



**Irish Heart
Foundation**

Pre-Budget Submission 2022





COVID-19 has many far-reaching implications for how we prevent and detect cardiovascular disease, how we treat and care for the hundreds of thousands of people it affects, and how we meet the cost of minimising the effects of what is the world's biggest killer disease.

Firstly, many of the same risk factors responsible for hospitalisations and mortality from COVID-19 are the **major drivers** of high heart disease and stroke rates.



OBESITY



HIGH BLOOD
PRESSURE



SMOKING




ALCOHOL
INTAKE




SEDENTARY
LIFESTYLE


People living with chronic heart disease have borne the brunt of the devastation caused by the pandemic. They account for:



44%
of lives lost to the virus lived with chronic heart disease



49%
of ICU admissions in Ireland were sufferers of chronic heart disease



COVID-19 also causes stroke in around **1/50** hospitalised cases

Outcomes have been further affected by a **reduction in heart attack admissions due to fear of COVID-19** in hospitals that peaked at 80% and in presentations among people suffering minor strokes which may later develop into more serious attacks.



Meanwhile, the impact of outpatient, echocardiogram, and angiogram waiting times that have lengthened to **over a year** in some hospitals will continue to affect cardiovascular service delivery for years.



In addition to its disproportionate impact on people already living with cardiac conditions, the evidence firmly indicates that COVID-19 is also increasing the numbers affected by cardiovascular disease, through an upsurge in junk food, tobacco and alcohol consumption at a time when physical activity rates plummeted, particularly among young people.

Budget 2022 presents an opportunity to tackle the effects of COVID-19 on cardiovascular health: in the short-term by fixing deficits in vital hospital and other health and care services; and through longer term solutions that will **reduce chronic disease and build resilience in the population** to create a healthier Ireland and to minimise the impact of this and future pandemics on public health and the economy.

To address these **major challenges**, we urge that Budget 2022:



PRIORITY 1

Protects children's health through robust measures to tackle childhood obesity



PRIORITY 2

Fixes chronic deficits in heart and stroke services and supports both in hospitals and the community



PRIORITY 3

Addresses critical issues of chronic disease prevention, such as nicotine addiction



PRIORITY 4

Improves environmental health and therefore cardiovascular health



Priority 1: Protecting Children's Health

Tackling Childhood Obesity

Budget 2022 should:

- Establish a Children's Future Fund to reinvest the proceeds of sugar sweetened drinks tax and other levies on unhealthy foods into a major national programme to improve children's health.
- Extend the tax to include milk-based drinks.
- Lower the Band 1 threshold of the levy.
- Raise the rate at the Band 2 threshold.

Policy recommendations to coincide with Budget 2022 proposals:

- Establish a Children's Future Fund to reinvest the proceeds of sugar sweetened drinks tax and other levies on unhealthy foods into a major national programme to improve children's health.
- Extend the tax to include milk-based drinks.
- Lower the Band 1 threshold of the levy.
- Raise the rate at the Band 2 threshold.
- Introduce a timetable for new taxes incentivising reformulation of unhealthy products, beginning with added sugar.
- Carry out more extensive scoping work on other taxes to incentivise reformulation of high fat and salt products, such as on salty snacks and fast food.
- Abolish the parental levy for the School Milk Scheme.
- Create a structure or committee at national level (cross-governmental) to oversee food-related income support programmes for vulnerable population groups. Introduce healthy food subsidies targeting disadvantaged communities.
- Provide funding for the implementation of the HSE Breastfeeding Action Plan, with specific focus on staffing levels of lactation consultants.
- Build a research initiative with third level education partners to inform future direction for the Partnerships aims.



Priority 2: Supporting Services and Patients post COVID-19

Budget 2022 should:

- Provide funding for a 5 year Hypertension Awareness and Behaviour Change Campaign led by the Irish Heart Foundation supported by a number of key health and non-government organisations.
- Ensure full funding for the recommendations of the new Stroke Strategy, ensure its publication alongside a comprehensive implementation plan.
- Provide priority funding for research to establish the number of stroke survivors living in Ireland, along with a full assessment of their service and support needs.
- Ensure that services assisting survivors at all stages of their post-stroke journey are adequately funded.
- Ensuring access to Diagnostic Testing (BNP blood testing and Echocardiography) at Primary Care Level.
- Heart Failure Community Integration Teams should be available countrywide and their roles standardised across all CHO areas.
- Heart Failure Virtual Clinics should be rolled out as a priority.
- Eliminate geographical gaps in care: provide funding and resources to ensure each hospital has a functioning Heart Failure Unit.
- Investment in Heart Failure Workforce. The system needs:
 - 4 HF clinical nurse specialists (CNS) per 150,000 populations, starting with filling currently funded WTEs
 - At least one Advanced Nurse Practitioner in all heart failure service units
 - At least 1 WTE clerical support to reduce clerical work on clinical staff
 - Consultant Cardiologist led HF services for both inpatients and outpatients in all areas
 - A dedicated Cardiac Physiologist as part of HFU
- Funding and promotion of self-management support groups for HF patients, including well-moderated patient and peer support groups
- Commit to long term financing and resourcing for the maintenance and upkeep of an AED Register
- Expand cardiac rehabilitation services to be widely accessible and inclusive
- Ensure adequate national capacity to deliver cardiac rehabilitation to all patients for whom it is recommended, ensuring staffing and resources are protected
- Remove inpatient charges for public hospital care, at a cost of €30.6 million
- Reduce prescription charge for medical card holders
- Reduce the Drugs Payment Scheme threshold to €100 per month



Priority 3: Prevention and Future Proofing

Budget 2022 should:

- Increase tobacco taxation annually on a pro-rata basis so that all packs of 20 cigarettes cost at least €20 by 2025. This would require an increase of €1.93 on a pack in Budget 2022.
- Introduce an equivalent annual tobacco tax increase on Roll Your Own tobacco and the adoption of a taxation policy that acknowledges the substitution impact and adjusts tax rates accordingly to remove incentives to switch to a cheaper alternative.
- Increase the level of funding for tobacco cessation services from the current €13 million to €50 million annually.
- Increase resources including additional staffing and equipment to support Revenue's National Action Plan in combatting cigarette smuggling.
- Introduce an annual €500 tobacco retailer license fee per retail outlet, which could raise up to €6,379,000 each year.
- Apply an excise tax of €0.06 per ml of e-cigarette liquid to deter young people and non-smokers from purchasing and taking up electronic cigarettes.
- Introduce an annual €50 electronic cigarette retailer license fee per retail outlet.
- Accelerate and pass the Public Health (Tobacco and Nicotine Inhaling Products) Bill to ban the sale of e-cigarettes to, or by, young people under the age of 18.



Priority 4: Improving Environmental Health and the World we Live in

Budget 2022 should:

- Allocate significant funding to local authorities to monitor and enforce air quality legislation and double the maximum fine amount for breaches of regulation from €5,000 to €10,000.
- Introduce a Green Transition Fuel Allowance to facilitate the move away from burning of the worst health affecting solid fuels such as smoky coal, wet wood, and sod turf.
- Double the current NOX levy rate and apply to both category A and B vehicles, to yield an estimated extra €120 million.
- Increase the diesel tax rate to match the petrol tax rate.
- Phase out the price cap for diesel used by road hauliers.
- Implement a daily congestion charge on all private motorised vehicles entering Dublin city centre and examine the feasibility of extending similar congestion charges to other major urban areas.
- Adopt similar EV incentives used in Norway including no purchase/import taxes; exemption from 25% VAT on purchases; no annual road tax; no toll road or ferry charges; free municipal or local authority parking; access to bus lanes; 50% reduced company car tax; exemption from VAT on leasing, and fiscal compensation when scrapping fossil-fuel vehicles when converting to zero-emission vehicles.
- Expand the Cycle to Work scheme beyond PAYE to everyone – employers, sole-traders, students, jobseekers, disabled, unpaid home-work.
- Increase level of funding allocated to the Safe Routes to School programme for 2022 so that more schools can avail of it and create additional roles across An Taisce and the NTA to support this initiative.
- Ensure that the recently announced 248 new active travels posts by the Department of Transport are recruited and deployed to improve walking and cycling facilities.
- Increase the Capital funding allocated to Retrofitting schemes to an annual figure of €400 million and that the ten-year retrofitting and heat pump installation target be reassessed upwards, reflecting the increased level of investment.



Priority 1:

Protecting Children's Health – Tackling Childhood Obesity



Priority 1: Protecting Children's Health - Tackling Childhood Obesity



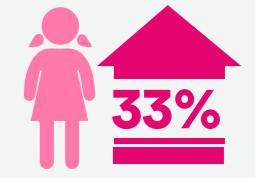
Shortly before the pandemic, the Irish Heart Foundation published its *Childhood Obesity Manifesto*, setting out actions that the country's leading obesity experts agreed could **cut the rate of childhood obesity by 50% by 2030.**



Growing Up in Ireland research shows that consumption of junk food and sweets increased among



12-year-old boys

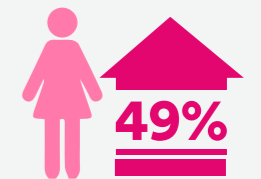


12-year-old girls

The rate among young adults was even higher with increases among



22-year-old men



22-year-old women³

But the crisis that the Government's own research predicts will cause the premature deaths of more than 85,000 of this generation of children on the island has deepened further since, due to the influence of COVID-19 on children's diets and physical activity levels. Irish research shows that during the pandemic, children in the lowest income groups were more likely to say they had less participation than usual in organised cultural activities or sports and exercise, and that they were spending less time outdoors¹.

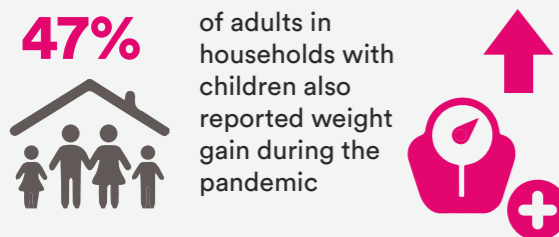
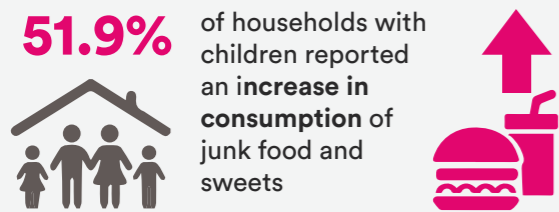
Similarly, **50% of adolescents reported engaging in less physical activity following the introduction of COVID-19 restrictions and COVID-19 had the most impact on physical activity among the least physically active and adolescents living with overweight, obesity or poor prior physical activity habits².**

These findings were borne out in similar Irish research showing an increase in the consumption of less healthy foodstuffs and a potential change in weight status since the restrictions.

1 Murray, A., McClintock, R., McNamara, E., O'Mahony, D., Smyth, E. and Watson, D. (2021). Growing Up in Ireland: Key findings from the special COVID-19 survey of Cohorts '98 and '08. ESRI Report. [Online] Available from: <https://www.esri.ie/publications/growing-up-in-ireland-key-findings-from-the-special-covid-19-survey-of-cohorts-98-and>
2 Ng K, Cooper J, McHale F, et al. (2020). Barriers and facilitators to changes in adolescent physical activity during COVID-19. *BMJ Open Sport & Exercise Medicine* 2020;6:e000919. doi: 10.1136/bmjsem-2020-000919
3 Murray, A., McClintock, R., McNamara, E., O'Mahony, D., Smyth, E. and Watson, D. (2021). Growing Up in Ireland: Key findings from the special COVID-19 survey of Cohorts '98 and '08. ESRI Report. [Online] Available from: <https://www.esri.ie/publications/growing-up-in-ireland-key-findings-from-the-special-covid-19-survey-of-cohorts-98-and>



In the CSO's Social Impact of COVID-19 Survey⁴



This is understandable at a time when people are experiencing great stress, low mood and reduced physical activity. But there is a public health consequence: Once weight is gained, it's hard to lose. Although taking steps to address obesity in the short-term is unlikely to have an immediate impact on the COVID-19 pandemic, it will likely reduce the disease burden in future viral pandemics and reduce risks of complications like heart disease and stroke.

It's the sheer volume of ads targeting my children that disturbs me... Every street corner we turn in Dublin City, every bus shelter, every shop, every magazine, even every play date and the branding on kids' t-shirts. My children are constantly nagging me for brands they see and for brands they recognise. It's pressure I don't welcome.

Susan Jane White, Parent Advocate

Children's Health after the COVID-19 Pandemic – Where do we go?

The devastating impact of COVID-19 on people living with obesity has underlined the importance of the food environment and healthy food intake. It has shown the urgent need for effective policies to make sure that everyone has access to affordable, nutritious food.

Interventions to achieve this must include policies that promote accessible, healthier food choices. These include reformulating high fat, sugar and salt products, imposing taxes on unhealthy food and beverages; regulating food labels; and restricting marketing of junk food products. Policies must also support people in making healthier food choices, for example through subsidies. The best policies are those that create positive changes in the food, social and information environments. But policies cannot be adopted in isolation; for the biggest impact they need to be part of a set of mutually reinforcing and supporting actions.

Children's Future Fund

Action is needed to make populations more resilient to future pandemics. This includes a concerted effort to tackle obesity. The collective failure to implement policy changes to address the root cause of diet related disease - the unavoidable cheap junk food environment - has manifested in the reality that obesity is a major factor in ICU patients battling COVID-19⁵.

To develop this resilience and to finance the fight against childhood obesity, it is critical that a Children's Future Fund is established. Good nutrition is central to the health, wellbeing, and development of children and young people. Without it, children's health outcomes worsen. Ringfenced funding must be made available to develop new programmes, projects and initiatives that can support children's health in the post COVID-19 public health era.

Budget 2022 should:

- Establish a **Children's Future Fund** to reinvest the proceeds of sugar sweetened drinks tax and other levies on unhealthy foods into a major national programme to improve children's health.



4 CSO. (2020). Social Impact of COVID-19 Survey April 2020. April 2020. [Online]. Available from: <https://www.cso.ie/en/releasesandpublications/ep/p-sic19/socialimpactofcovid-19surveyapril2020/>

5 Bennett KE, Mullooly M, O'Loughlin M, Fitzgerald M, O'Donnell J, O'Connor L, et al. Underlying conditions and risk of hospitalisation, ICU admission and mortality among those with COVID-19 in Ireland: A national surveillance study. The Lancet Regional Health Europe 2021(5): 100097. <https://doi.org/10.1016/j.lanpe.2021.100097>

Extension of the Sugar Sweetened Drink Tax

The success of the sugar sweetened drinks tax is highlighted by UK research showing it achieved a **28.8% fall in the average sugar content of drinks** subject to the sugar sweetened drinks tax in the UK



28.8%



21.6% in the total sugar purchased from these drinks.



This was achieved with no reduction in overall sales – just a shift to lower or no sugar soft drinks.

Meanwhile the UK's voluntary sugar reduction programme lowered rates by just 3% in the period from 2015-2019 – way below the target of 20%⁶. In Ireland a reformulation programme undertaken by IBEC's Food Drink Ireland over a 12-year period failed to deliver any reduction in average energy consumed across the population in any age group⁷. These voluntary programmes are not just ineffective in themselves, they prevent meaningful action from being taken.

Given its effectiveness in reducing sugar intake and therefore the consumption of useless empty calories, it can be assumed that the sugar sweetened drinks tax will reduce weight across the population over time. When this is added to the fact that sales volumes were unaffected, the potential for the extension of taxation to incentivise reformulation in other unhealthy products becomes clear and attractive.



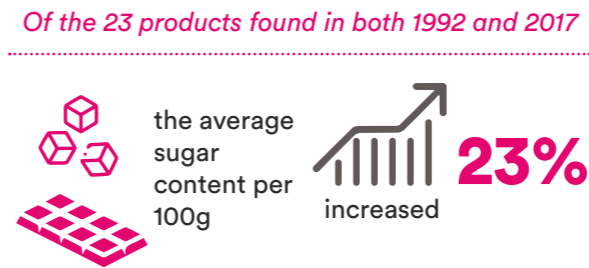
In the first instance, however, Budget 2022 should extend the Sugar Sweetened Drink Tax to make it even more effective through the following measures:

- ✓ Extend the tax to include **milk-based drinks**
- ✓ **Lower the Band 1 threshold of the levy.** Many soft drinks are currently sitting just under the lower threshold 5g per 100ml. This is a great first step – but given that they were able to reformulate very quickly, we think they can go even further.
- ✓ Consideration should also be made for those paying the upper threshold of the levy, signalling that they have made little effort to reformulate their drinks. Therefore, the rate at the Band 2 threshold should be raised.
 - The current SSDT rates charged are €16.23 per hectolitre on supplies in Band 1 and €24.39 per hectolitre on supplies in Band 2. In 2019 the yield for Band 2 was €29.6m and in 2020 it was €27.8m⁸. By far, Band 2 drinks dominate the revenue from SSD tax and indicates that there is still a large volume of sugar in drinks.

6 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/984282/
 7 The Evolution of Food and Drink in Ireland 2005-2017;
 8 Parliamentary Question 19856/21 to the Minister for Finance

Sugar Tax

The ready availability of calorie dense, ultra-processed foods has played a central role in rising child obesity. Research in the UK⁹ showed that the level of sugar in chocolate confectionery has increased since 1992.



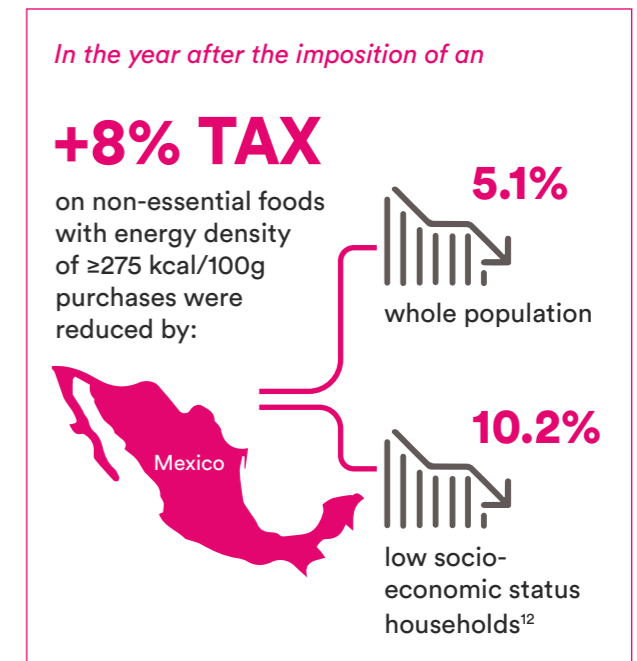
COVID-19 has prompted an increase in demand for calorie dense food products, which will further fuel the obesity crisis among children. Irish research has already shown that 3-year-olds in Ireland are consuming on average 10 level teaspoons of 'free sugar' a day, 250% greater than the maximum recommended by WHO guidelines¹⁰.



9 Crowe, M., O'Sullivan, M., Cassetti, O. et al. Estimation and consumption pattern of free sugar intake in 3-year-old Irish preschool children. Eur J Nutr 59, 2065–2074 (2020). <https://doi.org/10.1007/s00394-019-02056-8>
 10 Scheelbeek P F D, Cornelsen L, Marteau T M, Jebb S A, Smith R D. Potential impact on prevalence of obesity in the UK of a 20% price increase in high sugar snacks: modelling study BMJ 2019; 366 :l4786 doi:10.1136/bmj.l4786
 11 First-Year Evaluation of Mexico's Tax on Nonessential Energy-Dense Foods: An Observational Study <https://doi.org/10.1371/journal.pmed.1002057>

Introducing a sugar tax, similar to that being proposed in the UK National Food Strategy could be even more effective at cutting obesity levels than increasing the price of sugar sweetened drinks¹¹, with UK research showing that a 20% price increase in high sugar snacks has the potential to reduce overall energy purchased among all body mass index (BMI) and household income groups.

Evidence from Mexico shows how effective this could be.



Budget 2022 should:

- ✓ Introduce a timetable for new taxes incentivising reformulation of unhealthy products, beginning with added sugar
- ✓ Carry out more extensive scoping work on other taxes to incentivise reformulation of high fat and salt products, such as on salty snacks and fast food

Ending Disadvantage in Food Provision

There is a clear link between poverty and obesity. Yet, choice over food is often lowest among people in the most disadvantaged communities. The clear conclusion is malnutrition and obesity are problems that go hand in hand – with the cause not bad choice, or eating the wrong thing, but a lack of access to any alternative. Part of the solution to the childhood obesity crisis is breaking its link with deprivation. This must be where government target financial incentives.

Although Ireland does have some school fruit and vegetable schemes in place¹³, the provision of subsidies is underutilised, despite having great potential to reach vulnerable segments of the population. Subsidies are effective in improving the nutritional quality of diets and combining subsidies and taxes has the greatest potential to do this. Therefore, the Irish Heart Foundation recommends using tax revenues from the SSD tax and sugary snacks levy to fund a healthy food incentive scheme.

Budget 2022 must:

- ✓ **Abolish the parental levy** for the School Milk Scheme. At 2019/2020 costs, this would cost €252,349 in a school year.
- ✓ Create a structure or committee at national level (cross-governmental) to oversee **food-related income support programmes** for vulnerable population groups¹⁴. This group should use the year between Budget 2022 and Budget 2023 to develop these programmes, with a view to rollout in 2023.
- ✓ Develop **healthy food subsidies** targeting disadvantaged communities¹⁵. These subsidies should be funded from the Children's Future Fund.

Legislate to Save lives and Reduce Costs

Junk food advertising has become a monster, manipulating young people's emotions and their choices. Thanks to the explosion of digital marketing on top of loopholes in broadcast regulations children are being ruthlessly exploited by junk brands and are being bombarded daily in a way that it's impossible to resist.

Dan Parker, former brand marketer turned health advocate with Living Loud UK

Safefood research estimates



85,688

on the island of Ireland will die prematurely due to **overweight and obesity**



The total lifetime **costs of childhood obesity** in the Republic of Ireland are estimated to be

€4.6 Billion

The Irish Heart Foundation was successful in securing the commitment for a Public Health (Obesity) Bill in the Programme for Government, following the submission of a Draft Bill to the Department of Health. Foods high in fat, sugar and salt (HFSS) are a lead contributing factor to the burgeoning obesity crisis, which has major public health implications and is responsible for a considerable burden of health, social and economic harm at individual, family and societal levels.

The aim of the Bill is to improve children's current and future health through the reduction in exposure of children to marketing and advertising of HFSS food and drinks. This can only be achieved by legislation rather than ineffective and weak voluntary codes of practice. The Bill seeks to end commercial activities which promote, advertise or market unhealthy food and drink products to children.

The UK Government has already committed to legislation to ban junk food adverts pre-9pm watershed on TV and for a near total ban online.

Policy recommendations to coincide with Budget 2022 proposals:

- ✓ Introduce the Public Health (Obesity) Bill committed to in the Programme for Government as a matter of urgency to include measures on:
 - prohibiting all forms of unhealthy food and drinks marketing online to children under 18.
 - 9pm watershed on television for all unhealthy food and beverage advertising.
 - "No Fry" Zones around schools.

Curbing Overconsumption: Tackling Portion Sizes and Price Promotions

The link between price promotions and overconsumption of unhealthy food and beverages is clear from a wide variety of studies. Public Health England's 2015 Evidence for Action research found that price promotions increase the amount of food and drink people buy by 22% and around 6% of total sugar would not be consumed if promotions on high sugar products did not occur. In Ireland, Safefood research found that 35% of products on special offer in supermarkets are high in fat, sugar and salt. This increased to 56% in convenience stores¹⁶.

Food portion sizes have grown significantly in the last generation due to marketing tactics and sales strategies in shops, restaurants and other food outlets. Studies consistently show that larger portions result in increased consumption. UK research suggests that eliminating larger portion sizes from the diet could reduce daily energy intake by up to 16%¹⁷. Previous efforts to encourage smaller portions have decreased the size of individual bars of chocolate but have coincided with the growth of so-called "sharing bags" with no evidence of any substantive decrease in overall consumption.

The UK Government has committed to restrict promotions on high fat, salt and sugar food and 25 drinks in retailers from April 2022.

Policy recommendations to coincide with Budget 2022 proposals:

- ✓ **A ban on promotions such as buy-one-get-one-free** and multipack offers for unhealthy food and beverages.
- ✓ Removal of confectionery and other unhealthy products from end of aisles and checkouts.

¹³ The EU School Scheme Strategy 2017-2023 (incorporating both the School Fruit and Vegetables Scheme and the School Milk Scheme).
¹⁴ Recommendation 2 taken from Harrington JM, Leydon CL, Twohig CH, and Vandevijvere S, for the Food-EPI project team. (2020). Policies for Tackling Obesity and Creating Healthier Food Environments in Ireland: Food-EPI 2020. Current policies and priority actions. Cork, School of Public Health, University College Cork 2020
¹⁵ Recommendation 3 taken from Harrington JM, Leydon CL, Twohig CH, and Vandevijvere S, for the Food-EPI project team. (2020). Policies for Tackling Obesity and Creating Healthier Food Environments in Ireland: Food-EPI 2020. Current policies and priority actions. Cork, School of Public Health, University College Cork 2020

¹⁶ Safefood (2019). What's on offer? The types of food and drink on price promotion in retail outlets in the Republic of Ireland [Online] Available from: <https://www.safefood.net/getmedia/23cf03c0-5c9e-41b3-85be-6f2b31c0c5fd/Whats-on-offer.aspx?ext=.pdf>

- ✓ Independent evaluation to be undertaken of interventions to reduce the size, availability, placement, packaging, design and marketing of larger food and beverage portions.
- ✓ Restrictions to be placed on portion sizes in all publicly run facilities serving food and beverages to children.

Increased focus on nutrition in a child's first 1,000 days

With the majority [of mothers] initiating breastfeeding in Irish maternity units, mothers in Ireland do understand the benefits of breastfeeding, but many fail to receive adequate breastfeeding supports during and after their time in hospital. Not investing in this crucial period is a sure-fire way to guarantee we are cutting our breastfeeding rates within hours of birth.

Bainne Beatha Campaign

The period from conception to a child's second birthday, often referred to as the first 1,000 days, is a critical period for nutritional programming and the development of childhood obesity related risk factors. The first 1,000 days of life offer a unique window of opportunity to contribute to obesity prevention. Strategies employed during this critical period can help reduce obesity risk in later life and promote lifelong health.

One area of significant concern is the level of breastfeeding in Ireland. Ireland has one of the lowest national levels of breastfeeding in the world, despite the majority of mothers initiating breastfeeding in Irish maternity units. Breastfeeding has major short and long-term health benefits, including better protection from

acute infections for children. Recent Irish research using the Growing Up in Ireland Child Cohort also showed that breastfeeding for between three and six months reduces the risk of obesity at age nine by 38 per cent. The Irish Heart Foundation fully supports the Bainne Beatha Campaign for breastfeeding supports.



Budget 2022 must:

- ✓ Provide funding for the implementation of the HSE Breastfeeding Action Plan, with specific focus on the following action points:
 - Staffing levels of lactation consultants (IBCLC) to be increased in line with international staffing benchmark and to be fully accessible.
 - Provide funding to remove any barriers to recruitment of new IBCLC hospital posts.



**Priority 2:
Supporting Services and Patients Post COVID-19**

17 Marteau T M, Hollands G J, Shemilt I, Jebb S A. Downsizing: policy options to reduce portion sizes to help tackle obesity BMJ 2015; 351 :h5863 doi:10.1136/bmj.h5863

Priority 2: Supporting Services and Patients Post COVID-19



Reducing the Burden of Chronic Disease: Blood pressure Awareness

Despite being the leading modifiable risk factor for cardiovascular disease and premature death, research has shown that Ireland has one of the lowest rates of awareness, treatment, and control of hypertension among 12 high-income countries¹⁸.

The World Health Organisation recommends an absolute risk approach for the control of high blood pressure, describing it as the ‘best buy’ available to governments to support people who have had a heart attack or stroke or are at high risk of a cardiovascular event.

Budget 2022 must:

- ✓ Provide funding for a **5 year Hypertension Awareness and Behaviour Change Campaign** led by the Irish Heart Foundation supported by a number of key health and non-government organisations.

The costs of hypertension related disease alone in Ireland are estimated to be around

€721,606,082



¹⁸ NCD Risk Factor Collaboration. (2019). Long-term and recent trends in hypertension awareness, treatment, and control in 12 high-income countries: an analysis of 123 nationally representative surveys. The Lancet VOLUME 394, ISSUE 10199, P639-651, AUGUST 24, 2019. DOI:https://doi.org/10.1016/S0140-6736(19)31145-6 [Online] Available from: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)31145-6/fulltext

Stroke Services

The Irish Heart Foundation endorses all the recommendations in the soon-to-be-published National Stroke Strategy which we believe can provide a roadmap to the development of world class acute services in this country. We call for full funding for the Strategy and that it be published with a comprehensive accompanying implementation plan.

However, though great improvements have been made in acute stroke care over the last decade, there has been no corresponding improvement in terms of patients after their acute care and Early Supported Discharge (when available) is complete. Widespread lack of access to post discharge services has resulted in a strong sense of abandonment among stroke survivors. This requires a reshaping of the stroke pathway, taking greater account of post-discharge services and supports.

While some of what is required can be delivered through clearer linkages with other policies and strategies, such as the neuro rehabilitation plan, and collaborations across relevant sections of the health services, there must be specific stroke service development covering vital elements of the pathway such as rehabilitation unit services, community rehabilitation and other impactful and evidence-based life after stroke programmes.

For this to happen, the true extent of the gap in terms of community services must be revealed - the official estimate of 30,000 stroke survivors living in the community has been unchanged for almost quarter of a century. The current figure may, in fact, be three times higher.

Therefore, the Irish Heart Foundation recommends an urgent audit of stroke survivors in the community to determine, plan and fund a robust pathway of post discharge services and supports to maximise recovery.

Leaving hospital care is like falling off a cliff. After that initial burst, the help you get is diluted. They want to discharge you as soon as possible. The minute you go out of the system, you're down at the back of the queue

Jillian Ennis O'Boyle, Stroke Survivor

Budget 2022 should:

- ✓ Ensure **full funding** for the recommendations of the new Stroke Strategy, ensure its publication alongside a comprehensive implementation plan.
- ✓ Provide priority funding for **research** to establish the number of stroke survivors living in Ireland, along with a full assessment of their service and support needs. This should include stroke survivors in nursing homes, who should be fully accommodated in post discharge service provision.
- ✓ Ensure that services **assisting survivors** at all stages of their post-stroke journey are adequately funded.



Heart Services

The Department of Health's *Changing Cardiovascular Health: Cardiovascular Health Policy 2010 - 2019* established a framework for the prevention, detection and treatment of cardiovascular diseases, to reduce the burden of these conditions. No review or progress report was ever conducted on the implementation of its recommendations. Even though there is an ongoing National Review of Specialist Cardiac Services, cardiovascular health policy operates in a vacuum with no overarching policy guidance and direction. A new Cardiovascular Policy is needed as a matter of priority.

Policy recommendations to coincide with Budget 2022 proposals:

- ✓ Prepare and publish a new **Cardiovascular Health Policy** covering prevention, detection and treatment of cardiovascular diseases.

Heart Failure

The burden of heart failure in Ireland is substantial and likely to grow. Heart failure (HF) remains a major public health issue with high recurrent hospital admission, regional disparities in services and outcomes, and disconnected care. Within heart failure services, ongoing staffing and resource deficits must be addressed to ensure more efficient as well as cost effective provision of services.

Budgetary and policy recommendations for Budget 2022:

- ✓ Ensuring access to Diagnostic Testing (BNP blood testing and Echocardiography) at Primary Care Level.
- ✓ HF Community Integration Teams should be available countrywide and their roles standardised across all CHO areas.
- ✓ Heart Failure Virtual Clinics should be rolled out as a priority.

- ✓ Eliminate geographical gaps in care: provide funding and resources to ensure each hospital has a functioning Heart Failure Unit
- ✓ Investment in Heart Failure Workforce. The system needs:
 - 4 HF clinical nurse specialists (CNS) per 150,000 populations, starting with filling currently funded WTEs.
 - At least one Advanced Nurse Practitioner in all Heart Failure Service Units.
 - At least 1 WTE clerical support to reduce clerical work on clinical staff.
 - Consultant cardiologist led HF services for both inpatients and outpatients in all areas.
 - A dedicated Cardiac Physiologist as part of HFU.
- ✓ Funding and promotion of self-management support groups for HF patients, including well-moderated patient and peer support groups.

A support group can offer what a healthcare team can't — extra information, affirmation, emotional support, maybe even friendship. People can share hopes, victories, fears, and solutions with other heart patients and their loved ones; and learn the latest about managing their condition from cardiac support nurses.

Pauline O'Shea, Patient Advocate, SCAD Ireland, Heart Failure Patient

Fund and Maintain a Comprehensive AED Register

For patients with a cardiac arrest and a 'shockable' rhythm (ventricular fibrillation or ventricular tachycardia), rapid defibrillation is crucial. An AED is an Automated External Defibrillator. It is a portable, simple to use, computerised device. When someone suffers a sudden cardiac arrest it delivers a shock to the heart to allow it to resume its normal rhythm.

According to the 2019 annual report from the *Out of Hospital Cardiac Arrest Register (OHCAR)* almost half of the patients who survived a cardiac arrest or 49 per cent, received defibrillation before the ambulance arrived. Unfortunately, only about 7% of those who suffer a cardiac arrest have an AED attached pre the arrival of the ambulance service. We need to increase this number to save more lives.

Cardiac arrests are sudden and happen without warning. 70% of cardiac arrests happen in the home it can be difficult for family members to

remember where their nearest AED is. AEDs are substantially more likely to be used when registered and linked to emergency services. The register must be a live entity which tracks availability, battery life, expiry date of Pads, maintenance, theft etc. It can ensure operability, availability, and track accessibility of AEDs. The call taker can inform callers then of where their nearest AED is, this in turn will increase the number of AEDs used in communities.

The majority of AEDs in Ireland are not registered. There is no way of comprehensively tracking or identifying their location in the event of an emergency. While many important efforts have been made in this area, a dedicated resource must be made available to establish and maintain a live registry.

Budget 2022 must:

- ✓ Commit to long term financing and resourcing for the maintenance and upkeep of an AED Register.



Invest in Cardiac Rehabilitation Services

Cardiac rehabilitation services in Ireland were considered world class in 2005, but are now in absolute crisis. HSE recruitment embargoes and chronic under-investment have stripped them bare.

Dr Angie Brown, Consultant Cardiologist and Medical Director, Irish Heart Foundation

Cardiac rehabilitation (CR) is a continuous process of care which begins in hospital. Core components include patient assessment, physical activity counselling, exercise training, diet/nutritional counselling, risk factor control, patient education, psychosocial management and vocational counselling for return to work.

It is estimated that high quality CR reduces mortality among cardiac patients by up to



The HIQA Health technology assessment of chronic disease self-management support interventions and the HSE's National Self-Management Support Framework identified CR as one of the most cost-effective methods of supporting patients to self-manage, and improving clinical and health service usage outcomes (resulting in a 30% reduction in hospitalisation in 1 year).

Despite this, research by the Irish Heart Foundation and Irish Association of CR revealed that although the number of patients increased by 20% over the last decade, staffing levels have fallen by 40%. In addition, 77% of CR centres countrywide were closed during the pandemic, the vast majority for over 12 weeks. As a result, the waiting list has soared to over 2,800 patients, with 40% of patients receiving no service for at least three months after discharge.

Although funding is being provided to develop services under the HSE's chronic disease management programme, this is not enough and is focused on the major population centres, away from where the impacts of service deficits is felt most. The additional investment required is not excessive.

CR coordinators estimate that recruiting just:



two additional full-time staff



in each of 35 CR centres nationwide

would enable around



extra patients to be treated each year, clearing the current waiting list and providing greater ongoing access to services.



Budget 2022 must:

- ✓ Expand CR services to be widely accessible and inclusive.
- ✓ Ensure adequate national capacity to deliver CR to all patients for whom it is recommended, ensuring staffing and resources are protected.



Putting Patients First: Reducing the Cost Burden of Cardiovascular Disease

Cardiovascular disease (CVD) is one of the leading causes of death in Ireland. Whilst an improvement in treatment and care now means more people are surviving a cardiovascular event, this also means an increasing number of people are living with its effects.

CVD affects more than a person's health. It can have an impact on their finances too. Indeed, to reduce medication costs patients often fill fewer prescriptions, split pills, or skip doses, practices that put them at increased risk for adverse health outcomes. Reducing out-of-pocket costs to patients can improve medication adherence and consequently improve health outcomes.

Budget 2022 should:

- ✓ Remove inpatient charges for public hospital care, at a cost of €30.6 million¹⁹.
- ✓ Reduce prescription charge for medical card holders²⁰.
- ✓ Reduce the Drugs Payment Scheme threshold to €100 per month²¹.

¹⁹ Parliamentary Question 26032/21 to the Minister for Health

²⁰ No costing available due to HSE Cyberattack

²¹ No costing available due to HSE Cyberattack



Priority 3:

Prevention and Future Proofing

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Prevention and Future Proofing

Tackling Tobacco: Smoking, Smuggling and Providing for Cessation Services

Almost 6,000 people die each year in Ireland from the effects of smoking and thousands more suffer from smoking-related diseases²². Although the Tobacco Free Ireland program set an ambitious target of having a smoking prevalence rate of 5% or less by 2025²³, the 2020 half year smoking rate stood at 15.7%²⁴. Evidently further measures are needed.

The WHO, supported by a wide array of evidence, states unequivocally that significant increases in taxes on tobacco products is the most cost-effective measure to reduce tobacco use. An increase in tobacco taxation on cigarettes can lead to consumers switching to other tobacco products however, such as roll-your-own (RYO) cigarettes. In the midst of regular budget increases on manufactured cigarettes, the excise on RYO tobacco has remained substantially lower, making it more attractive to younger people and those with low incomes.

Research shows:

**83%**

of smokers in Ireland regret starting and would like to quit²⁵.

However, despite an estimated annual cost of smoking to the State totalling

€1,653 million²⁶

the State spent just over

€13 million

in 2019²⁷ on smoking cessation measures including;



Medication



Quit Services



National Quitline



Mass Media Campaigns

22 <https://www2.hse.ie/wellbeing/quit-smoking/reasons-to-quit-smoking/smoking-facts-and-figures.html>

23 <https://www.gov.ie/en/policy-information/5df1e7-tobacco-free-ireland/>

24 https://www.drugsandalcohol.ie/33137/1/HSE_smoking-in-ireland-2020-half-year-update.pdf

25 HSE (2019) "Reasons to Quit Smoking"[Online] Available at: <https://www2.hse.ie/wellbeing/quit-smoking/reasons-to-quit-smoking/smoking-facts-and-figures.html>

26 ICF International (2016) An assessment of the economic cost of smoking in Ireland [Online] Available at: <https://health.gov.ie/wp-content/uploads/2016/08/An-assessment-of-the-economic-cost-of-smoking-in-Ireland.pdf>

27 PQ 10941/20 to the Minister for Health. Updated figures unavailable due to HSE cyberattack



Anyone selling tobacco products by retail in Ireland whether over the counter or from a self-service vending machine must register with the National Tobacco Control Office (NTCO)²⁸. Each applicant registering with the NTCO must pay a once-off application fee of €50 and this fee only applies once to a business regardless of how many business retail outlets they have²⁹. This is inadequate given the harm wrought on society by tobacco and there is a need for a stronger regulatory system overseeing its sale.

Budget 2022 must:

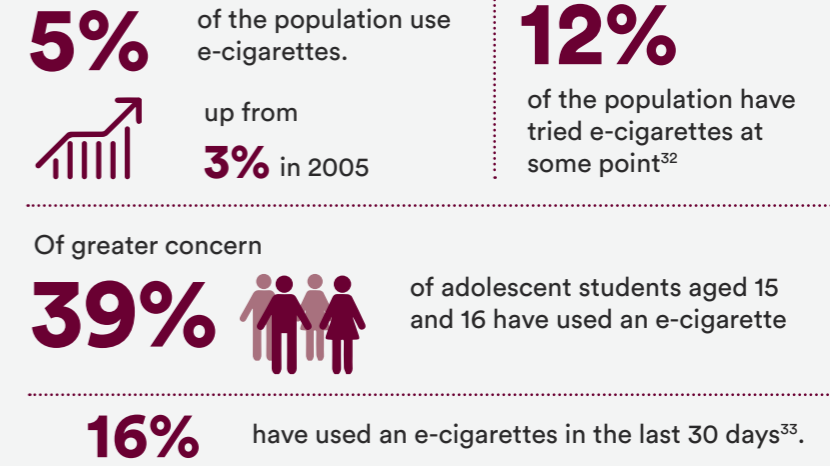
- ✓ Increase tobacco taxation annually on a pro-rata basis so that all packs of 20 cigarettes cost at least €20 by 2025. This would require an increase of €1.93 on a pack in budget 2022.
- ✓ Introduce an equivalent annual tobacco tax increase on RYO and the adoption of a taxation policy that acknowledges the substitution impact and adjusts tax rates accordingly to remove incentives to switch to a cheaper alternative.

- ✓ Increase the level of funding for tobacco cessation services from the current €13 million to €50 million annually.
- ✓ Increase resources including additional staffing and equipment, to support Revenue's National Action Plan in combatting cigarette smuggling, as illicit cigarettes represented a notional loss to the Exchequer of approximately €242 million in 2019³⁰.
- ✓ Introduce an annual €500 tobacco retailer license fee per retail outlet, which could raise up to €6,379,000 each year³⁰.

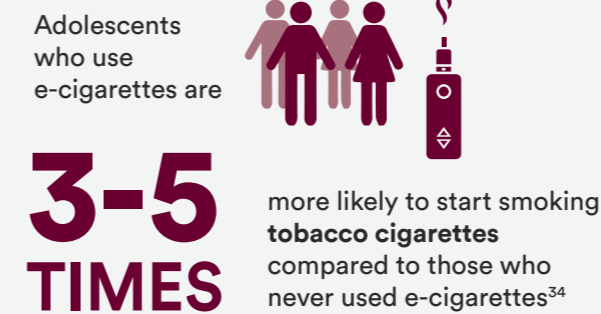
28 National Register of Tobacco Retailers. About the Register. [Online] Available at: <http://www.tobaccoregister.ie/about-the-register/about-the-register.html>
 29 National Tobacco Control Office, HSE 2019, email, 22 May
 30 Revenue. (2020). Illicit Tobacco Products Research Surveys 2019. [online]. Available from: <https://www.revenue.ie/en/corporate/documents/research/tobacco-surveys-2019.pdf>

Electronic Cigarettes

In Ireland:



Furthermore, the Health Research Board found that:



The EU Scientific Committee on Health, Environmental and Emerging Risks found moderate evidence that:



The Public Health (Tobacco and Nicotine Inhaling Products) Bill that provides for a prohibition on the sale of e-cigarettes to, or by, persons under the age of 18, has been delayed since 2019. It is paramount that this critical piece of legislation is fast-tracked and passed so as adolescents and children are prevented from purchasing e-cigarettes.

Budgetary and policy recommendations for Budget 2022:

- ✓ Apply an **excise tax** of €0.06 per ml of e-cigarette liquid to deter young people and non-smokers from purchasing and taking up electronic cigarettes.
- ✓ Introduce an annual €50 electronic cigarette **retailer license fee** per retail outlet.
- ✓ Accelerate and pass the Public Health (Tobacco and Nicotine Inhaling Products) Bill to ban the sale of e-cigarettes to, or by, young people under the age of 18.

32 <https://assets.gov.ie/41141/e5d6fea3a59a4720b081893e11fe299e.pdf>
 33 Sunday, S. Keogan, S. Hanafin, J. and Clancy, L. (2020). ESPAD 2019 Ireland: Results from the European Schools Project on Alcohol and Other Drugs in Ireland. Dublin: TFRI Available here: <https://www.drugsandalcohol.ie/33347/1/ESPAD%202019%20Ireland.pdf>
 34 <https://www.hrb.ie/news/press-releases/single-press-release/article/new-health-research-board-evidence-shows-e-cigarettes-are-associated-with-adolescents-starting-to-sm/>
 35 https://ec.europa.eu/health/scientific_committees/consultations/public_consultations/scheer_consultation_10_en



Priority 4:

Improving Environmental Health and the World we Live in

Priority 4:

Improving Environmental Health and the World we live in

Tackling Air Pollution

Many hundred excess deaths occurred during the 1982 SMOG event... where air quality has improved, mostly due to the various coal bans, there have been less deaths and hospitalisations from Cardiovascular and respiratory disease.

Prof. Pat Goodman ESHI Institute TU Dublin

An estimated 1,300 premature deaths are caused each year in Ireland by the most health harming air pollutant, particulate matter, from the burning of solid fuel such as peat, wet wood, and smoky coal³⁶. While the Programme for Government has committed to extending the smoky coal ban to new towns and eventually nationwide as part of a clean air strategy³⁷, individual local authorities are primarily responsible for enforcing air quality legislation and currently there is no dedicated funding to undertake such functions³⁸.

Similarly, the air pollutant nitrogen oxide (NOX) has been shown to cause severe health harms with both short and long-term exposure extremely harmful to respiratory health³⁹. To counter the health harms of NOX, the nitrogen oxide emissions levy was introduced in budget 2020⁴⁰. However, it only applies to Category A vehicles such as saloons, estates, and other cars, meaning Category B vehicles of commercial vehicles designed for the carriage of goods are exempt.

Budgetary 2022 should:

- ✓ Allocate **significant funding** to local authorities to monitor and enforce air quality legislation and double the maximum fine amount for breaches of regulation from €5,000 to €10,000.
- ✓ Introduce a **Green Transition Fuel Allowance** to facilitate the move away from burning of the worst health affecting solid fuels such as smoky coal, wet wood, and sod turf.
- ✓ Double the current **NOX levy rate** and apply to both category A and B vehicles, to yield an estimated extra €120 million⁴¹
- ✓ Increase the **diesel tax rate** to match the petrol tax rate.
- ✓ Phase out the **price cap** for diesel used by road hauliers.

Irish research has linked air pollution from solid fuel burning and traffic with heart attacks, heart failure and strokes. There is an urgent need to implement a solid fuel ban along with reductions in road traffic.

Dr Colm Byrne, Consultant Geriatrician, Mater Hospital

36 Environmental Protection Agency. (2020). Ireland's Environment. An Integrated Assessment 2020. [Online] Available from: <https://epawebapp.epa.ie/ebooks/soe2020/2/#zoom=z>

37 https://www.greenparty.ie/wp-content/uploads/2020/06/2020-06-15-ProgrammeforGovernment_Corrected-Final-Version.pdf

38 PQ 14212/20 7th July 2020

39 <http://www.icopal-noxite.co.uk/nox-problem/nox-pollution.aspx>

40 <https://www.simi.ie/en/news/budget-2020-gives-motor-industry-breathing-space#:~:text=VRT%20will%20continue%20to%20be,State%20from%201%20January%202020.>

41 PQ 17714/21 and PQ 17716/21 1st April 2021

Making Travel Cleaner and Greener

Before the pandemic:



26.7%

of all journeys made in Dublin⁴² were made by car



with many areas of Dublin city experiencing worsening levels of air pollution due to large volumes of traffic⁴³



An OECD environmental report on Ireland recently recommended that congestion charges should be considered to address the unhealthy dominant car culture in Dublin and other urban areas.

The government has set an ambitious target of having 936,000 EVs on our roads by 2030. However, at the end of February 2021, there were only almost 30,000 EVs under taxation in Ireland⁴⁵. While it is encouraging that one in three new cars licensed in Ireland in 2021 were electric or hybrid, it is evidently clear that further incentives are needed. Norway is a global leader in the transition to EVs with two-thirds of sales at the end of 2020 EVs⁴⁶ and set a goal that all new cars sold by 2025 should be zero (battery electric or hydrogen) emission vehicles.



The bike to work scheme currently applies to bikes and equipment up to the value of €1,250 and 'e-bikes' and related safety equipment up to the value of €1,500⁴⁷. However, the scheme is only applicable to PAYE, thus self-employed individuals, students, retired individuals, job seekers or those in unpaid work, cannot qualify for this scheme.

42 National Transport Authority. (2020). Canal Cordon Report 2019 Report on trends in mode share of vehicles and people crossing the Canal Cordon 2006 to 2019. Available here: <https://councilmeetings.dublincity.ie/documents/s28136/Canal%20Cordon%20Report%202019.pdf>

43 O, Sullivan K. (2019). Dublin air pollution breaching EU limits, EPA warns . The Irish Times. [Online] Available from: <https://www.irishtimes.com/news/environment/dublin-air-pollution-breaching-eu-limits-epa-warns-1.3950575>

44 TheJournal. (2020). Dublin is the 6th most congested city in Europe [online]. Available from: <https://www.thejournal.ie/dublin-traffic-congestion-4985027-Jan2020/>

45 PQs 13197/21, 13251/21 to the Minister for Transport

46 Ulven, E. and Sutterand, T. (2021). Norway's electric car drive belies national reliance on fossil fuels [Online]. Available from: <https://www.theguardian.com/business/2021/jan/09/norways-electric-car-drive-belies-national-reliance-on-fossil-fuels>

47 https://www.citizensinformation.ie/en/travel_and_recreation/cycling/cycle_to_work_scheme.html

The incentive to purchase and use bicycles to boost the level of cycling in Ireland should be open to every cohort of our society.

Budgetary and policy recommendations for Budget 2022:

- ✓ Implement a **daily congestion charge** on all private motorised vehicles entering Dublin city centre and examine the feasibility of extending similar congestion charges to other major urban areas.
- ✓ Adopt similar **EV incentives** used in Norway including no purchase/import taxes; exemption from 25% VAT on purchases; no annual road tax; no toll road or ferry charges; free municipal or local authority parking; access to bus lanes; 50% reduced company car tax; exemption from VAT on leasing, and fiscal compensation when scrapping fossil-fuel vehicles when converting to zero-emission vehicles⁴⁸.
- ✓ Expand the **Cycle to Work** scheme beyond PAYE to everyone – employers, sole-traders, students, jobseekers, disabled, unpaid home-work.
- ✓ Increase level of funding allocated to the **Safe Routes to School** programme for 2022 so that more schools can avail of it and create additional roles across An Taisce and the NTA to support this initiative⁴⁹.
- ✓ Ensure that the recently announced 248 new active travels posts by the Department of Transport are recruited and deployed to improve walking and cycling facilities⁵⁰.

48 <https://elbil.no/english/norwegian-ev-policy/#:~:text=The%20Norwegian%20Parliament%20has%20decided%20on%20a%20goal%20that%20all,tax%20system%2C%20not%20a%20ban.>

49 <https://www.gov.ie/en/press-release/d0b2b-ministers-announce-new-initiative-to-support-walking-and-cycling-infrastructure-for-schools/>

50 <https://www.gov.ie/en/press-release/4fc46-ministers-to-fund-up-to-248-new-posts-to-expand-walking-and-cycling-facilities-nationwide/>

Retrofitting Existing Housing Stock

Moving towards more sustainable methods of heating our homes and retrofitting older housing stock to a high Building Energy Rating of B2 or more is the most effective way of reducing the burning of health-harming solid fuels and protecting those most vulnerable from fuel poverty. The Irish Heart Foundation believes that we must be much more ambitious in our retrofitting targets as it will deliver both health and environmental benefits.

Budget 2022 should:



- ✓ Increase the **Capital funding allocated to Retrofitting schemes** to an annual figure of €400 million and that the ten-year retrofitting and heat pump installation target be reassessed upwards, reflecting the increased level of investment.



Pre-Budget Submission 2022



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