



**Irish Heart  
Foundation**

**Irish Heart Foundation**  
Pre-Budget Submission  
2019

July 2018





## Irish Heart Foundation

Every hour someone in Ireland suffers from a stroke.

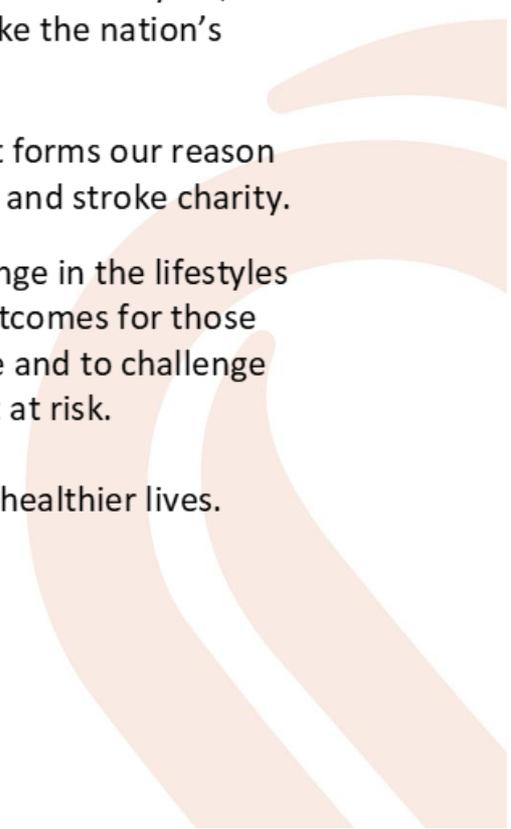
Every day, hundreds of Irish people are diagnosed with heart disease.

The lives of these people are often cut tragically short. Many are left disabled. Up to 10,000 die each year, which makes heart disease and stroke the nation's biggest killer.

It shouldn't be this way and this fact forms our reason for being. We are the nation's heart and stroke charity.

Our mission is to affect positive change in the lifestyles of Irish people, to achieve better outcomes for those affected by heart disease and stroke and to challenge when the health of our nation is put at risk.

We empower people to live longer, healthier lives.



## INTRODUCTION

To successfully meet our chronic disease challenge, Ireland must do more to tackle one of its largest - and most costly - components: cardiovascular disease. This submission identifies cost-effective measures to improve cardiovascular health outcomes and facilitate service development that are vital to meet a dramatic increase in cardiovascular disease due mainly to our ageing population.

As a patient organisation, the main interest of the Irish Heart Foundation is in the outcome and experience of patients using the health and social care system. Many Cardiovascular Disease patients use medical, rehabilitation and social care services concurrently. Set against the background of Budget 2019, therefore, is healthcare reform. The Irish Heart Foundation welcomed the publication of the Future of Healthcare Committee's Sláintecare Report and we hope that Budget 2019 will meet the recommendations of the report.

The Irish Heart Foundation have advocated for the introduction of the Sugar Sweetened Drinks (SSD) tax for a number of years and, with its introduction in May this year, we believe that Budget 2019 is an opportunity for the Government tackle one of the most critical public health issues of our time: obesity. The Irish Heart Foundation believe that the revenues from the tax can, and should, be used to implement and resource the Obesity Policy and Action Plan - *A Healthy Weight for Ireland* - and to address both childhood obesity and food poverty.

The submission draws upon a number of evidence-based reports commissioned or published by the Irish Heart Foundation, all of which are relevant, including, but not limited to:

- Cost of Stroke in Ireland: Estimating the annual economic cost of stroke and transient ischaemic attack (TIA) in Ireland<sup>1</sup>
- Irish Heart Foundation/HSE National Stroke Audit Rehabilitation Units 2016<sup>2</sup>
- Irish Heart Foundation/HSE National Stroke Audit 2015<sup>3</sup>
- Towards Earlier Discharge, Better Outcomes, Lower Cost: Stroke Rehabilitation in Ireland<sup>4</sup>
- Impact of living in the community with heart failure. Experiences of heart failure patients, their families and allied healthcare providers<sup>5</sup>
- Who's Feeding the Kids Online? Digital Food Marketing and Children in Ireland<sup>6</sup>

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<sup>1</sup> Economic and Social Research Institute (ESRI) and the Royal College of Surgeons in Ireland (RCSI) for the Irish Heart Foundation. *Cost of Stroke in Ireland: Estimating the annual economic cost of stroke and transient ischaemic attack (TIA) in Ireland*. September 2010

<sup>2</sup> McElwaine, P., McCormack, J., Harbison, J. on behalf of the National Stroke Programme. *Irish Heart Foundation/HSE National Stroke Audit 2015*. December 2016

<sup>3</sup> McElwaine, P., McCormack, J., Harbison, J. on behalf of the National Stroke Programme Steering Group. *Irish Heart Foundation/HSE National Stroke Audit Rehabilitations Units 2016*. October 2016

<sup>4</sup> Economic and Social Research Institute (ESRI) and the Royal College of Surgeons in Ireland (RCSI) for the Irish Heart Foundation. *Towards Earlier Discharge, Better Outcomes, Lower Cost: Stroke Rehabilitation in Ireland*. September 2014

<sup>5</sup> Department of Psychology, Division of Population and Health Sciences, Royal College of Surgeons in Ireland (RCSI) for the Irish Heart Foundation. *Impact of living in the community with heart failure. Experience of heart failure patients, their families and allied healthcare providers*. 2016

<sup>6</sup> Tatlow-Golden, M. (2016) *Who's Feeding the Kids Online? Digital Food Marketing and Children in Ireland*. Dublin: Irish Heart Foundation.  
[http://www.irishheart.ie/media/pub/advocacy/web\\_\\_whos\\_feeding\\_the\\_kids\\_online\\_report\\_2016.compressed.pdf](http://www.irishheart.ie/media/pub/advocacy/web__whos_feeding_the_kids_online_report_2016.compressed.pdf)

The submission deals with three important areas:

1. Obesity
2. Stroke
3. Heart Failure & Cardiac Rehabilitation

# OBESITY

## Obesity in Ireland

The total lifetime costs of childhood obesity in the Republic of Ireland are estimated to be €4.6 billion, with the direct healthcare associated costs estimated at €1.7 million.<sup>7</sup>

If body mass index (BMI) was reduced by 1% the lifetime cost of childhood overweight and obesity would be reduced by €270 million. A BMI reduction of 5% would reduce the lifetime costs by €1.1 billion.<sup>8</sup>

The estimated excess lifetime cost attributable to childhood obesity and overweight is €16,036 per person.<sup>9</sup>

Safefood research estimates that 55,056 children currently living in the Republic of Ireland and 85,688 on the whole island will die prematurely due to overweight and obesity.<sup>10</sup>

## Childhood Obesity in Ireland

There has been a tenfold increase in the rate of obesity among Irish boys between 1975 and 2016, and a ninefold increase among Irish girls. In 1975, only 1% of children in the State were classified as obese.<sup>11</sup> In 2016, 30.1% of girls and 31.6% of boys in Ireland were overweight, whilst 9% of girls and 10.2% of boys were obese.

Research by the World Obesity Federation predicts that by 2025, 241,000 schoolchildren in Ireland will be overweight or obese by 2025 and as many as 9,000 will have impaired glucose intolerance; 2,000 will have type 2 diabetes; 19,000 will have high blood pressure; and 27,000 will have first stage fatty liver disease.<sup>12</sup> The consequences for the future health of these children will be dire.

Children from low income families have been found to be over twice as likely to be obese

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<sup>7</sup> Ivan J. Perry, Seán R. Millar, Kevin P. Balanda, Anne Dee, David Bergin, Laura Carter, Edel Doherty, Lorraine Fahy, Douglas Hamilton, Abbygail Jaccard, André Knuchel-Takano, Laura McCarthy, Adam McCune, Grace O'Malley, Laura Pimpin, Michelle Queally and Laura Webber. (2017). What are the estimated costs of childhood overweight and obesity on the island of Ireland? Safefood. ISBN: 978-1-905767-75- 5 Available from: <http://www.safefood.eu/SafeFood/media/SafeFoodLibrary/Documents/Publications/Research%20Reports/Cost-of-childhood-obesity-Report.pdf>

<sup>8</sup> Parliamentary Question 20568/18 to the Minister for Health

<sup>9</sup> Ivan J. Perry, Seán R. Millar, Kevin P. Balanda, Anne Dee, David Bergin, Laura Carter, Edel Doherty, Lorraine Fahy, Douglas Hamilton, Abbygail Jaccard, André Knuchel-Takano, Laura McCarthy, Adam McCune, Grace O'Malley, Laura Pimpin, Michelle Queally and Laura Webber. (2017). What are the estimated costs of childhood overweight and obesity on the island of Ireland? Safefood. ISBN: 978-1-905767-75- 5 Available from: <http://www.safefood.eu/SafeFood/media/SafeFoodLibrary/Documents/Publications/Research%20Reports/Cost-of-childhood-obesity-Report.pdf>

<sup>10</sup> Ibid

<sup>11</sup> NCD Risk Factor Collaboration (NCD-RisC). (2017) Worldwide trends in body-mass index, underweight, overweight, and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies in 128.9 million children, adolescents, and adults. Lancet 2017; published online Oct 10. [http://dx.doi.org/10.1016/S0140-6736\(17\)32129-3](http://dx.doi.org/10.1016/S0140-6736(17)32129-3).

<sup>12</sup> World Obesity Federation. (2017). Ireland National Infographic. Available from: <http://www.obesityday.worldobesity.org/fullscreen-page/comp-it36nur2/068a7dcd-eb0d-4dd7-9cf6-1220ddc79ef0/60/%3Fi%3D60%26p%3D0a2r2%26s%3Dstyle-j84eeb5h>

and 54% more likely to be overweight than those from high income brackets.<sup>13</sup> The latest results from the Childhood Obesity Surveillance Initiative (COSI) in Ireland show that those attending DEIS schools tend to have higher levels of overweight and obesity than those attending other schools and the gap becomes wider as children get older<sup>14</sup>.

In 2015, 1 in 9 people were living in food poverty<sup>15</sup>. One of the driving forces behind higher rates of obesity and ill-health in the worst-off communities is food poverty - the inability to have an adequate and nutritious diet due to affordability and access to healthy food. People living in these communities often have no option but to buy cheap processed and energy dense foods. The pursuit of a healthy and nutritious diet can be hindered by the four A's – accessibility, awareness, availability and affordability.<sup>16</sup> Very often the assumption is made that a healthy diet is merely an issue of knowing what healthy food is and being motivated to eat healthy foods. **However, the reality is that knowledge of healthy food choices cannot be acted upon if such foods are not readily available or affordable.** People in low-income households very often know the foods which are healthy but are restricted by financial and physical constraints in following such a diet.<sup>17</sup> Where access to healthy foods is limited, processed foods are often the only available and affordable alternatives.

According to the WHO, 65% of the diabetes burden, 23% of heart disease and between 7% and 41% of certain cancers are attributable to overweight and obesity.<sup>18</sup> Similarly, the risk of coronary heart disease, ischaemic stroke and type 2 diabetes grows steadily with increasing body mass.

Eight per cent of children who participated in the Cork Children's Lifestyle Study<sup>19</sup> were classified as having high blood pressure. Twice as many overweight/obese children had high blood pressure when compared to normal weight children. The findings of the Bogalusa Heart Study<sup>20</sup> showed that three quarters of obese children remain obese as adults and are therefore at much greater risk of an adult life dominated by chronic disease and then of premature death.

### **The Sugar Sweetened Drinks Tax: Where now, Where Next?**

Whilst there was a resounding welcome for the SSD tax, it is clear that to bolster and develop its contribution to tackling childhood obesity and in particular to the unacceptable

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<sup>13</sup> ESRI Growing Up in Ireland Study Team. (2017). Growing Up in Ireland: Health & Development at 7/8 years of age. Available from: <http://www.esri.ie/pubs/SUSTAT63.pdf>

<sup>14</sup> Bel-Serrat S, Heinen MM, Murrin CM, Daly L, Mehegan J, Concannon M, Flood C, Farrell D, O'Brien S, Eldin N, Kelleher CC [2017]. The Childhood Obesity Surveillance Initiative (COSI) in the Republic of Ireland: Findings from 2008, 2010, 2012 and 2015. Dublin: Health Service Executive.

<sup>15</sup> Department of Social Protection (2017) *Social Inclusion Monitor 2015*. Dublin: Department of Social Protection.

<sup>16</sup> See Healthy Food for all: <http://healthyfoodforall.com/food-poverty/#accessibility>

<sup>17</sup> Friel, S. and Conlon, C. (2004) *Food poverty and policy*. Dublin: Combat Poverty Agency, Cross Care and St. Vincent de Paul. p11

<sup>18</sup> World Health Organisation (2009). Global Health Risks - Mortality and burden of disease attributable to selected major risks. Available from: [http://www.who.int/healthinfo/global\\_burden\\_disease/GlobalHealthRisks\\_report\\_full.pdf](http://www.who.int/healthinfo/global_burden_disease/GlobalHealthRisks_report_full.pdf)

<sup>19</sup> Cork Children's Lifestyle Study continues with strong community support. Department of Epidemiology and Public Health, UCC <http://www.ucc.ie/en/epid/research/foodhealth/>

<sup>20</sup> Cardiovascular disease risk factor variables at the preschool age. The Bogalusa Heart Study. (1978) *Circulation*. 57(3):603-12.

and widening health inequality which results, bolder actions must be taken and proposals brought forward, namely:

- Extending the SSD tax to those products within the CN 2202 category currently exempt, including milk-based drinks which have sugar added
- Ringfencing the revenue from the SSD tax for use on measures to tackle Childhood obesity within the Healthy Ireland framework and under A Healthy Weight for all

### ***Dealing with Exemptions***

The Sugar Sweetened Drinks Tax, which was announced by the Government in Budget 2017 and came into force in 2018, is a welcome tool as part of a range of measures needed to tackle childhood obesity. But exemptions to the SSD tax include:

1. alcohol-free beers and wine
2. drinks that are based on soya, cereals, nuts or seeds or that contain milk fats
3. products labelled as food supplements.

The rationale for the first exemption is that these products offer an alternative to alcohol products; the second category are an alternative to dairy for persons with dietary requirements and products with milk fats are exempted as they are comparable to dairy products such as milk, which is outside of the tax on the basis of the health benefits it offers such as calcium and protein. It is our understanding that an amendment to the legislation will be brought forward in this year's Finance Bill to impose a calcium threshold on products within these exempt categories. However, despite the legitimacy for these exemptions, the Irish Heart Foundation believes that **where extra sugar is added** to these products, they should come within the scope of the tax.

### ***SSD Tax: Getting bang for our buck?***

The announcement of the soft drinks industry levy in the UK correlated with the publication in the UK's Childhood Obesity Plan of the commitment to invest the revenues from the levy in programmes to reduce obesity and encourage physical activity and balanced diets for school age children.<sup>21</sup> Further detail was provided to the House of Commons Health Committee by the Minister for Public Health<sup>22</sup> that from the levy provision would be made for:

- £160 million per year for primary schools for the primary PE and sports premium from September 2017;
- £10 million per year to expand breakfast clubs in up to 1,600 schools from September 2017
- £415 million through a new Healthy Pupils Capital Programme

Subsequently the Committee reported that, despite this, the Permanent Secretary, Department for Education advised that rather than allocating it in the future to individual

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<sup>21</sup> HM Government. (2016). Childhood Obesity: A Plan for Action. Available from: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/546588/Childhood\\_obesity\\_2016\\_\\_2\\_\\_acc.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/546588/Childhood_obesity_2016__2__acc.pdf)

<sup>22</sup> House of Commons Health Committee. (2018). Childhood Obesity: Time for action. Eighth Report of the Session 2017-2019. Available from: <https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/882/88202.htm>

capital programmes in support of healthy pupils, it would be built into core schools budgets for them to spend on an ongoing basis as they wished.

While the initial announcement and commitment to use the revenues of the soft drinks industry levy was to improve children's health, the subsequent decision to divert into core school budgets is regrettable.

However, while the UK levy revenues have been diverted to schools budgets as opposed to specific child health-related programmes, there is no indication in Ireland that any of the revenues from the SSD will be used in any way to benefit children, children's health or to tackle health inequalities. The Irish Heart Foundation has advocated the use of a Sugar Sweetened Drinks levy to fund a Children's Future Health Fund over the last five Budgets. It is important to remember that this levy is a public health measure, recognised by Minister Noonan in Budget 2017 in his inclusion of this measure under the heading of health and, as such, it follows that the public should be able to benefit from the anticipated revenues expected from this policy.

It is expected that the SSD tax will raise €40 million in a full year. By using this revenue to implement measures contained within A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016 - 2025 and Healthy Ireland, Budget 2019 could be used to effect far reaching additional benefits by supporting policies to tackle obesity and food poverty among children. The SSD tax should be seen as a public health measure, not a revenue raiser and, as such, it's income should be ring-fenced and reinvested back into the communities and services where it will have the greatest effect: health promotion and schools.

To date, the Department of Finance has refused to consent to the ringfencing of the SSD tax revenues on the basis that it "reduces the flexibility of the Government to prioritise and allocate funds as necessary at a particular time. This constrains expenditure decisions and can distort the allocation of resources resulting in reduced value for money and sub-optimal outcomes."<sup>23</sup> However, despite this, the Department themselves have identified a number of historical and current precedents which show that this is not only possible but practicable:

- €168 million of the Tobacco Products Tax has been paid as an Appropriation-in-Aid to the Department of Health since Budget 1999.
- Motor Tax was paid into the Local Government Fund (this was the case up until end 2017, motor tax is now brought to account in the Exchequer).
- Lighthouse dues are collected by Revenue (€6m in 2017) and sent to the Department of Transport, Tourism and Sport.
- For the environmental levy on plastic bags – provided for under Department of Communications, Climate Action and Environment legislation – Revenue collected €7m in 2017

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<sup>23</sup> Response to Parliamentary Questions 22028/18 to the Minister for Finance 22nd May 2018. Available from: <https://www.kildarestreet.com/wrans/?id=2018-05-22a.238&s=hypothecate#g239.q>

The Irish Heart Foundation strongly believe that where obesity is costing the Irish State €1.13billion<sup>24</sup> in direct and indirect costs and 55,056 premature deaths will occur because of childhood overweight and obesity<sup>25</sup>, mechanisms similar to those employed with ring-fencing the plastic bag levy can be employed for the SSD tax. This must be done as a matter of priority in Budget 2019.

### **Fiscal Measures: Can we do more?**

Despite having been in force for only a limited time, there is no doubt that the SSD tax has been a resounding success. It has been a highly effective driver of reformulation to such effect that the projected tax to be collected has been revised downwards since the original announcement of the measure as manufacturers have reduced sugar content to below the threshold levels.

However, sugar sweetened drinks are not the only problematic foods in the Irish diet. The Healthy Ireland Survey 2017 found that of the five types of unhealthy foods measured by, 35% consume at least one of them on a daily basis, and 91% consume at least one of them each week.<sup>26</sup>

Action points 1.8 and 1.10 of A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016 - 2025 set out to:

“Develop proposals on the rollout of evidence-based fiscal measures to support healthy eating and lifestyles.”

“Review the evidence, including the effectiveness of implementation, for fiscal measures on products that are high in fat, sugar and salt to reduce their consumption.”

Both of these action points are identified for action within the 2016-2018 timeframe. However, currently there are no proposals being developed or researched by the Departments of Health or Finance relating to the roll-out of evidence based fiscal measures in support of healthy eating in addition to the sugar sweetened drinks tax.<sup>27</sup>

With the establishment of the Obesity Policy Implementation Oversight Group (OPIOG), as well as its two sub groups of reformulation and healthy eating, much more work must be done to advance action points 1.8 and 1.10 of the Obesity Plan, particularly given the timeframe that it has already failed to meet. The terms of reference of the Reformulation sub-group are such that its work programme will be setting targets on reformulation of food and drink, feeding into a methodology for measuring the efficacy of the Sugar Sweetened Drinks Tax and making recommendations on addressing reduction of portion sizes and on monitoring and validation procedures.<sup>28</sup>

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<sup>24</sup> Department of Health. A Healthy Weight for Ireland- Obesity Policy and Action Plan 2016-2025. Dublin: The Stationery Office. Available from: <http://health.gov.ie/wp-content/uploads/2016/09/A-Healthy-Weight-for-Ireland-Obesity-Policy-and-Action-Plan-2016-2025.pdf>

<sup>25</sup> Ibid

<sup>26</sup> Healthy Ireland & IPSOS MRBI. (2017). Healthy Ireland Survey 2017 Summary of Findings. Available from: [https://health.gov.ie/wp-content/uploads/2017/10/16-048825-Healthy-Ireland-Survey-18-October\\_for-printing.pdf](https://health.gov.ie/wp-content/uploads/2017/10/16-048825-Healthy-Ireland-Survey-18-October_for-printing.pdf)

<sup>27</sup> Response to Parliamentary Questions 20567/18 - 20584/18 to the Minister for Health 10th May 2018. Available from: <https://www.kildarestreet.com/wrans/?id=2018-05-10a.465&s=obesity+plan+fiscal#g482.r>

<sup>28</sup> Response to Parliamentary Questions 20567/18 - 20584/18 to the Minister for Health 10th May 2018. Available from: <https://www.kildarestreet.com/wrans/?id=2018-05-10a.465&s=obesity+plan+fiscal#g482.r>

To advance Government policy in relation to action points 1.8 and 1.10 of the Obesity Plan, we would urge the Department of Finance to examine and research further evidence-based fiscal measures to address obesity and promote healthy eating. This review must be cognisant of those areas that are not making progress in reformulation, sugar and calorie reduction.

### **Making the Healthy Choice the Cheaper Choice: Addressing VAT anomalies**

The taxation of food in Ireland is not uniform. In general, most food sold is subject to VAT at the Zero rate, but there are many exceptions specified in the legislation where the Standard, Reduced rate or Second Reduced rate is to be applied.<sup>29</sup>

This has resulted in an unacceptable situation where foods that are high in fat, sugar and salt are generally subject to the standard 23% rate, some products were charged at a reduced rate of 13.5%. A cursory glance at Revenue's VAT database draws attention to a perverse situation in which foods such as croissants, chocolate chip biscuits and jam doughnuts are charged 13.5% VAT and others, including chocolate spread and frozen pizza, have a zero VAT rating.

The Irish Heart Foundation have long been drawing attention to these nonsensical anomalies that should be removed, in Pre Budget Submissions and in Oireachtas Health Committee hearings<sup>30</sup>. This incoherency has no logical basis, either in terms of public health policy or simply on the principles of tax design.

We should use the VAT system as a disincentive for unhealthy food. It should enable healthy food to be the cheaper option. We can no longer perpetuate a situation where food and drink products which fall into the category of healthy staples are taxed in the same way as non-essential, often unhealthy, treats. The Healthy Ireland framework references the need for a whole-of-government and whole-of-society approach to influence the broader determinants of health and that governance for health considerations will be led at the highest level of Government – this measure would demonstrate the commitment of the Department of Finance and meet their commitments under the framework.

Currently, food is not defined in the Value-Added Tax Consolidation Act 2010, but Revenue provide guidance on the applicability of VAT on food and drink in their tax and duty manual. The Irish Heart Foundation believes that it is essential that eligibility criteria for VAT rates on food and drink products include a nutrient profiling model to identify unhealthy food products.

As mentioned previously, in order to address the obesity crisis, policy-makers and legislators must create an environment where the healthy choice is the cheapest choice because that is the only consideration for people on low incomes, and those in food poverty.

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<sup>29</sup>Revenue. (2017). VAT on Food and Drink. Tax and Duty Manual. Available from: <https://www.revenue.ie/en/tax-professionals/tm/value-added-tax/part03-taxable-transactions-goods-ica-services/Goods/goods-food-and-drink.pdf>

<sup>30</sup> See for example: <https://www.kildarestreet.com/committees/?id=2013-09-26a.617>

The Irish Heart Foundation recommend that the Government undertake a consultation on the adjustment of VAT rates on food and drink, with a view to addressing the anomalies that exist. While there is ongoing work at EU Level on the EU Action Plan on VAT, which aims to introduce more flexibility for Member States to change the VAT rates they apply to different products, national work on VAT food and drink rates cannot wait. Currently it is estimated that the overhauled VAT regime will not apply until 2022. Ireland must explore ways it can employ its national competences to adjust the VAT rates to address these anomalies.

Such an approach to tackling VAT and food is supported by public opinion. Research on Irish public attitudes towards policies to address obesity from Safefood and the HRB Centre for Health and Diet Research previously found that VAT measures had the second highest level of support of fiscal measures at 78.9%, behind subsidies for fruit and vegetables at 86.2%.<sup>31</sup>

## Early Years

“The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and well-being – from obesity, heart disease and mental health to educational achievement and economic status.”<sup>32</sup>

The experiences that a child has in early childhood impact on the health of that child when he or she reaches adulthood. The first five years of a child’s life, including the nine months of pregnancy, are critical to cognitive and non-cognitive development and influence future health and wellbeing. Indeed, children are more likely to grow into healthy adults if their developing systems are strengthened by positive early experiences and a supportive environment, beginning with the mother’s health before she becomes pregnant.<sup>33</sup>

The early years in a child’s life are traditionally when parents have more contact with health professionals and services. As a result, resources need to match demand. The Irish Heart Foundation welcomes that the Slaintecare Report deals with Public Health and Wellbeing, referencing the need to increase the Health and Wellbeing Budget and adequately resource Child Health and Wellbeing Services. Budget 2019 must advance these recommendations accordingly. Better health outcomes can be achieved as a result, particularly in the area of childhood overweight and obesity.

Of note is the proposal for an additional 900 generalist nurses to work in the community to free up Public Health Nurses to do child health work as part of the current Nurture-Infant

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<sup>31</sup> Heery, E., Delaney, M., Kelleher, C., Wall, P. and McCarthy, M. (2014). Attitudes of the Irish Public Towards Policies to Address Obesity. Safefood & HRB Centre for Health and Diet Research. ISBN: 978-1-905767-44-1 Available from: <http://www.safefood.eu/SafeFood/media/SafeFoodLibrary/Documents/Publications/Research%20Reports/Safefood-Attitudes-Report-Final.pdf>

<sup>32</sup> Marmot M. (2010). Fair Society, Healthy Lives. The Marmot Review. Strategic Review of Health Inequalities in England post-2010. London. Available from: <http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf> p22

<sup>33</sup> RCPI Faculty of Public Health Medicine. (2017). *The Impact of Early Childhood on Future Health*. May 2017. Available from: <https://www.cypsc.ie/fileupload/Documents/News%20and%20Events/The%20Impact%20of%20Early%20Childhood%20on%20Future%20Health,%20FPHM%20RCPI,%20May%202017.pdf> p8

Health and Wellbeing programme and the HSE's National Healthy Childhood Programme. The Irish Heart Foundation supports the statement that "Given the known importance of in utero health, child health and wellbeing services need to start with the mothers and parents, providing antenatal support including mental health, better developed midwifery services, breastfeeding and parenting supports including peer supports."<sup>34</sup>

Step 9 of the Ten Steps Forward to prevent overweight and obesity in A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016-2025, gives the commitment to: "Allocate resources according to need, in particular to those population groups most in need of support in the prevention and management of obesity, with particular emphasis on families and children during the first 1,000 days of life."

However, progress in this area has been painfully slow, with the Minister for Health Promotion noting that the current position in implementing this to date is such that: "The implementation of the Healthy Eating and Active Living Plan within the HSE will begin to address this action area, with a particular focus on supporting parents and families."<sup>35</sup>

Similarly, action 6.11 of the Obesity Plan states it will "Implement and monitor the forthcoming breastfeeding action plan. Implementation will require investment in whole-time equivalents across acute and primary care settings in addition to enhanced training, provision of supports to mothers and social marketing."

Steps towards improving early years care and support hinge on ensuring that this investment is made. Alongside the 900 generalist nurses to work in the community to support the Nurture-Infant Health and Wellbeing programme and the HSE's National Healthy Childhood Programme, as recommended by the Slaintecare Report, it is important that other positions are put in place including breastfeeding specialist posts. The early years are pivotal and, nearly two years into the lifetime of the Obesity Plan, it is failing to deliver. The Irish Heart Foundation recommends that the Government should put in place further measures around early years and the first 1000 days of life to combat childhood obesity.

## **School Food**

A critical element of obesity prevention is in the school context. Policies and interventions should be designed based on the idea that children have the right to a healthy school environment in which they don't eat unhealthy products, are not exposed to marketing for unhealthy food products and have sufficient, effective opportunities to be active through the school day. The Department of Education and Skill must underpin their role on the OPIOG with the principle that all schools in Ireland promote health; this must go further than a circular encouraging the development of a Healthy Food Policy.

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<sup>34</sup> Committee on the Future of Healthcare. (2017). Slaintecare Report. Available from: [https://data.oireachtas.ie/ie/oireachtas/committee/dail/32/committee\\_on\\_the\\_future\\_of\\_healthcare/reports/2017/2017-05-30\\_slaintecare-report\\_en.pdf](https://data.oireachtas.ie/ie/oireachtas/committee/dail/32/committee_on_the_future_of_healthcare/reports/2017/2017-05-30_slaintecare-report_en.pdf) p61

<sup>35</sup> Response to Parliamentary Questions 20567/18 - 20584/18 to the Minister for Health 10th May 2018. Available from: <https://www.kildarestreet.com/wrans/?id=2018-05-10a.465&s=obesity+plan+fiscal#g482.r>

Research by the Irish Heart Foundation shows the high penetration of unhealthy food stuffs in Irish post-primary schools<sup>36</sup>, including a 2015 survey<sup>37</sup> which found that while 37% of schools offered full hot meals and 37% offered cold snacks like sandwiches, nearly 70% of schools offered hot snacks including sausage rolls, pizza slices and paninis, many of which are high in fat and salt. A quarter of schools had tuck shops and almost a half had vending machines.

The Irish Heart Foundation make a number of recommendations to complement the recommendations of the World Health Organisation *Commission on Ending Childhood Obesity* including:

- A national standard for the provision of healthy food in all schools should be developed by government.
- Sales of foods from the Food Pyramid's Top Shelf, i.e. foods high in fat, sugar and salt should not be permitted and should be expressly dealt with in the School Food Policy.
- Water should be freely available to all pupils at all times in schools.
- The Departments of Education and Health should introduce a policy document to help schools eliminate sales of foods from the top shelf and ensure provision of healthy food choices only.
- Financial support should be provided to schools, to help them switch to healthier food, e.g. grant aiding of equipment, facilities and subsidies.
- More support is required to educate caterers and school principals, parents and pupils about healthy food choices.
- Involvement of caterers, school principals, parents and students is vital for acceptance for healthier food catering.

Education alone is often proposed as the answer to our obesity problem, but it is insufficient to put health and wellbeing on the school curriculum and expect children to put what they learn in the classroom into practice, when the school environment completely contradicts it.

The WHO has said that "supportive environments and communities are fundamental in shaping people's choices, by making the choice of healthier foods and regular physical activity the easiest choice (the choice that is the most accessible, available and affordable), and therefore preventing overweight and obesity."<sup>38</sup>

Schools are the most obvious supportive environment given that children and adolescents spend the majority of their day and formative years in the education setting and will consume most of their days calories in and around school time.

Schools must be facilitated to create an environment where the healthy habits taught to children in class are reinforced, not undermined. The school building, processes and community linkages should empower and support children to be healthy. The Department

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<sup>36</sup> Kelly, C. and NicGabhaunn, S. (2007) *Marketing of Foodstuffs in Post-Primary Schools in Ireland*. [www.irishheart.ie](http://www.irishheart.ie)

<sup>37</sup> Irish Heart Foundation (2015) Food provision in post primary schools. School survey, scoping exercise and pilot.

<sup>38</sup> World Health Organization. Obesity and Overweight. October 2017. Available from: <http://www.who.int/mediacentre/factsheets/fs311/en/>

must recognise how the school environment itself can be a facilitator, or a barrier to achieving health and wellbeing. For example, whether a school has space for students to be active, or has a vending machine selling unhealthy foods, or has safe parking for bikes, are all environmental issues which should be dealt with by the schools to support wellbeing. All guidelines and supports for schools should take into consideration and recommend action to ensure the school environment is conducive to good health.

When children leave primary and move to secondary school, no coordinated effort is being made to provide healthy food choices where they spend a large proportion of their waking hours. Unlike many countries, school food is not provided on a statutory basis in Ireland, but at the discretion of school principals, parents and boards. There is also no national standard guiding food provision at post primary (aside from the new Nutrition Standards for the School Meals programme). This is the case despite school food accounting for a growing proportion of children's food intake and the identification of obesity as a major threat to the current and future health of this generation of children.

A critical issue for the Irish Heart Foundation is that tackling obesity in schools and promoting healthy should not just be about what is being taught in the classroom - what is important is a 'whole of school' approach. While there is state funding under the Department of Employment Affairs and Social Protection available to disadvantaged schools (School Meals Programme), there are schools that are only marginally outside of 'disadvantaged status' that receive no grants or funding. Furthermore, schools often lack proper catering facilities, equipment, space etc. to allow for adequate catering and the grant provided does not allow for funding of equipment. Indeed, unlike other European countries, Ireland has a poor infrastructure of kitchen facilities in schools and the School Meals Programme does not cover the cost of kitchen equipment, facilities or staff costs.<sup>39 40</sup> This is then problematic for schools who wish to take up the scheme as they must meet these costs from their core budget or charge students to implement the programme.

When questioned about the costs associated with undertaking a national audit of secondary schools in respect of the equipment, infrastructure and facilities available to cook, prepare and serve meals to students in addition to the facilities in which they can eat, the Department of Education and Skills have advised that available Departmental funding is prioritised towards the provision of essential classroom accommodation and that "it is not possible to prioritise the provision of kitchen facilities. My Department has no plans to undertake a national survey along the lines referred."<sup>41</sup> This is not surprising. However, this demonstrates how revenues from the SSD tax could be uniquely positioned to meet funding needs to address deficits in equipment and infrastructure that would otherwise not be met. Under the auspices of the OPIOG, such audits and subsidies could be made, thus providing an integral part of the framework to address childhood obesity.

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<sup>39</sup> See: Educational Disadvantage Centre, 'National Strategy Hunger Prevention in Schools' <https://www4.dcu.ie/edc/hungerprevention-schools.shtml>

<sup>40</sup> Children's Rights Alliance. (2018). Report Card 2018. Available from: [http://www.childrensrights.ie/sites/default/files/files/files/report\\_card\\_18.pdf](http://www.childrensrights.ie/sites/default/files/files/files/report_card_18.pdf)

<sup>41</sup> Parliamentary Question 20565/18 to the Minister for Education and Skills 10th May 2018

The Heart Foundation support the Commission on Ending Childhood Obesity and their action points to ensure that healthy foods are available, accessible and affordable, and that there is awareness of what healthy foods are. In that regard, actions 1.4, 1.8, 4.9 and 5.2<sup>42</sup> should be addressed and expedited, as a matter of priority.

Action 1.4	<p>Develop nutrient profiles to identify unhealthy foods and beverages.</p> <ul style="list-style-type: none"> <li>• Establish a national nutrient-profiling model to regulate marketing, taxation, labelling and provision in public institutions, based on WHO's regional or global nutrient-profile models.</li> </ul>
Action 1.8	<p><b>Require settings such as schools, child-care settings, children's sports facilities and events to create healthy food environments.</b></p> <ul style="list-style-type: none"> <li>• Set standards for the foods that can be provided or sold in child-care settings, schools, children's sports facilities and at events (see also recommendations 4.9 and 5.1) based on a national nutrient-profile model.</li> <li>• Apply such food laws, regulations and standards in catering services for existing school, child-care and other relevant settings.</li> </ul>
Action 4.9	<p><b>Ensure only healthy foods, beverages and snacks are served in formal child-care settings or institutions.</b></p> <ul style="list-style-type: none"> <li>• Set mandatory nutrition standards for foods and beverages provided (including meals) or sold (including vending machines and school shops) in public and private child-care settings or institutions.</li> <li>• Implement such food laws, regulations and standards into catering services for existing child-care and other relevant settings.</li> </ul>
Action 5.2	<p><b>Eliminate the provision or sale of unhealthy foods, such as sugar-sweetened beverages and energy-dense, nutrient-poor foods, in the school environment.</b></p> <ul style="list-style-type: none"> <li>• Set mandatory nutrition standards for foods and beverages provided (including meals) or sold (including vending machines</li> </ul>

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<sup>42</sup> Commission on Ending Childhood Obesity. *Report of the Commission on Ending Childhood Obesity. Implementation Plan: Executive Summary*. World Health Organization, 2017. Available from: <http://apps.who.int/iris/bitstream/handle/10665/259349/WHO-NMH-PND-ECHO-17.1-eng.pdf;jsessionid=BD65DBA62961FABE0CB6B14F9B279655?sequence=1>

	<p>and school shops) in the public and private school environment.</p> <ul style="list-style-type: none"> <li>• Implement such food laws, regulations and standards into catering services for existing school and other relevant settings.</li> </ul>
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### ***Drinking Water in Schools***

Action Point 1.4 of A Healthy Weight for Ireland. Obesity Policy and Action Plan 2016-2025 is to: “Provide potable water in all learning centres (from preschool and crèches to universities and adult learning centres) and ensure all new builds provide potable water on opening.” When questioned on the progress of this previously, the Department advised that there were “ongoing discussions with the Department of Housing, Planning, Community and Local Government, Department of Health and the Environmental Protection Agency with a view to the implementation of the National Strategy to reduce exposure to Lead in Drinking Water which involves the development of a national testing strategy and subsequent remediation program for public buildings”.

Moreover, in another PQ response the Minister<sup>43</sup> noted that “Health and Safety issues such as the provision of drinking water are a matter for school authorities in the first instance, if a school authority has concerns about the quality of the drinking water on its premises, it should consult with its local authority and/or Irish Water for advice. The school may also arrange for the water to be tested. If any problems are identified through testing, or indeed, if there is a drinking water supply issue in a school, the school authority can let my Department know by submitting an Emergency Works Scheme application for funding to address the problems.”

In more recent questions, the Minister has indicated that “drinking water systems are automatically included in new school buildings and extension projects”, however this does not adequately deal with schools already in existence.<sup>44</sup> The Department has since indicated that it will provide funding to address issues where a school does not have a tap drinking water supply.

At all times, the Department has refused to undertake a national audit of all learning centres in respect of the availability of potable water. It is impossible to understand the national landscape on the availability of the potable water, and therefore meet the commitment of Action 1.4 of the Obesity Plan, if such an audit is not undertaken. It is concerning to us, not least in the context of *A Healthy Weight for Ireland*, that the provision of potable water in schools is not being prioritised. Furthermore, given that many school authorities may need more urgent works done to their schools and premises, applications for emergency works schemes for the provision of drinking water may not take priority.

Therefore, the Irish Heart Foundation is calling for the Department of Education:

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<sup>43</sup> Parliamentary Question 34329/17 to the Minister for Education 13th July 2017

<sup>44</sup> Parliamentary Questions 38127/17, 38128/17 & 38129/17 to the Minister for Education 11th September 2017

- Undertake an immediate national audit of all learning centres, especially those for people under 18, in respect of the availability of potable water. Currently the Department has refused to cost this as they have no plans to conduct an audit<sup>45</sup>.
- Alongside the national audit, expedite the national testing strategy & ensure funding is in place for remediation programmes for learning centres to ensure they can provide potable water.
- Drawing on the findings of the national audit, funding and programmes should be put in place to ensure the necessary equipment and infrastructure is in place within learning centres to ensure drinking water is freely available.

Revenues from the SSD tax should be used to do this. This would both meet the commitments of the plan and protect the budgets of the Department itself.

### **School Meals**

The School Meals Programme is operated by the Department of Employment Affairs and Social Protection to meet the food costs of groups currently operating school meals projects. Priority for funding is currently given to schools which are part of the Department of Education and Skills' initiative for disadvantaged schools, 'Delivering Equality of Opportunity in Schools' (DEIS). The models of provision can range from the provision of full canteen services to the purchase of pre-prepared meals from specialist school meals suppliers or local suppliers.

In 2018, the school meals programme provided funding towards the provision of food to 1,580 schools and organisations benefitting 250,000 children at a total cost of €54 million<sup>46</sup>. Unfortunately, however, the programme is not universal and priority is given to DEIS schools, as decided by the Department of Education and Skills. A 2015 survey on food provision in post primary schools<sup>47</sup> found that facilities within schools varied greatly from full preparation kitchens to tuck shops and vending and recommended that financial support should be provided to schools, to help them provide healthy food through grant aiding of equipment, facilities and subsidies. Unfortunately, however, like the decision on schools eligibility for the Schools Meals Programme, the physical infrastructure in schools is a matter for the Department of Education and Skills.<sup>48</sup>

The Irish Heart Foundation supports the recommendation from the 2018 Pre Budget Submission of the Children's Rights Alliance that funding should be provided for a pilot extension of the School Meals Programme to youth services, early years settings and afterschool programmes to address issues of food poverty for children and young people availing of those services.<sup>49</sup>

Table 1 below details the expenditure from the School Meals Programme 2014-2018,

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<sup>45</sup> Parliamentary Question 20564/18 to the Minister for Education and Skills 10th May 2018

<sup>46</sup> Parliamentary Question 20561/18, 20562/18 and 20574/18 to the Minister for Employment Affairs and Social Protection

<sup>47</sup> Shanley, S. (2015). *Food provision in post primary schools. Introducing a Healthy Catering Award . Survey of schools, scoping and pilot exercise.* Irish Heart Foundation

<sup>48</sup> Parliamentary Question 20561/18, 20562/18 and 20574/18 to the Minister for Employment Affairs and Social Protection

<sup>49</sup> Children's Rights Alliance. (2017). *Pre-Budget Submission 2018.* July 2017. Available from:

[https://www.childrensrights.ie/sites/default/files/submissions\\_reports/files/Children%27s%20Rights%20Alliance%20Pre-Budget%20Submission%20\\_DSP.pdf](https://www.childrensrights.ie/sites/default/files/submissions_reports/files/Children%27s%20Rights%20Alliance%20Pre-Budget%20Submission%20_DSP.pdf)

highlighting the recent increases in funding for the scheme, which have been welcome. However, “the settings where children most at risk of experiencing food poverty are, early years settings for young children and youth services for teenagers, do not form part of the School Meals Programme.”<sup>50</sup>

**Table 1: School Meals Scheme Expenditure 2014 – 2018**

<b>Allocation</b>	
<b>Year</b>	<b>€m</b>
<b>2014</b>	<b>16.6*</b>
<b>2015</b>	<b>38.8</b>
<b>2016</b>	<b>36.9</b>
<b>2017</b>	<b>46.6</b>
<b>2018</b>	<b>54 allocated</b>

The Irish Heart Foundation welcomed the publication of the “Nutrition Standards for School Meals” as it is important that, coupled with increased coverage of the scheme, the programme is audited in terms of the provision of food of suitable quality and nutritional value. However, Budget 2019 must now examine extending the scheme to youth services, early years settings and afterschool programmes. This can be done through a pilot scheme and funding increases for the School Meals Programme should make provision for a pilot, as well as extending the scheme.

Looking at the expenditure from the school meals programme, a 20% increase in expenditure in Budget 2019 from the 2018 budgetary allocation of €54 million, could do this. This would bring expenditure on the scheme to €64.8million.<sup>51</sup> The Irish Heart Foundation believe that revenue from the Sugar Sweetened Drinks Tax should be used for this purpose.

### ***School Milk & School Fruit and Vegetables Scheme***

The number of schools in receipt of the EU school milk scheme and the number of students that received an allocation from the scheme in each of the five years from 2012/2013 to 2016/2017 is detailed in Table 2 below. During this period, a noticeable reduction in the take up of the scheme is evident, leading the Department to identify in their Six Year Strategy on the EU Single School Scheme the need to halt the decline in the participation rate by Irish schoolchildren in the scheme. This stands in stark contrast to the increase in participation and take up in the EU School Fruit & Vegetables Scheme / Food Dudes, as outlined in Table 3.

<sup>50</sup> Children’s Rights Alliance. (2017). *Pre-Budget Submission 2018*. July 2017. Available from: [https://www.childrensrightrights.ie/sites/default/files/submissions\\_reports/files/Children%27s%20Rights%20Alliance%20Pre-Budget%20Submission%20 DSP.pdf](https://www.childrensrightrights.ie/sites/default/files/submissions_reports/files/Children%27s%20Rights%20Alliance%20Pre-Budget%20Submission%20 DSP.pdf) p8

<sup>51</sup> Parliamentary Question 16480/18 to the Minister for Employment Affairs and Social Protection

Indeed, under the new framework, which took effect from the 2017/2018 school year, the National Dairy Council (NDC) was appointed to manage and run the School Milk Scheme on the ground at school level in Ireland.<sup>52</sup>

**Table 2: School Milk Scheme in Ireland<sup>53</sup>**

	2016/17	2015/16	2014/15	2013/14	2012/13
No. of Schools	691	782	899	1,061	1,077
Approx. No. of Children	38,536	42,544	47,791	51,160	52,937

As part of this, there has been a National School Milk Week in April 2018, a targeted publicity and early recruitment campaign for schools to sign up to the Scheme for the 2018/19 school year and educational measures including the National Dairy Council's Moo Crew school-based programme. However, there is a need for research to be undertaken of those schools which are no longer taking up the scheme, as well as schools which are not taking up the scheme, to find out the reasons for this. It is likely that this is tied to issues of infrastructure e.g. refrigeration and storage services in schools. It will be impossible to drastically increase take-up of the scheme, unless these issues are identified and dealt with.

**Table 3: EU School Fruit & Vegetables Scheme / Food Dudes Budget and Participation<sup>54</sup>**

School Year	Participating Schools	Number of pupils	EU Contribution €	National Contribution €
2012-2013	385	62,101	430,388.03	1,757,843.00
2013-2014	378	55,570	371,301.46	1,497,756.5
2014-2015	690	117,163	861,910.59	1,934,238.5

<sup>52</sup> Parliamentary Question 23980/18 to the Minister for Agriculture, Food and the Marine

<sup>53</sup> Parliamentary Question 20559/18 to the Minister for Agriculture, Food and the Marine

<sup>54</sup> Parliamentary Question 20681/18 to the Minister for Agriculture, Food and the Marine

2015-2016	701	122,136	1,171,013.97	1,671,974.2
2016-2017	825	129,019	1,306,687.00	1,836,938.7

### Community Based Health Promotion

Action 9.2 of A Healthy Weight for Ireland. Obesity Policy and Action Plan 2016-2025 states: “Scale up effective community based programmes with a focus on disadvantaged areas to enhance knowledge and skills with regard to health eating and active living. Special emphasis should be placed on providing guidance, advice and training to parents on healthy food and healthy eating.”

However, despite this, the implementation of the HSE’s ‘Cook It’ & ‘Healthy Food Made Easy’ programmes are not consistent across the country. As we can see from Table 4 below, despite the HSE target of 4,400 people to attend these programmes, there is no consistency and, furthermore, resource constraints inhibited the delivery in two CHOs in 2017.

In 2017 the HSE provided approximately €400,000 through Section 39 Grant Agreements to support the delivery of Community Cooking programmes in CHO 6, 7, 8, & 9. In other CHO areas the programme is delivered from within local Health promotion and improvement resources i.e. staff time etc.<sup>55</sup>

**Table 4: Community Cooking Programme Target and Attendance 2017 by CHO**

	<b>2017 KPI – 4,400</b>	
<b>CHO</b>	<b>Target 2017</b>	<b>Attended 2017</b>
<b>1</b>	<b>250</b>	<b>0</b>
<b>2</b>	<b>60</b>	<b>0</b>
<b>3</b>	<b>150</b>	<b>61</b>
<b>4</b>	<b>150</b>	<b>82</b>
<b>5</b>	<b>540</b>	<b>448</b>
<b>6</b>	<b>800</b>	<b>1056</b>
<b>7</b>	<b>900</b>	<b>1357</b>
<b>8</b>	<b>900</b>	<b>1308</b>
<b>9</b>	<b>650</b>	<b>1814</b>
	<b>4,400</b>	<b>6,126</b>

The Irish Heart Foundation believes that Family Food Initiatives (FFIs) are a much more sustainable way to achieve action 9.2 and will also have a broader reach to attract harder to reach audiences.

<sup>55</sup> Parliamentary Question 20570/18, 20572/18 and 20571/18 to the Minister for Health

## **Family Food Initiatives: Irish Heart Foundation Community Heart Projects**

The Irish Heart Foundation has identified Community Heart Projects (CHPs) as an effective strategy to tackle food and activity related health issues at local level. CHPs aim to positively influence the physical activity and eating habits of low-income communities by promoting access to, and learning about, nutritious food and exercise, with a strong focus on cardiovascular health.

To date, three Community Heart Projects (CHPs) have been approved and funded by the Irish Heart Foundation and have been in operation since 2016:

1. Pavee Point/Avila, Finglas, Co. Dublin
2. Raheen Family Resource Centre, Raheen, Co Wexford
3. Teach na nDaoine Family Resource Centre, Co. Monaghan

A key component of CHPs is that they are established and led by the local community, with two local co-ordinators from a host organisation. The partnership approach, as distinct from a grant scheme, means that each project is tailored to local needs and is led locally to ensure ownership and foster long-term sustainability. All projects are encouraged to share experiences among their own wider organisational networks to maximise potential and reach. Funding is provided by the Irish Heart Foundation to enable resources and equipment to be purchased and the projects also benefit from additional supports from the Irish Heart Foundation such as the Mobile Health Unit (free blood pressure checks by Irish Heart Foundation nurses) and Walking Leader Training (training community members to lead local walking groups). Training and education is also provided by the Irish Heart Foundation and other organisations e.g., HSE, /ETB etc. While the activities organised by the CHPs vary, the core elements include the development of a community garden, organising cooking classes, and providing education sessions on nutrition, budgeting, and food labelling.

Action 9.2 of A Healthy Weight for Ireland. Obesity Policy and Action Plan 2016-2025 states: “Scale up effective community based programmes with a focus on disadvantaged areas to enhance knowledge and skills with regard to health eating and active living. Special emphasis should be placed on providing guidance, advice and training to parents on healthy food and healthy eating.”

The Irish Heart Foundation notes the development and implementation by the HSE of ‘Cook It’ & ‘Healthy Food Made Easy’ programmes however, these are not consistent across the country. Family Food Initiatives (FFIs) are a much more sustainable way to achieve the objective of Action 9.2 and will also have a broader reach to attract harder to reach audiences e.g. men/those not interested in cooking skills. FFIs are projects that will improve the availability, affordability and accessibility of healthy food for low income groups at local level using a community development approach. Community Food Initiatives, on which FFIs are modelled, have been shown to have a positive effect on the dietary behaviours of low-income communities in which they currently operate. In that regard, we recommend the development of Family Food Initiatives (FFIs) to support children and families experiencing

food poverty to have access to healthy food and to develop cooking and food growing skills.<sup>56</sup>

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<sup>56</sup> See previous proposal: Irish Heart Foundation, Children's Rights Alliance and Healthy Food for All (2015). *Family Food Initiatives – tackling obesity and food poverty in children - funding proposal to DCYA to Develop Family Food Initiatives* - 30  
FFIs could be established at a cost €2.475million over a 5 year programme

## STROKE SERVICES

Stroke is a medical emergency and urgent treatment is essential. Following a stroke, people need urgent access to high quality acute care and should be supported afterwards with rehabilitation, psychological support and longer term social care provision where required.

Around 8,000 people will be hospitalised due to stroke in Ireland this year with an average age of onset of 74 years<sup>57</sup>. At least 1,800 stroke patients will die, with 1,000 being discharged to nursing home care and the remainder returning home. It's estimated that over 30,000 people are living with a stroke related disability in Ireland.

Since being established eight years ago, the HSE's National Stroke Programme has proved that it's cheaper to deliver stroke services well than to deliver them badly. From 2010 to 2014 alone, direct discharge to nursing homes fell from 17.7% of patients to 13.8%<sup>58</sup>. This cut the cost of long-term care by an estimated €160 million<sup>59</sup>, at a nominal cost of €4.2 million, largely achieved through reorganisation rather than actual funding.

According to official HIPE data, however, direct discharges then started to increase, up to 16%<sup>60</sup> in 2016. The average cost of keeping a patient in long-term care is €158,000 assuming a mean three-year survival, resulting in a total cost increase on HIPE figures of €53 million. This is attributable to the inability of stroke teams to deal with the increased stroke burden at static service levels, along with lack of access to homecare packages.

Meanwhile, the *Cost of Stroke in Ireland* study carried out for the Irish Heart Foundation by the ESRI estimated a total direct cost of stroke to the economy of up to €557 million per annum, with as much as €414 million being spent on nursing home care and less than €7 million on community rehabilitation programmes that can assist people to remain living at home. It is estimated that 20-25% of all nursing home residents in Ireland are there due to stroke.

All this shows that we don't need to spend more on stroke, but to change how we spend existing resources. Small upfront funding to improve acute services, rehabilitation and home care would reduce overall costs and shift the balance of spending from a point after which the recovery of stroke sufferers can best be influenced into services that will save more lives, reduce disability and use resources more efficiently.

The HSE's National Stroke Programme reduced stroke mortality by a quarter and direct discharge to nursing homes by almost half in the four years after being established in 2010, largely through reorganisation of existing resources into a network of acute stroke units<sup>61</sup>. It

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<sup>57</sup> McElwaine, P., McCormack, J., Harbison, J. on behalf of the National Stroke Programme. *Irish Heart Foundation/HSE National Stroke Audit 2015*. December 2016

<sup>58</sup> The National Clinical Programme for Stroke 2009-2017. A review of progress.

<sup>59</sup> Calculation by HSE's National Stroke Programme

<sup>60</sup> The National Clinical Programme for Stroke 2009-2017. A review of progress.

<sup>61</sup> A stroke unit is a discrete area in a hospital where stroke patients are cared for by a multidisciplinary team which specialises in stroke care. The core team consists of doctors, nurses, physiotherapists, occupational therapists, speech and language therapists, dieticians, therapy assistants, psychologists and social workers

is estimated that stroke incidence will increase by 59% by 2030<sup>62</sup> - this will not only overwhelm acute stroke services at current service levels, but will result in a severe spill over into all emergency medicine. With a new five year National Stroke Strategy due to be published this year, it is imperative that we drive forward much-needed changes to stroke services that could save money and lives.

Currently, there is no guarantee all patients with stroke will have access to evidence-based treatment and care that has been proven to save lives and reduce disability. In fact, we know many will not:

1. According to the IHF/HSE National Stroke Audit 2016, only 29% of stroke patients are admitted to a stroke unit and just over half receive any treatment in a unit. This is in spite of ESRI research borne out by the achievements of the National Programme showing that the more patients that can avail of stroke unit care, the greater the human and cost effectiveness;
2. Research shows that over 3,000 stroke patients could benefit from Early Supported Discharge programmes<sup>63</sup> that would also reduce overall costs by freeing up 24,000 acute bed days a year. However, there has not been full national roll out as yet;
3. A health technology assessment by HIQA has recommended the development of emergency clot removal treatment called thrombectomy which is associated with major reductions in stroke death and severe disability, but this has not developed into a full national service.
4. No hospital treating stroke in Ireland meets minimum international standards in the delivery of rehabilitation services<sup>64</sup>

The Government has an opportunity to vastly improve access to stroke treatment and support across Ireland, so more patients survive, avoid significant disability and live well after stroke. A concerted national approach is needed to ensure evidenced-based stroke treatment and care is available nationally and the new five year stroke strategy must be properly resourced to do so. Budget 2019 must be the first step in this.

### **Access to evidence-based stroke treatment and care for stroke patients**

**The challenge:** Ensure access to evidence-based stroke treatment and care

**The solution:**

1. Ensure that endovascular stroke centres providing thrombectomy are developed in conjunction with emergency services to provide access for all suitable stroke victims regardless of location
2. Ensure that every hospital treating stroke has a properly functioning service whereby 90% of stroke patients spend 90% of their hospital stay in a stroke unit
3. Roll out Early Supported Discharge programmes nationally for stroke patients

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<sup>62</sup> The Burden of Stroke in Europe, King's College London for the Stroke Alliance for Europe 2017. Available from: [http://www.strokeeurope.eu/downloads/The\\_Burden\\_of\\_Stroke\\_in\\_Europe\\_Report\\_-\\_Appendix.pdf](http://www.strokeeurope.eu/downloads/The_Burden_of_Stroke_in_Europe_Report_-_Appendix.pdf)

<sup>63</sup> Early Supported Discharge is an intensive approach to rehabilitation that involves patients receiving therapy services such as physiotherapy and speech and language therapy in their own homes, rather than in hospital. Evidence from Ireland and internationally shows it improves the likelihood of a good recovery, is cheaper than keeping people in hospital and frees up beds for those who need them most.

<sup>64</sup> <sup>64</sup>McElwaine, P., McCormack, J., Harbison, J. on behalf of the National Stroke Programme. Irish Heart Foundation/HSE National Stroke Audit 2015. December 2016

**Investment required:**

1. €8,900,000
  2. €15,675,000
  3. €8,097,618.05
- €32,672,618 Total in 2019

***Ensure that endovascular stroke centres providing thrombectomy are developed in conjunction with emergency services to provide access for all suitable stroke victims regardless of location***

Recent advancements in ‘time is brain’ therapies have saved lives and reduced disability in stroke survivors. *The ESCAPE trial*<sup>65</sup> and other clinical research has demonstrated that thrombectomy is a highly effective treatment, with a potential to almost double the number of stroke victims recovering to complete independence and also reducing stroke mortality in half. This has a major impact on the lives of patients, their families and the health service, with the HSE noting that “on balance this results in significant saving to the system.”<sup>66</sup>

Endovascular thrombectomy, an intervention to remove large blood clots in the brain, is now available at 2 sites in Ireland, but not all patients have clear pathways to access this innovative stroke treatment. It is being provided as a 24/7 service in Beaumont Hospital and on a 9-5 Mon-Friday service at Cork University Hospital. The treatment must be performed as soon as possible after the onset of stroke and every minute counts, making it one of the most urgent medical procedures. The service has been growing year on year with 120, 170 and 280 completed thrombectomies in 2015, 2016 and 2017 in Beaumont Hospital alone.<sup>67</sup>

Thrombectomy has become world-wide standard of care for acute stroke patients since 2015. HIQA, in their January 2017 Health Technology Assessment of thrombectomy<sup>68</sup> found that a national emergency endovascular service providing mechanical thrombectomy would be cost-effective. The five year budget impact of moving from no service to a national service is estimated at €7.2million comprising €3.3million in the first year and annual running costs thereafter estimated at €0.8million to €1.2million. However, the five year budget impact of moving from the current ad hoc service (approximately 200 patients treated through existing facilities) to an organised national service is estimated to be €2.8 million (of which €2 million would be incurred in the first year).<sup>69</sup>

Coupled with the further development of the thrombectomy service is the need to address the resource deficit in providing the current service. Not least should additional radiography and nursing staff be provided at the current sites, but pressing infrastructural issues relating to the current neuro Interventional Radiology and thrombectomy equipment must be addressed. The development of Neuro Interventional Radiology Services and Thrombectomy Services at Beaumont Hospital had been recommended for approval subject

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<sup>65</sup> Trial, <http://calgaryherald.com/health/the-great-escape-how-calgary-doctors-forged-a-new-weapon-against-stroke>

<sup>66</sup> Parliamentary Question 13723/18 to the Minister for Health

<sup>67</sup> Parliamentary Question 13723/18 to the Minister for Health

<sup>68</sup> HIQA, Health Technological Assessment of national emergency endovascular service for mechanical thrombectomy in the management of acute ischaemic stroke. 25 January 2017. Available from: <https://www.hiqa.ie/sites/default/files/2017-02/Mechanical-Thrombectomy-technical-report.pdf>

<sup>69</sup> Parliamentary Question 20549/18 to the Minister for Health

to funding in 2018 however current capital funding allocations meant that this did not go ahead and may not until 2019 at the earliest. It is estimated that the overall cost of the development of a specialist Neuro Interventional Radiology Thrombectomy Service at Beaumont Hospital would be €6.9 million.

In line with this investment and commitment to the ongoing development of thrombectomy is the need to ensure equitable access to the new standard of care treatment in acute stroke. Ensuring equitable access to and benefit from mechanical thrombectomy will require the existing regional variability in access to thrombolysis and stroke services to be addressed. Therefore, investment must be supported by revamped ambulance and air ambulance services to admit eligible patients countrywide up to 12 hours after symptom onset so that all hospitals admitting a patient with acute stroke should have access to a referral pathway, with rapid assessment and transfer of suitable patients.

***Ensure that every hospital treating stroke has a properly functioning service whereby 90% of stroke patients spend 90% of their hospital stay in a stroke unit***

Access to stroke unit care is estimated to reduce mortality and severe disability from stroke by around 25%. The Irish Heart Foundation/HSE National Stroke Audit 2015 found that just 29% of stroke patients are admitted to a unit and 52% spend any portion of their hospital stay in one. In addition, almost one in four hospitals in Ireland treating stroke do not meet the minimum organisational standards required to operate a stroke unit.

No hospital in Ireland meets minimum stroke unit staffing requirements set down by the European Stroke Organisation, with deficits of 30% in nursing, 50% for physiotherapists, 61% for occupational therapists, 69% for clinical nutrition and 31% for speech and language therapists, whilst only 44% of hospitals have any access to a medical social worker and 19% have access to a neuropsychologist.<sup>70</sup>

In the UK, which is not an exemplar in terms of stroke care across Europe, 90% of stroke patients spend 90% of their hospital stay in a stroke unit. We estimate that around one in six stroke deaths could be prevented through the development of a comprehensive national stroke unit network capable of meeting similar targets, with similar reductions in permanent severe disability requiring nursing home care.

The National Stroke Audit identified 150 stroke beds in Ireland, a deficit of around 250 beds nationally for the current population on the basis of recommendations contained in the UK National Clinical Guidelines for Stroke. However, the Stroke Alliance for Europe (SAFE) report<sup>71</sup> estimated that stroke incidence will increase by 59% by 2030. This has meant that the HSE have advised that in order to manage this predicted increase, it may in fact be necessary to plan for 600 stroke unit beds.<sup>72</sup> To meet the current staffing requirements for approximately 400 stroke unit beds, costs are estimated by the HSE to be €23 million.<sup>73</sup>

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<sup>70</sup> McElwaine, P., McCormack, J., Harbison, J. on behalf of the National Stroke Programme. Irish Heart Foundation/HSE National Stroke Audit 2015. December 2016

<sup>71</sup> The Burden of Stroke in Europe, King's College London for the Stroke Alliance for Europe 2017. Available from: [http://www.strokeeurope.eu/downloads/The\\_Burden\\_of\\_Stroke\\_in\\_Europe\\_Report\\_-\\_Appendix.pdf](http://www.strokeeurope.eu/downloads/The_Burden_of_Stroke_in_Europe_Report_-_Appendix.pdf)

<sup>72</sup> Parliamentary Question 20548/18 to the Minister for Health

<sup>73</sup> Ibid

Therefore, the investment required to meet the 250 stroke bed deficit would be expected to be €14,375,000. It is also important to note that further investment in patient equipment and monitoring equipment would be required in all hospitals, and these infrastructural needs must also be identified and met.

The HSE has also identified that the provision of an Acute Stroke Unit within a shell and core section of the Whitty Building of the Mater Misericordiae University Hospital has been approved and added to the National Capital Plan but is subject to capital funding availability.<sup>74</sup> The estimated cost of this project is €1.3 million and the Irish Heart Foundation also proposes that funding for this be made available in Budget 2019.

### ***Roll out Early Supported Discharge (ESD) programmes nationally for stroke patients***

International studies show that 25-40% of all stroke patients can benefit from Early Supported Discharge (ESD) programmes.<sup>75</sup> The cost effectiveness of these services is long-established. As far back as 2010, a UK National Audit Office report concluded that ESD programmes then delivered to 20% of stroke patients were value for money and that more than doubling ESD provision would be cost effective over a ten-year timeframe.<sup>76</sup>

In their 2012 Cochrane Review of Early Supported Discharge (ESD), Fearon, Langhorne & the Early Supported Discharge Trialists also concluded that: *'appropriately resourced ESD services provided for a selected group of stroke patients can reduce long-term dependency and admission to institutional care as well as reducing the length of hospital stay ....with no observed adverse impact on the mood or subjective health status of patients or carers.'*<sup>77</sup>

The 2014 Economic and Social Research Institute (ESRI), Royal College of Surgeons in Ireland (RCSI) and Irish Heart Foundation report *Towards Earlier Discharge, Better Outcomes, Lower Costs: Stroke rehabilitation in Ireland* concludes that almost half all of stroke sufferers in Ireland – over 3,000 people each year, could avail of ESD, resulting in annual savings of some 24,000 bed days.

It is clear that expanding ESD services will facilitate more efficient use of hospital beds, with positive impacts on patient flow and unscheduled care management in particular. The resulting increase in access to stroke unit beds will also improve outcomes, whilst there is additional potential for deriving direct financial savings through reduced admissions to nursing homes post discharge from hospital.

In 2015 an ESD Business Case was developed to plan for ESD within Ireland. The recommended staffing per ESD team and costs of staff based at mid-point of the senior scale is outlined in Table 5 below. The full year total cost of an ESD team in Ireland is estimated to be €269,831.61.<sup>78</sup>

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<sup>74</sup> Parliamentary Question 23869/18 to the Minister for Health

<sup>75</sup> Fearon, P., Langhorne, P. (2012) Early Supported Discharge Trialists. Services for reducing duration of hospital care for acute stroke patients. Cochrane Database of Systematic Reviews 2012, Issue 9. Art. No.: CD000443.

<sup>76</sup> National Audit Office, Progress in improving stroke care, 2010

<sup>77</sup> Fearon, P., Langhorne, P. (2012) Early Supported Discharge Trialists. Services for reducing duration of hospital care for acute stroke patients. Cochrane Database of Systematic Reviews 2012, Issue 9. Art. No.: CD000443.

<sup>78</sup> Parliamentary Question 20547/18 to the Minister for Health

**Table 5: Full year total cost of an ESD team**

<b>Total ESD Team Staffing Costs</b>	<b>Full year (FY) Pay Costs</b>	<b>FY Non-Pay Costs 15%</b>	<b>FY Total Costs</b>
1.0 WTE Physiotherapist	€60,445.14	€9,066.77	€69,511.91
1.0 WTE Occupational Therapist	€60,444.03	€9,066.60	€69,510.63
0.5 WTE Senior Speech and Language Therapist	€30,222.01	€4,533.30	€34,755.32
0.5 WTE Medical Social Worker	€31,132	€4,669.80	€35,802
1.0 WTE Clinical Nurse Specialist	€52,393.00	€7,858.95	€60,251.95
<b>Total Cost of an ESD Team</b>	<b>€234,636.18</b>	<b>€35,195.42</b>	<b>€269,831.61</b>

In 2017, the National Clinical Programme for Stroke (NCPS) developed a three year plan to consolidate the three operational ESD teams and to develop nine further ESD teams. In 2017, the NCPS National received funding of €450,989.51 from the Integrated Care Programme for Patient Flow to support ESD services. Currently however, none of the five operational ESD teams have the recommended staffing levels of an ESD. The deficits in the existing times are identified in Table 6 and, based on this, the full year total costs of the staffing required to fully staff current operating ESD teams would be €398,123.22.<sup>79</sup>

**Table 6: Costs associated with staffing required to fully staff current operating ESD teams**

<b>Staffing required to fully staff current operating ESD teams</b>	<b>Full year (FY) Pay Costs</b>	<b>FY Non-Pay Costs</b>	<b>FY Total Costs</b>
TH 1.0 WTE Clinical Nurse Specialist	€52,393.00	€7,858.95	€60,251.95
TH 0.1 WTE Speech and Language Therapist	€6,044.40	€906.66	€6,951.06
MMUH 0.5 WTE Clinical Nurse Specialist	€26,196.50	€3,929.40	€30,125.90
GUH 0.4 WTE Physiotherapist	€24,177.80	€3,626.67	€27,804.47

<sup>79</sup> Ibid

GUH 0.2 WTE Speech and Language Therapist	€12,088.80	€1,813.32	€13,902.12
GUH 0.4 WTE Medical Social Worker	€24,905	€3,735.84	28640.84
GUH 0.5 WTE Clinical Nurse Specialist	€26,196.50	€3,929.40	€30,125.90
CUH/MUH 1.0 WTE Physiotherapist	€60,445.14	€9,066.77	€69,511.91
CUH/MUH 0.5 WTE Medical Social Worker	€31,132	€4,669.80	€35,802
CUH/MUH 0.5 Speech and Language Therapist	€30,222.01	€4,533.30	€34,755.32
CUH/MUH 1.0 Clinical Nurse Specialist	€52,393	€7,858.95	€60,251.95
<b>TOTAL</b>		<b>€398,123.22</b>	

The costs of further developing ESD teams across a two year period were identified by the HSE at €1,618,989.68, with €809,494.83 needed in 2018 (for Beaumont Hospital, St Vincent's University Hospital and University Hospital Waterford) and €809,494.85 (for Our Lady of Lourdes Hospital Drogheda, Mayo University Hospital, Naas General Hospital, Wexford General Hospital and Connolly Hospital) in 2019.

The Irish Heart Foundation believes that in the first instance, the current ESD teams should be funded to ensure the necessary staffing requirements for an ESD team are met. Therefore, Budget 2019 should ensure that funding is made available for these posts, with immediate recruitment. Similarly, as per the NCPS plan to consolidate and develop ESD teams, Budget 2019 should develop the next phase of ESD teams in 2019.

The HSE has also identified that the provision of a stroke rehabilitation unit in Bantry General Hospital has been approved and added to the National Capital Plan but is subject to capital funding availability.<sup>80</sup> The estimated cost of this project is €6.89 million and the Irish Heart Foundation also proposes that funding for this be made available in Budget 2019.

### **F.A.S.T. awareness to reduce avoidable death and disability from stroke**

**The challenge:** Prevent avoidable death and disability from stroke by ensuring national awareness of stroke symptoms among Irish adults and ensuring more people get to hospital for treatment early, thereby reducing disability after stroke and associated care required

**The solution:** The Irish Heart Foundation proposes a new F.A.S.T. media campaign

<sup>80</sup> Parliamentary Question 23869/18 to the Minister for Health

## Investment required: €292,000

F.A.S.T. awareness saves lives. The Irish Heart Foundation is seeking support to bring back FAST and raise awareness of stroke symptoms among Irish adults with particular emphasis on the need to call emergency services. When a stroke strikes, it kills two million brain cells per minute. F.A.S.T. access to stroke treatment means a greater chance of recovery and decreased costs to the health service.

In 2010 the Irish Heart Foundation launched a national TV and radio campaign to drive national awareness of FAST stroke symptoms among Irish adults. The impact was phenomenal:

- Awareness of stroke symptoms among Irish adults rose significantly from 30% to 68% by early 2011
- Awareness of stroke symptoms continued to rise to 87% by mid-2013 which has been described as the highest national awareness of FAST in the world
- Crucially, the rate of people who said the first thing they'd do is to call 999 rose from 45% to 58% by early 2011
- Research in Beaumont and Connolly Hospitals showed an 87% increase in stroke related hospital admissions in early 2011.
  1. 87.5% increase in hospital admissions among patients with facial droop
  2. 68% increase in those with weakness on one side
  3. 66% increase in cases of slurred speech
- 59% increase in strokes being admitted within the time window for thrombolysis clot-busting treatment (Beaumont and Connolly)
- Thrombolysis rates increased from 2%-10%
- An estimated 175 lives were saved per year from death and disability from stroke following our FAST campaign
- Savings in nursing home costs to the State calculated at around €4.5m per annum.

During the F.A.S.T campaign, awareness of stroke warning signs among the Irish public rose significantly. However, as part of the same research, Head of the RCSI's Department of Psychology Anne Hickey reported whilst presentations to A&E of suspected strokes identified by slurred speech remained high within 6 months post campaign, other presentations *returned to near baseline in the immediate aftermath*.

The F.A.S.T. test is a proven community awareness raising tool that, when promoted widely, increases knowledge of stroke signs. The HSE have themselves acknowledged the profound impact the campaign had on public behaviour, with a 190% hike in awareness of stroke warning signs and has noted that

“This proposal is fully aligned with the vision of the NCP for Stroke Model of Care 2012 and the NCP for Stroke fully supports and recommends the re-introduction of the FAST campaign.”<sup>81</sup>

The Irish Heart Foundation is calling for an investment of €292,000 to fund a comprehensive campaign to embed stroke knowledge in the community and therefore increase access to time-critical, life-saving treatment.

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<sup>81</sup> Parliamentary Question 12218/18 to the Minister for Health

***Home care supports should be increased to keep pace with the ageing demographic, and with demand for the services***

With our ageing population we are seeing increases in chronic conditions such as stroke and heart failure which require a significant annual increase in home care support. The statutory provision of Fair Deal, in tandem with the 'discretionary' basis of home care supports, has inadvertently prioritised long term residential care over home and community care. The Irish Heart Foundation believes that further investment in home care in Budget 2019 is needed so that people affected by ill health and disability (including disability caused by stroke and chronic heart conditions) can remain at home for as long as possible.

Patients are regularly discharged from hospital without the necessary supports, or continue to occupy an acute bed until a homecare package is available even though keeping patients in these beds costs up to 15 times more. In other cases patients are inappropriately discharged to nursing homes. Waiting lists for home helps and home care packages are growing and the Fair Deal scheme has provided no assistance for the vast majority of people affected by ill health and disability who want to remain living at home.

Properly resourced homecare packages, available to all those who need it and which are tailored to the specific needs of people have the effect of helping people:

- Live well in the community
- To remain in their own homes with their families throughout their lives
- To stay out of hospital and long-term residential care

The ongoing work to develop a statutory home care scheme is welcome, however, most patients and stroke survivors are not in a position to wait until then. The Department of Health must recognise that the restrictions on the current scheme mean that services that meet the needs of all are not provided - for example in 2015 and 2016, only 8.4% and 7.68% respectively of homecare package recipients were under 65, despite this cohort also needing home care, particularly if they are living with the effects of ill health or disability for decades. This is of particular importance when the growth in working age stroke survivors is considered. In advance of the statutory scheme being developed and finalised, Budget 2019 must ensure that provision of home care supports increased to keep pace with the ageing demographic, and with demand for the services.

## HEART FAILURE AND CARDIAC REHABILITATION

Heart failure remains a major public health issue with high recurrent hospital admission, regional disparities in services and outcomes, and disconnected care. The overall prevalence rate of heart failure in Ireland is approximately 2% which equates to approximately 90,000 people with a five year mortality rate of 36%<sup>82</sup> Over 10,000 cases of Heart Failure are diagnosed annually in Ireland<sup>83</sup> and the total cost of heart failure in Ireland is estimated to amount to €660 million each year.<sup>84</sup> In 2012, Heart Failure accounted for 231,042 total hospital bed days and re-admission rates for heart failure range between 24% to 44%.

As with other cardiovascular diseases, patient outcomes can be improved alongside financial cost-effectiveness, with the introduction of small preventative changes. Alongside measures with immediate budgetary repercussions for Budget 2019, service and treatment provision into the future must be identified with improved data and planning. Improved data will help drive better treatment, resource allocation and quality of care, particularly as the prevalence of heart failures rises.

### ***Overcoming geographical gaps in the Model of Care for Heart Failure***

**The challenge:** Varying levels of heart failure service throughout the country

**The solution:** Priority must be given to a planned review of the model of heart failure care, along with an audit of existing service levels and the speedy delivery of the promised service gap analysis

**Investment required:** €307,500 to fill the geographical gap in the provision of heart failure services in the South/South West hospital group, where no structured services currently exist

Heart failure is a debilitating condition and once a person has been admitted to hospital with it there is a high chance of readmission. At present it's estimated that some 24% of all heart failure patients are being readmitted to hospital within 12 weeks of discharge, with the figure rising to 44% after a year. The introduction of heart failure units, which provide structured, co-ordinated and multidisciplinary care, is reducing these figures. Twelve have been opened in the last few years around the country and the rates of readmission are reported to have already been halved in these units with estimated readmission at 12-15% after 12 weeks and 20% after 12 months. Mortality rates are also reported to be lower among patients treated in these units.

In addition to better outcomes, the economic benefit of heart failure units is not disputed. The HSE has advised that the cost of establishing a heart failure unit in a hospital with no pre-existing service is approximately €375,000. The funding would cover the appointment of a Consultant Cardiologist with an interest in heart failure, two Clinical Nurse Specialists and

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<sup>82</sup> James S, Barton D, O'Connell E, Voon V, Murtagh G, Watson C, et al. Life expectancy for community-based patients with heart failure from time of diagnosis. *International Journal of Cardiology*. 2015;178:268-74.

<sup>83</sup> Department of Health and Children. Changing Cardiovascular Health. National Cardiovascular Health Policy 2010 - 2019. 2010; Parliamentary Questions No 17253/17-17258/17 to the Minister for Health

<sup>84</sup> The Heartbeat Trust. The cost of heart failure in Ireland. The social, economic and health implications of Heart Failure in Ireland. Dublin: The Heartbeat Trust, 2015

the provision of B-type Natriuretic Peptide testing facilities. This cost does not include capital costs or set up costs.

However, of the 12 heart failure units, there is just one in the whole of Munster located in Limerick, compared to six serving Dublin. The inability of patients in counties Cork and Kerry in particular to access what is internationally regarded as a basic standard of care has been described as a 'gaping hole' in services by the clinical lead of the HSE's national heart failure programme, Professor Ken McDonald.

There are no statistics on how many heart failure patients live in each county, but based on population, it is possible to estimate that there are 1,300 new cases of heart failure in Cork and Kerry, and over 3,000 people being hospitalised with the condition each year who do not have access to a heart failure unit. The South/ South West Hospital Group's 2018 Estimates' submission included a proposal for €307,500 for Cardiology Services, Cork University Hospital to fill the geographical gap in the provision of heart failure services. Similarly, there was also a resource included in the 2018 Estimates' submission of an additional "2" Consultants in order to support the Cardiology Services workload across the Group.<sup>85</sup>

Whilst Cork and Kerry are regarded as the worst served areas nationally for heart failure patients, the HSE has acknowledged that varying levels of heart failure service exist throughout the country. It says it cannot quantify the investment required to complete the network of heart failure services without a full service gap analysis. This must be undertaken as matter of priority within the review of cardiac services nationally.

### ***Further roll out of Heart Failure community projects***

**The challenge:** 250,000 people are at immediate risk of developing heart failure<sup>86</sup>, with increases in demand for chronic disease management at community level

**The solution:** National implementation of heart failure integrated care projects in the community

**Investment required:** €4.8 million

In a 2016 Report, *Impact of living in the community with heart failure*<sup>87</sup>, allied healthcare professionals identified a significant need for more community resources, referral systems and education for healthcare professionals. The National Clinical Programme on Heart Failure currently operates a number of successful pilot projects on virtual clinics- a facility to support GPs to manage heart failure patients in the community. At a time of a "growing community of often unsupported heart failure sufferers trying hard to cope with inadequate services, barriers to proper care,[and] a dearth of community supports"<sup>88</sup>, a service to enable specialists and GPs to discuss cases is hugely important. The aim of the virtual clinics

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<sup>85</sup> Parliamentary Question 1080/18 to the Minister for Health

<sup>86</sup> Comments from Prof Ken McDonald at Oireachtas Joint Committee on Health 7th March 2018. Available from: <https://www.kildarestreet.com/committees/?id=2018-03-07a.368&s=heart+failure+%22heart+failure%22#g369>

<sup>87</sup> Department of Psychology, Division of Population and Health Sciences, Royal College of Surgeons in Ireland (RCSI) for the Irish Heart Foundation. Impact of living in the community with heart failure. Experience of heart failure patients, their families and allied healthcare providers. 2016

<sup>88</sup> Ibid p5

is stated to “reduce need for referral to outpatient department, increase confidence of GPs in managing heart failure in the community and improve GP-specialist team interaction.”<sup>89</sup>

In order to provide the hospital aspects of the heart failure virtual clinic service approximately €400,000 per hospital group for each of the 6 hospital groups, is required (i.e. €2.4m.) To provide the community aspect of this service, approximately 4 Clinical Nurse Specialists are required in each of the 9 community healthcare organisation areas with some additional Clinical Nurse Specialists required in urban areas, (i.e. approximately €2.4m).<sup>90</sup> Hence, in total, approximately €4.8 million is required to provide this integrated care approach nationally for heart failure.

### ***Ensure adequate capacity for cardiac rehabilitation for patients for which cardiac rehabilitation is recommended***

**The challenge:** Cardiac rehabilitation services currently only meet 39% of the rehabilitation needs for the core conditions of acute coronary syndrome, revascularisation and heart failure and the unmet need for rehabilitation services for the other cardiovascular conditions recommended in guidelines is far greater, with only 22% - 33% of the need being met.<sup>91</sup>

**The solution:** Provide adequate national capacity for cardiac rehabilitation for patients for whom cardiac rehabilitation is recommended

**Investment required:** €9.7 million

Cardiac rehabilitation is a recognised standard of care for cardiac patients and it is recommended for patients following a cardiac event, a revascularisation procedure and for patients with heart failure. It can also be provided for various diagnoses such as stable angina and following heart surgery. Cardiac rehabilitation reduces mortality and rates of reinfarction following a cardiac event, reduces hospitalisations in patients with coronary heart disease and heart failure, improves patients’ health related quality of life and is cost effective<sup>92</sup>.

Cardiac rehabilitation services currently only meet 39% of the rehabilitation needs for the core conditions of acute coronary syndrome, revascularisation and heart failure. This means that 61% of the need in these critical conditions requiring self-management support education is not met. Similarly, the unmet need for rehabilitation services for the other cardiovascular conditions recommended in guidelines is far greater, with only 22% - 33% of the need being met.<sup>93</sup>

A HSE needs assessment for cardiac rehabilitation research completed in November 2016 showed capacity to provide cardiac rehabilitation for fewer than 5,000 patients compared with a need to accommodate almost 13,000 annually following an admission with coronary heart disease or heart failure alone – equating to an ability to meet 39% of need.

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<sup>89</sup> See Heart Failure Virtual Clinic: <http://www.ehealthireland.ie/Case-Studies-/Heart-Failure-Virtual-Clinic/>

<sup>90</sup> Parliamentary Question 20557/18 to the Minister for Health

<sup>91</sup> Parliamentary Question 20556/18 to the Minister for Health

<sup>92</sup> A needs assessment for cardiac rehabilitation services in the Republic of Ireland, Dr Naomi Petty-Saphon November 2016

<sup>93</sup> Parliamentary Question 20556/18 to the Minister for Health

Furthermore, one quarter of referrals for cardiac rehabilitation are for conditions other than coronary heart disease and heart failure.

Geographical disparities are also apparent with need compared to capacity by county varying from 9% to 75%. Referrals for cardiac rehabilitation were 41% below their target figure and HF patients were a particularly under-represented group comprising only 5% of referrals.

There were significant reductions in staffing; whole time equivalent posts had fallen by 62.7% since 2009. Some of the centres with the lowest capacity compared to need were operating nearly single handed and had minimal other services available to them, or were reliant on good will only to provide a service. Requirement for services is likely to increase due to population factors which are driving a predicted increase in cardiovascular disease of 4-5% per annum. This equates to an additional 25% of unmet need in the next 5 years alone.

The study concludes that not only does cardiac rehabilitation reduce mortality and hospitalisations, it is cost effective and has the potential to save money and reduce pressures on acute services by saving an estimated 6,090 inpatient bed days.

A 2015 HIQA health technology assessment of chronic disease self-management support interventions also found that cardiac rehabilitation can reduce re-hospitalisations in selected patients with heart failure over periods of six to 12 months.<sup>94</sup> Similarly, research on the experiences of heart failure patients has shown that those patients who had attended cardiac rehabilitation valued it greatly.<sup>95</sup>

Cardiac rehabilitation services should be expanded to be widely accessible and specifically inclusive of heart failure patients. In order to provide adequate national capacity for cardiac rehabilitation for patients for whom cardiac rehabilitation is recommended, €8.7million will be required annually. Similarly, a €1 million once off capital cost will also be required.<sup>96</sup> Budget 2019 must make this funding available given its cost effectiveness and significant human benefit.

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<sup>94</sup> Health Information and Quality Authority (HIQA). Health technology assessment of chronic disease self-management support interventions. 16 December 2015

<sup>95</sup> Department of Psychology, Division of Population and Health Sciences, Royal College of Surgeons in Ireland (RCSI) for the Irish Heart Foundation. Impact of living in the community with heart failure. Experience of heart failure patients, their families and allied healthcare providers. 2016

<sup>96</sup> Parliamentary Questions 17259/17 and 28771/18 to the Minister for Health

## Setting the context: Sláintecare & 10 Year Health Reform in Ireland

The Irish Heart Foundation is a founding member of the Health Reform Alliance. Alliance members share a common belief that reform is needed to create a more equitable system. The development of a 10-year plan is an important opportunity to end the two-tier health system and move Ireland towards a health and social care system based on need and not on ability to pay.

The Irish Heart Foundation welcomed the publication of the Future of Healthcare Committee's Sláintecare Report. The terms of reference of the Oireachtas Committee included the need for political consensus on a ten-year plan for health reform which was to establish 'a universal, single-tier health services where patients are treated on the basis of health need not ability to pay', as well as 'reorienting the health service on a phased basis towards integrated primary and community care, consistent with the highest quality of patient safety'.

As a patient organisation, the main interest of the Irish Heart Foundation is in the outcome and experience of patients using the health and social care system. Many Cardiovascular Disease patients use medical, rehabilitation and social care services concurrently. Currently, different cost structures for different elements of care lead to complicated patterns of use and unintended interactions between different elements of the system, for example between primary and hospital care.<sup>97</sup> Sláintecare is dependent on the development of many moving parts of the health and social care system in the same direction – more and better prevention and public health, more diagnosis and treatment outside of hospital in primary and social care, and integrated accessible care.

Sláintecare is single long-term vision of healthcare and health policy in Ireland but the need now is for the Government to publish a roadmap for implementation that is faithful to the Committee's plan, to establish checkpoints and to ensure the necessary funding to make the vision a reality.

The health sector needs significant funding. That is not disputed. The report recommended additional investment of €2.8billion over the period to build up the necessary capacity, expand entitlements and reduce the relatively high out-of-pocket costs experienced by Irish people, with a one-off transitional fund of €3 billion required over the first six years for infrastructure investment, expansion of training capacity and the timely implementation of the eHealth strategy. But, ultimately, without political leadership we risk falling short of what is needed to implement the recommendations of the Sláintecare – both the easy and hard decisions- in their totality.

For too long health care was portrayed as a drain of resources rather than an investment in people. Budget 2019 must start the 10 year reform process of delivering a health system focused on caring for all groups in our society and ensuring the resources necessary to do so.

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<sup>97</sup> Smith, S. (2009) Equity in Health Care: A view from the Irish health care system. Dublin: The Adelaide Health Foundation.

Therefore, we are calling for the Year One recommendations of Slaintecare to be implemented as part of Budget 2019, including:

- The establishment of a National Health Fund
- Implementing transitional funding arrangements
- Year 1 Budgeted costings to expand entitlements [Slaintecare has estimated that over €395million is required in Year 1, but some measures were initiated in Budget 2018]



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