revenue Commissioners’ website.

Driver Licence Applications

299. **Deputy Michael McGrath** asked the Minister for Transport, Tourism and Sport the status of persons who are under 18 years of age when applying for driving licences; and if he will make a statement on the matter. [14225/16]

Minister for Transport, Tourism and Sport (Deputy Shane Ross): The minimum ages for holding driving licences are set at EU level, and depend on the vehicle category in question. Full details are available in the public domain, in particular, on the Road Safety Authority website.

Sport and Recreational Development

300. **Deputy Martin Heydon** asked the Minister for Transport, Tourism and Sport to consider giving recognition to the card game bridge as a sport (details supplied); and if he will make a statement on the matter. [14239/16]

Minister for Transport, Tourism and Sport (Deputy Shane Ross): Sport Ireland, which is funded by my Department, is the statutory body with responsibility for the promotion, development and co-ordination of sport in Ireland. This includes responsibility for the recognition of sporting bodies as National Governing Bodies of sport. I have no role in the recognition process.

I have referred the Deputy’s question to Sport Ireland for direct response. I would ask the Deputy to inform my office if a reply is not received within 10 days.

IDA Ireland Data

301. **Deputy Niall Collins** asked the Minister for Jobs, Enterprise and Innovation the number of Industrial Development Agency Ireland sponsored visits, by county, by month in 2016 to date, in tabular form; the agency’s strategy to ensure an equitable distribution of visits among counties. [14055/16]

Minister for Jobs, Enterprise and Innovation (Deputy Mary Mitchell O’Connor): Since 2015 IDA Ireland has been working towards targets set out in their strategy “*Winning - Foreign Direct Investment 2015-2019*”. For the first time, under this strategy, ambitious investment targets have been set on a regional basis whereby the Agency aims to increase the level of investment by between 30% to 40% in each region.

The Government’s commitment to countrywide job creation is further illustrated by the Regional Action Plan for Jobs initiative. This initiative saw eight Plans published throughout 2015 and 2016, which identified a range of actions aimed at supporting each region to achieve its economic potential and raise employment levels.

These new regional initiatives are already showing promise. In 2015, 53% of all jobs created by IDA Ireland clients in were based outside of Dublin, compared to 49% in 2014.

IDA Ireland maintains statistics of site visits by potential investors on a quarterly basis only. During quarter one of 2016, there were a total of 136 IDA Ireland sponsored site visits by potential investors to various locations throughout the country. The following table sets out, on a county-by-county basis, the number of IDA Ireland sponsored site visits during this period.

It is important to note that data on site visits is not an accurate measure of the level of Foreign Direct Investment (FDI) activity in a region or county. That is because approximately 70% of all FDI investment won by IDA Ireland comes from its existing client base, rather than new companies.

The true measure of FDI is reflected in IDA Ireland's record 2015 results. IDA Ireland client companies created just under 19,000 (18,983) jobs on the ground during the year across a range of sectors, with every region of Ireland posting net gains in jobs.

While IDA Ireland does attempt to influence the choice of location, the final decision as to where to visit and ultimately locate is taken in all cases by the client company.

Table shows the number of IDA Ireland sponsored site visits, on a county by county basis during quarter one 2016.

County	Q1 2016
Carlow	0
Cavan	0
Clare	3
Cork	11
Donegal	1
Dublin	57
Galway	10
Kerry	1
Kildare	5
Kilkenny	4
Laois	0
Leitrim	1
Limerick	9
Longford	1
Louth	5
Mayo	2
Meath	2
Monaghan	0
Offaly	1
Roscommon	0
Sligo	4
Tipperary	4
Waterford	4
Westmeath	9
Wexford	1

County	Q1 2016
Wicklow	1

Child and Family Agency

302. **Deputy Donnchadh Ó Laoghaire** asked the Minister for Children and Youth Affairs the justification for the removal of the line “Resource Tusla [14026/16]

Minister for Children and Youth Affairs (Deputy Katherine Zappone): The Government is strongly committed to supporting Tusla’s work for children and families across the full range of its services. Since my appointment I have already been working closely with the Chair and Chief Executive of Tusla, alongside my own Department, to ensure that we deliver the best possible quality of services within the resources available. Tusla received an additional €38m in Budget 2016 to consolidate and further develop its funding base, and I will seek to build on this progress in the discussions on Budget 2017.

I am on record in my determination to ensure the provision of a comprehensive range of services throughout a child’s life. Nothing in the final text of the Programme for Government takes away from my commitment, or that of the Government, to supporting Tusla in delivering vital services to children and families.

Youth Services Funding

303. **Deputy Donnchadh Ó Laoghaire** asked the Minister for Children and Youth Affairs the cost of funding the Youngballymun project at current activity for 2016 and projected cost over the next six years. [14038/16]

Minister for Children and Youth Affairs (Deputy Katherine Zappone): The ABC programme is a joint prevention and early intervention initiative led by the Department of Children and Youth Affairs and the Atlantic Philanthropies. It is a time-bound, co-funding arrangement in the amount of €29.7m from 2013 to 2017. The aim of the ABC Programme is to test and evaluate prevention and early intervention approaches to improve outcomes for children, and families living in poverty in 13 areas of disadvantage. Regular amendments to the programme design are expected based on ongoing analysis of the impact of services and programmes in each area. The focus of the work under the ABC Programme covers in the main: Child Health & Development; Children’s Learning; Parenting; and Integrated Service Delivery.

The ABC programme was preceded by the Prevention and Early Intervention Programme (PEIP) (2007-2013) in which three sites participated: youngballymun, The Childhood Development Initiative Tallaght and The Preparing for Life Programme, Darndale. Youngballymun received €15m as a participant in the Prevention and Early Intervention programme. The total funding for Youngballymun under the ABC Programme is €5m bringing the total funding received by Youngballymun to €20m.

Youngballymun have calculated that its level of expenditure in 2016 will be €1.6m. Projected running costs for Youngballymun for a further six years would be determined by the design of a programme which prioritises those services and programmes demonstrating compelling evidence of positive impact on children’s outcomes. Projected running costs for a further six years based on the budgets since 2007 and the existing programme design and delivery would be an estimated €9.6m assuming that no significant changes to its work were to be made. It should be noted as The Atlantic Philanthropies as co-funder of this programme are winding

down operations, the total amount of this funding would need to be met by the State.

I look forward to the continued engagement of Youngballymun with my Department to ensure the implementation of quality prevention and early intervention initiatives in order to achieve our shared goal of improving the lives of children and families in Ballymun and throughout the country. The current contract for Youngballymun, along with the other two former PEIP sites is due to conclude in July 2016. My aim is to bring the Young Ballymun Programme together with that of other two sites to July 2017. To ensure continued provision, my Department and The Atlantic Philanthropies have sanctioned an additional €400k to each of the three former PEIP sites. Efforts will be made to further supplement this bare level of funding to each of the three sites based on the prioritisation of the most effective interventions within their service agreements.

Child Care Services Funding

304. **Deputy Donnchadh Ó Laoghaire** asked the Minister for Children and Youth Affairs if she has reviewed funding and support for the early years sector as promised for early 2016. [14044/16]

Minister for Children and Youth Affairs (Deputy Katherine Zappone): I understand the Deputy is referring to a commitment by my Department to a review of the functions, structures and governance of the City/County Childcare Committees and the National Voluntary Child-care Organisations.

This review has not been progressed to date due to the requirement to prioritise other important initiatives within the early years care and education area. The review in question continues to feature in my Department's Business Plan, but my Department's main priority in 2016 to date has been to deliver on the increase in funding announced in Budget 2016 and the associated developments. The 30% increase in budget from 2015 now allows delivery of €345m per annum in schemes to subsidise childcare, ensure delivery of early years education, and initiatives to improve the quality of services.

Recent priorities have included a number of initiatives to ensure that sufficient capacity is available in the sector to meet the demands of the expanded Early Childhood Care and Education (ECCE) programme from September of this year, the introduction of the Access and Inclusion Model (AIM) for children with disabilities availing of ECCE from September of this year and the expansion of the Community Childcare Subvention to private childcare providers to ensure that more eligible families can avail of this subsidised childcare, particularly in geographical areas where no community provision exists.

My Department has also dedicated a resource to developing a Single Affordable Childcare Programme (SACP) in 2017 which will amalgamate the various subvented schemes into one single, user friendly programme. The SACP, when developed, can be used as an infrastructure from which any future investment in early years care and education can be delivered, be it on a universal or a targeted basis.

The funding and support delivered to the Early Years sector by my Department has expanded significantly in the past year, and it is my intention that this will continue. The Programme for Government contains several commitments relating to the funding of and support for the sector. These include a commitment to conducting and publishing an independent review of the cost of providing quality childcare in private and community settings, consistent with the principle of ongoing professionalisation. The City and County Childcare Committees, the various

National Voluntary Childcare Organisations and various other stakeholders continue to play an important role in assisting my Department with its critical role in making high quality, affordable, early years care and education accessible to all.

Child Care Services Provision

305. **Deputy Thomas Byrne** asked the Minister for Children and Youth Affairs if she is aware that a childcare facility (details supplied) in Drumconrath, County Meath is to close; her views on this; and her proposals to ensure there is sufficient provision for childcare in this area. [14134/16]

Minister for Children and Youth Affairs (Deputy Katherine Zappone): I am aware of a childcare facility in Drumconrath and I understand that this service sought permission to expand their premises to cater for an increased number of children, but that this planning application was refused. Meath County Childcare Committee are in regular contact with my Department regarding this and other services in the Meath area and I understand that this service has not indicated that it will close. I am optimistic that the service can maintain its existing level of provision and may submit an appeal to An Bord Pleanála. On foot of consultation with my Department, a circular recently issued to all local authorities seeking to ensure that planning applications in relation to childcare facilities are dealt with expeditiously.

My Department funds 30 City and County Childcare Committees (CCC) around the country. The CCC staff support parents to access appropriate childcare and they also support providers to deliver and develop their service. Pobal also assists my Department and the CCCs to identify any issues with supply and demand.

In Budget 2016, my Department announced a significant expansion to pre-school provision under the Early Childhood Care and Education (ECCE) programme. This expansion will see the number of children benefitting from the Programme rise from around 67,000 to around 127,000 in a given programme year. In response to this expansion of ECCE, and to support the development of capacity in the sector, my Department has initiated a number of actions. The Department made detailed information available to the CCCs at the beginning of this year indicating the number of children, by every electoral division across the country, who would be eligible for an ECCE place in September 2016, January 2017 and April 2017. My Department continues to work closely with the CCCs to match this data against reported capacity in the sector to meet the increase in demand. My Department is working with them on the development of action plans for areas where a shortfall in supply has been identified.

Beyond the ECCE programme, my Department has taken measures to ensure greater access to the Community Childcare Subsidy (CCS) for eligible families. Whilst traditionally this subvention was only available through Community (Not for Profit) Childcare facilities, it has now been extended so that private childcare facilities can access it and pass the subvention onto eligible families.

Defence Forces Operations

306. **Deputy Thomas P. Broughan** asked the Taoiseach and Minister for Defence to report on a proposed hazardous waste incinerator at Ringaskiddy in Cork Harbour which is close to the naval headquarters and operational base on Haulbowline Island; the impacts such an incinerator would have on Naval and Air Corps operations; and if he will make a statement on the matter. [14058/16]

Minister of State at the Department of Defence (Deputy Paul Kehoe): The Department of Defence, following consultation with the Air Corps and the Naval Service, recently made an oral submission to An Bord Pleanála regarding the proposed development of the waste to energy facility in Ringaskiddy. The submission identified two areas of concern, the proximity of the incinerator stack to Haulbowline and the difficulties in the evacuation of the island if necessitated by an incident at the incinerator facility.

The proximity of the stack of the waste-to-energy facility to the helicopter approach paths of Haulbowline Naval Base and Spike Island is a matter of concern due to the fact that this stack will be emitting significant amounts of exhaust gases and is seen by the Department as a potential hazard as it may in certain conditions render approaches by Air Corps helicopters into and out of Haulbowline Island as unsafe.

The second area of concern is due to the fact that Haulbowline Island is accessed by a bridge which is connected to the Ringaskiddy Road. The proposed incinerator is to be built adjacent to this road, before Haulbowline. Therefore, in the event of any accident at the incinerator, road access to and from Haulbowline is threatened. This could in some instances hinder the operation of the Naval Base or in the event of a major incident necessitating local area evacuation, the evacuation of Haulbowline would be denied.

Defence Forces

307. **Deputy Fiona O'Loughlin** asked the Taoiseach and Minister for Defence the powers the Military Police have on areas of the Curragh, County Kildare, where illegal camping may occur; and if he will make a statement on the matter. [14093/16]

Minister of State at the Department of Defence (Deputy Paul Kehoe): As you may be aware the management and protection of the Curragh Plains, one of the most open and accessible areas in the Country, is an ongoing process which is the responsibility of my Department.

I am fully aware of the ongoing problems of illegal camping and the misuse of the Curragh Plains. My Officials report all incidents of illegal encampments on the Curragh Plains to An Garda Síochána as soon as they are made aware of them. In the first four months of this year my Department has already spent approximately €99,744 on the maintenance of the Curragh Plains which includes the clean up operations following illegal camping and dumping.

Under Section 19C of the Criminal Justice (Public Order) Act 1994, as inserted by the Housing (Miscellaneous Provisions) Act 2002, it is an offence for a person to enter on and occupy property without the consent of the owner. Under the provisions of the Act An Garda Síochána have the power, without warrant, to arrest a person who fails to leave when requested and seize anything they bring onto the property in question. Penalties for persons found guilty of an offence under this Part of the Act include fines not exceeding €3,000 or a term of imprisonment not exceeding one month or both.

The use of the Curragh lands is addressed in Bye-Laws dating back to 1964. My department is currently seeking legal advice on the interpretation of the provisions of the Bye-Laws.

I am sure the Deputy will appreciate that while it can prove difficult to fully prevent illegal camping on the Curragh Plains every effort is being taken to address the situation and protect this valuable amenity.

Defence Forces Medicinal Products

2 June 2016

308. **Deputy Clare Daly** asked the Taoiseach and Minister for Defence the number of Irish soldiers taking Lariam as a malaria prophylactic who have contracted malaria since Irish soldiers first started taking it as a malaria prophylactic. [14176/16]

Minister of State at the Department of Defence (Deputy Paul Kehoe): Information in relation to illnesses contracted by Defence Forces Personnel including instances of malaria is maintained on each individual's medical file. While there is no way of providing the exact information sought by the Deputy without examining every medical record of each member who served overseas in sub-Saharan Africa, I am advised by the Medical Corps that the number of incidences of malaria among Defence Forces Personnel is low. The Deputy might also note that since deployment of Defence Forces Personnel to sub-Saharan Africa, not a single member has died from the malaria disease.