



Irish Heart Foundation

The National Stroke & Heart Charity



2024

Pre-Budget Submission

irishheart.ie

Cardiovascular disease (CVD) incorporating heart disease, stroke and blood vessel disease kills around **9,000 people in Ireland each year** – that’s a death toll of over **25 people a day**. Meanwhile, **more than half a million people are living with CVD**, and an estimated one and a half million are affected by its biggest risk factor, high blood pressure.

With our population getting older, along with the growing health impact of obesity, poor diets, sedentary lifestyles, air pollution and climate change, it is estimated that CVD rates will increase sharply in the years ahead.

Currently, some 80,000 heart and stroke patients are discharged home from hospital every year, many to a bleak and uncertain future. A community services and supports vacuum across broad swathes of the country is contributing to high rates of preventable death and disability whilst negatively impacting patients’ quality of life on a massive scale.

Much of this burden is avoidable. Research shows that 80% of CVD could be prevented. In other words, most of the devastating impact of CVD and the consequent impact on our ability to run a high-functioning health service is unnecessary.

We must continue to improve acute services for CVD patients and to develop a high-grade support and services infrastructure in communities in order to shift this paradigm. But most of all we need to adopt a more realistic approach to CVD prevention.

Only a stronger focus on prevention – to transform what is now essentially an illness service into a genuine health service – will be enough to enable policymakers to tackle ongoing overcrowding problems and the continuing lurch towards unsustainability fuelled by changing demographics.

The significant slowdown in CVD mortality decline in high-income countries, including Ireland, in recent years should be heeded and greater emphasis placed on upstream policy-based CVD prevention measures that


are more effective, equitable and cost-efficient than downstream preventive activities targeting individuals.

To reflect the challenges our health service faces, this pre-Budget submission largely concentrates on fiscal measures to support prevention policies, in addition to actions to improve treatment, promote recovery and maximise quality of life for those affected by CVD.


In particular, it puts forward evidence-based and cost-effective proposals to reduce childhood obesity rates, tobacco and nicotine addiction and air pollution, whilst supporting healthy diets and actions to mitigate the health impact of climate change.

It also recommends a range of hospital and community health initiatives that will improve outcomes and reduce health service costs, in particular by reducing unsustainably high hospital readmission rates and requirement for long-term care.


To address these major challenges we put forward the following priorities for Budget 2024:

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Priority 1:
Protect Children’s Health
✔

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Priority 2:
Enhance heart and stroke services and supports
✔

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Priority 3:
Ensure the VAT system supports communities
✔

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Priority 4:
Prevention and Future Proofing
✔

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Priority 5:
Improving Environmental Health
✔

Priority 1:

Protect Children's Health



Budget Asks:

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- ✓ Introduce a timetable for new taxes incentivising the reformulation of unhealthy products, beginning with a new tax on high-sugar food products.
 - ✓ Carry out more extensive scoping work on other taxes to incentivise reformulation of high-fat, sugar, and salt products, such as salty snacks and fast food.
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- ✓ Extend the Sugar Sweetened Drink (SSD) Tax to make it even more effective by
 - Including milk-based drinks.
 - Raising the rate at the Band 2 threshold.
 - Lowering the Band 1 threshold of the levy.
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- ✓ Use the proceeds of SSD and other taxes to provide healthy food subsidies targeting disadvantaged communities and to establish a Children's Future Fund to finance a national programme to improve children's health.
 - ✓ Abolish the parental levy for the School Milk Scheme.
 - ✓ Create a cross-governmental committee to oversee food-related income support programmes for vulnerable population groups.
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- ✓ Commit to the phased implementation of the School Meals Scheme with expansion to incorporate staff costs.
 - ✓ Develop a pilot to expand nutrition standards to all food provision with appropriate monitoring to ensure adequate nutritional quality.
 - ✓ Develop a pilot to help schools to implement fundamental changes to support a healthy food environment.
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- ✓ Provide funding for the development of a new Breastfeeding Action Plan.
 - ✓ Increase funding to ensure appropriate midwife service user ratios, from the current ratio of almost 1:41 to 1:29.5.
 - ✓ Commission an independent review of the implementation of the 2016-2023 Breastfeeding Action Plan and publish the findings.
 - ✓ Fund an advertising campaign to promote breastfeeding.
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Priority 2:

Enhance heart and stroke services and supports



Budget Asks:

- ✓ Provide funding of €1 million to set up a Cardiovascular Health Unit in the Department of Health & begin developing a new Cardiovascular Health Policy
 - ✓ Provide funding for a 5-year hypertension awareness and behaviour change campaign led by the Irish Heart Foundation
 - ✓ Provide funding to implement the National Stroke Strategy in full.
 - ✓ Meet commitments to establish a national network of neuro-rehabilitation teams
 - ✓ Implement the Euroheart programme making real-time data available to improve outcomes
 - ✓ Make clinical psychology available to all heart failure patients requiring a service.
 - ✓ Provide medical cards to all CVD patients whose access to healthcare is compromised by their financial status
 - ✓ Introduce a monthly Cost of Disability Payment of at least €20 a week to those on disability-related payments to address the extra cost of living with a disability.
 - ✓ Increase all core social welfare payments by a minimum of €25 in line with the cumulative impact of the cost-of-living increases.
 - ✓ Provide access to programmes such as the Household Benefits Package and the Additional Needs Payment.
 - ✓ Provide funding totalling €599,692 to cover 40% of the cost of delivering Irish Heart Foundation national stroke and heart failure community support programmes.
 - ✓ Provide funding to ensure adequate national capacity for cardiac rehabilitation for patients for whom cardiac rehabilitation is recommended, ensuring staffing and resources are protected.
 - ✓ Increase senior psychologist staffing to a minimum of 0.6 WTE in all CR centres.
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Priority 3:

Ensure the VAT system supports communities



Budget Asks:

- ✓ Retain the VAT Compensation Scheme and increase it to €20m annually to reflect a 50% rebate on the overall claims from the sector.

Priority 4:

Prevention and Future Proofing



Budget Asks:

- ✓ Increase the rate of excise duty on a 20 pack of cigarettes in the Most Popular Price Category (MPPC) by €2.10, in tandem with a higher than pro-rata increases to Roll-Your-Own cigarettes to remove the incentive to switch to a cheaper alternative.
- ✓ Increase the level of funding for tobacco cessation services from the current €15.7 million to €50 million annually.
- ✓ Increase resources, including additional staffing and equipment, to support Revenue's National Action Plan to combat cigarette smuggling.
- ✓ Introduce an annual €500 tobacco retailer licence fee per retail outlet.
- ✓ Apply an excise tax of €0.10 per ml/mg of e-cigarette liquid to deter young people and non-smokers from using e-cigarettes.
- ✓ Introduce an annual €200 e-cigarette retailer license fee per retail outlet.

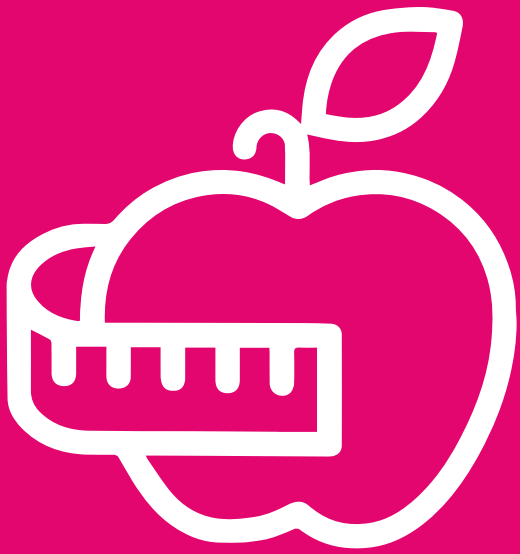
Priority 5:

Improving Environmental Health



Budget Asks:

- ✓ 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 the worst health-affecting solid fuels.
 - ✓ Increase Fuel Allowance rates in line with cost-of-living increases and expand eligibility by including those receiving Working Family payments, removing the waiting period for those recently signed on to Jobseekers Allowance, and covering living arrangements of Traveller families.
 - ✓ Expand the Fully Funded Energy Upgrade Scheme to ensure all low-income households in low BER homes are eligible, regardless of home ownership status. This should include tenants receiving HAP, on the condition of a long-term lease being offered.
 - ✓ Increase funding for the local authority retrofitting scheme with a view to ensuring all social housing reaches a minimum B2 BER by 2030
 - ✓ Double the current NOX level rate and apply to both category A and B vehicles.
 - ✓ Increase diesel tax and phase out the diesel cap for road haulier
 - ✓ Expand the Cycle to Work scheme beyond PAYE
 - ✓ Increase funding so more schools can avail of the Safe Routes to School programme and create additional roles across An Taisce and the National Transport Authority to support the initiative.
 - ✓ Allocate annual funding to the NTA to guarantee the 20% reduction on all public transport fares, and the 50% young adult card discount is made permanent.
 - ✓ Explore the feasibility of funding additional fare cuts to boost public transport passenger numbers further.
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Priority 1

Protect Children's Health

! THREAT

Cost of Living Crisis

The health gap between children based on their parents' income has continued to grow in recent years. Whilst the disparity between the cost of a healthy and an unhealthy diet is nothing new, access of low-income families to healthy and nutritious food has been further compromised by the cost-of-living crisis.

Research by Safefood¹ revealed that an acceptable healthy food basket costs low-income families up to a third of their take home income. It also found that for many of these families, food purchases are sacrificed when other bills have to be met.

Meanwhile, 73% of parents surveyed by Barnardos said cost of living increases negatively affected their children, with 20% stating they had to cut down or go without food².

The cost-of-living crunch, coupled with the continuing fall out of Covid, requires decisive remedial action. Rising food prices are making families more reliant on lower-cost foods which tend to be calorie-dense and nutrient-poor, further increasing risk of obesity and other diet-related diseases. Reducing food insecurity is key to improving healthy life expectancy and reducing health inequalities.



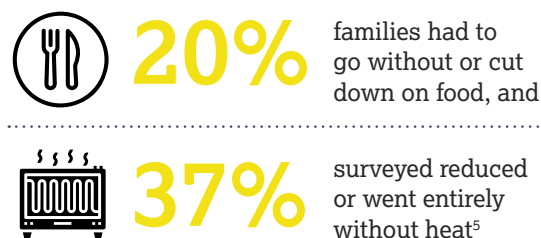
! THREAT

Food Poverty

Prolonged inflation is putting enormous strain on those already most vulnerable to food poverty and pushing more families into this perilous situation. Although the most recent CSO figures from June indicate that inflation has slowed, it remains at a worryingly high figure of 6.1%. Food & non-alcoholic beverage prices rose by 10.2% in the preceding 12 months³.

This rate of food inflation is exceptional, having been flat or negative for most of the last decade, and below 1% since 2013⁴. Its impact is exacerbated by record price increases for home heating, which rose by 16.4% in the 12 months to June, meaning many people must make extremely difficult choices in terms of heating their homes and feeding their families. It is those falling into this trap who must be supported primarily in Budget 2024.

This is highlighted in a recent Barnardos report which showed that:



Obesity is just one of many potential long-term problems associated with food insecurity as families move toward cheap, energy-dense food in times of crisis. Being able to afford healthy and nutritious food is affected by other financial demands on households, and food is often the first expenditure to be cut when disposable income is tight.

Unfortunately, child food poverty remains a serious issue in need of sustained action and investment, particularly considering the cost-of-living crisis.

1 "What is the cost of a healthy food basket in Ireland?" Safefood 2022
 2 Barnardos (2023) Cost of Living – 2023. Available here: <https://www.barnardos.ie/policy/the-issues/cost-of-living-2023/>
 3 CSO. (2023). Consumer Price Index June 2023. Available here: <https://www.cso.ie/en/releasesandpublications/ep/p-cpi/consumerpriceindexjune2023/>
 4 As measured by CPI sub-index 'Food and non-alcoholic beverages', see: <https://data.cso.ie/table/CPM16>
 The Vincentian Partnership for Social Justice (2022). Submission to Dept. of Social Protection MESL PRE-BUDGET 2023. [Online] Available from: https://www.budgeting.ie/download/pdf/vpsj_mesl_pre-budget_2023_submission.pdf
 5 Barnardos (2023) Cost of Living – 2023. Available here: <https://www.barnardos.ie/policy/the-issues/cost-of-living-2023/>

**ACTION****Introduce a timetable for new taxes incentivising the reformulation of unhealthy foods.**

The outlook in Ireland in relation to childhood obesity is horrific. Before the pandemic, State-funded research estimated it will cause the premature death of one in every 20 of this generation of children⁶. Children as young as eight were presenting with high blood pressure in large numbers⁷ and teenagers with a cardiovascular age into the 60s⁸.

Things are even worse now. Consumption of unhealthy food rose sharply during Covid, whilst physical activity levels plummeted. We don't yet know the full impact of the pandemic, but in the UK, there have been record increases in obesity levels among primary schoolchildren⁹ that experts believe have been mirrored here¹⁰.

Obesity is a complex problem with a vast array of causes. Fiscal measures aren't a solution in isolation but are essential to a more extensive portfolio of policy measures, particularly when designed with public health in mind, like the sugar-sweetened drinks (SSD) tax, or combined with complementary interventions such as fruit and vegetable subsidies.

Balancing taxation with subsidies is vital against a backdrop of likely long-term cost-of-living pressures and what the Commission on Taxation and Welfare describes as a health equity gradient where obesity rates are much greater in disadvantaged communities. We also know that disparities in these rates are continuing to widen, particularly among older primary schoolchildren.

Affordable healthy diets are out of the reach of many families – a fact borne out by Food Safety Authority of Ireland research¹¹ showing that healthy calories, from, say fruit or lean meat cost up to

ten times more than the unhealthy calories from products, such as processed meats. The positive impact of tax measures could be magnified, and any regressive impacts minimised by using the receipts in targeted ways. For example, since the introduction of the SSD tax, the Irish Heart Foundation has called for its proceeds to be used to provide all children with access to a healthy diet through a Children's Future Fund.

The facts demonstrate that the extension of the SSD tax is likely to have a powerful impact in combating obesity. Our tax was based on the UK's Soft Drinks Industry Levy and given that our beverage markets are integrated, similar effects are highly likely. Within a year of its introduction in the UK the total sugar sold in soft drinks decreased by 35.4%¹², over 45,000 tonnes of sugar was removed from sale and there was a reduction of 6,500 in calorie intake per annum per UK resident¹³.



6 UCC School of Public Health for Safefood November 2017 <http://www.safefood.eu/SafeFood/media/SafeFoodLibrary/Documents/Publications/Research%20Reports/Cost-of-childhood-obesity-Report.pdf>

7 UCC School of Public Health for Safefood <https://www.ucc.ie/en/publichealth/research/foodhealth/>

8 Irish Times. (2019). The Irish Times view on young people's health: mandatory PE is a move in the right direction. Available here: <https://www.irishtimes.com/news/education/the-irish-times-view-on-young-people-s-health-mandatory-pe-is-a-move-in-the-right-direction-1.3788729>

9 National Child Measurement programme, England 2021-2021; <https://digital.nhs.uk/data-and-information/publications/statistical/national-child-measurement-programme/2020-21-school-year>

10 O'Regan, Eilish. (2022). The devastating impact of obesity on kids revealed as levels rise 5pc during pandemic. Available here: <https://www.independent.ie/irish-news/health/the-devastating-impact-of-obesity-on-kids-revealed-as-levels-rise-5pc-during-pandemic-42046846.html>

11 FSAI. (2011). Scientific recommendations for healthy eating guidelines in Ireland. Available here: https://www.fsai.ie/news_centre/press_releases/healthy_eating_guidelines_28012019.html

12 Sugar reduction Report on progress between 2015 and 2019, Public Health England; https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/984282/Sugar_reduction_progress_report_2015_to_2019-1.pdf

13 Dickson, Alex et al. (2021). Does a Spoonful of Sugar Levy Help the Calories Go Down? An Analysis of the UK Soft Drinks Industry Levy. IZA DP No. 14528. Available here: <https://www.iza.org/de/publications/dp/14528/does-a-spoonful-of-sugar-levy-help-the-calories-go-down-an-analysis-of-the-uk-soft-drinks-industry-levy>

The impact on obesity levels is now beginning to be established. Recently published research shows an 8% relative reduction in obesity levels among Year Six girls in the UK, equivalent to preventing 5,234 cases of obesity per year in this group alone. Moreover, reductions were greatest in girls whose schools were in deprived areas¹⁴. Due to a massive shift in sales to low and no-sugar drinks, the industry's long-term profitability was not harmed¹⁵.

This represents significant impact, but it would be dwarfed by the ultra-processed food tax recommended by the Commission, given that such products account for almost half of the contents of Irish shopping baskets, or a comprehensive sugar tax such as that now being proposed in the UK. Such measures would have a massive potential to reduce the national waistline and if designed correctly with no long-term impact on industry profitability.

Increasing the price of confectionery and sweets could be even more effective at cutting obesity levels than raising the price of sugar-sweetened drinks¹⁶, 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. In the year after the imposition of an 8% tax on non-essential foods with an energy density of ≥ 275 kcal/100 g, purchases were reduced by 5.1% in the whole population and 10.2% in low socioeconomic status households¹⁷.

But what we need are mandatory interventions incentivising reformulation. Voluntary programmes have failed miserably. As the Commission notes, they can also delay more substantive strategies and can be used by industry to divert policy away from mandatory measures. This is backed up by much research, such as a study¹⁸ showing an increase in sugar in chocolate confectionery of 23% since 1992.

The Commission's rationale for taxation on unhealthy food is clear. It is underpinned by statistics showing, for example, that sugar intake among three-year-old children in Ireland is 250% above recommended levels¹⁹, fat intake among 5–12-year-olds is 40% higher²⁰ and salt intake among 4–6-year-olds is two-thirds higher than daily guidelines²¹.

BUDGET 2024 ASKS

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

14 Rogers NT, Cummins S, Forde H, Jones CP, Mytton O, et al. (2023) Associations between trajectories of obesity prevalence in English primary school children and the UK soft drinks industry levy: An interrupted time series analysis of surveillance data. *PLOS Medicine* 20(1): e1004160. <https://doi.org/10.1371/journal.pmed.1004160>

15 Law C., Cornelson L., Adams J., and others. An analysis of the stock market reaction to the announcements of the UK Soft Drinks Industry Levy. *Econ Hum Biol.*, 2020, Vol 38, August 2020, retrieved 11 November 2022, www.sciencedirect.com/science/article/pii/S1570677X19302096

16 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

17 First-Year Evaluation of Mexico's Tax on Nonessential Energy-Dense Foods: An Observational Study <https://doi.org/10.1371/journal.pmed.1002057>

18 Hashem KM, He FJ, Alderton SA, MacGregor GA. Cross-Sectional Survey of the Amount of Sugar and Energy in Chocolate Confectionery on Sold in the UK in 1992 and 2017. *Nutrients*. 2019 Aug 3;11(8):1798. doi: 10.3390/nu11081798. PMID: 31382636; PMCID: PMC6723546

19 Estimation and consumption pattern of free sugar intake in 3-year-old Irish preschool children *European Journal of Nutrition*, July 2019; Michael Crowe, Michael O'Sullivan, Oscar Cassetti, Aifric O'Sullivan <https://link.springer.com/article/10.1007/s00394-019-02056-8>

20 Irish Universities Nutrition Alliance (IUNA) (2019). National Children's Food Survey II. Available here: <https://irp-cdn.multiscreensite.com/46a7ad27/files/uploaded/The%20National%20Children%27s%20Food%20Survey%20II%20Summary%20Report%20-%20September%202019.pdf>

21 FSAI. (2016). Salt and Health: Review of the Scientific Evidence and Recommendations for Public Policy in Ireland (Revision 1). Available here: https://www.fsai.ie/getattachment/ab9a196e-258a-40d5-b857-7f0308bb96de/10507_fsai_salt_report_fa1_accessible.pdf?lang=en-IE#:~:text=The%20Scientific%20Committee%20of%20the%20FSAI%20concur%20with%20the,from%20these%20reports%20as%20follows%3A&text=There%20is%20a%20direct%20independent,salt%20intake%20and%20blood%20pressure.&text=The%20magnitude%20of%20the%20effect,the%20clinical%20and%20population%20level.

**ACTION****Broaden the scope of the sugar-sweetened drinks tax**

High sugar milk-based drinks are popular with children, but are currently outside the scope of the SSD tax and should now be included.

Meanwhile, many soft drinks are currently sitting just under the lower threshold of 5g per 100ml. The tax incentivised manufacturers to reformulate and more can now be done to further reduce sugar content of these drinks by lowering the Band 1 threshold.

Even more importantly, there is a need to increase the upper threshold of the SSD tax. Two of the big three producers of beverages with higher levels of sugar, such as energy drinks with up to 18 spoons worth in a 500ml bottle, have not been encouraged to reformulate by the tax.

This is reflected in the fact that tax revenue from these drinks totalled €31.4 million last year, compared to the lower band yield of just €600,000. Given that the purpose of the tax is to reduce sugar content rather than raise revenue this points to the need for the incentive to reformulate to be stronger.

**BUDGET 2024 ASK**

- Extend the Sugar Sweetened Drink (SSD) Tax to make it even more effective by
- Including milk-based drinks.
 - Raising the rate at the Band 2 threshold.
 - Lowering the Band 1 threshold of the levy.

**Milkshake**

13 spoons of sugar
per 500ml

**Energy drinks**

18 spoons of sugar
per 500ml

**ACTION****Healthy food subsidies and a Children's Future Fund**

Additional taxes cannot be imposed without being offset with subsidies to support families who cannot afford a healthy diet and who are hardest hit by the cost-of-living crisis. The revenue from these taxes should be ringfenced to finance healthy food.

Socioeconomic disadvantage results in the persistent inability to take healthy actions, resulting in poorer health outcomes and an inability to access services to deal with illness. This perpetuates a vicious cycle of ill health and poverty. Safefood research details how parents, who were wholly dependent on social welfare or other benefits for their income, described the importance and value of social welfare policies in helping to plug gaps in their food budgets and tide them over with staple supplies for the month²².

A range of social, economic, and environmental factors mean that unhealthy behaviours often cluster in lower socio-economic groups, fuelling significant health inequalities. There are stark differences in health outcomes between people from different socio-economic groups – for example, a significant disparity in childhood obesity is apparent between disadvantaged and other schools and this disparity is widening, particularly in older primary school children²³.

Cost can be a key factor inhibiting families on low incomes and children in need from having effective access to nutrition. Fiscal measures, as well as targeted interventions, are needed to ensure families have access to foods that promote rather than undermine health.

While taxation can raise prices to discourage unhealthy behaviours or encourage reformulation, subsidies can also be used to reduce prices or offer incentives for healthy behaviours. Government can offer direct or indirect subsidies to achieve their aims.

One complementary approach to taxing sugary drinks — subsidising healthy foods — should be adopted to promote healthier diets. Although Ireland does have some school fruit and vegetable schemes in place²⁴, the provision of subsidies is under-utilised, despite having great potential to reach vulnerable segments of the population. Subsidies are effective in improving the nutritional quality of diets and combining subsidies with taxes has the greatest potential to do this. Therefore, the Irish Heart Foundation recommends using tax revenues from the SSD tax and any new taxes on high fat, sugar and salt foods to fund a healthy food incentive scheme.

**BUDGET 2024 ASKS**

- ✓ Use the proceeds of SSD and other taxes to provide healthy food subsidies targeting disadvantaged communities and to establish a Children's Future Fund to finance a national programme to improve children's health.
- ✓ Abolish the parental levy for the School Milk Scheme. The parental contribution for the school year 2021/2022 amounted to €149,364²⁵, up from €87,000 in the 2020/2021 school year²⁶.
- ✓ Create a cross-governmental committee to oversee food-related income support programmes for vulnerable population groups²⁷. This committee should use the year between Budget 2024 and Budget 2025 to develop these programmes, with a view to rollout in 2025.

22 Safefood. (2022). Exploring the world of food: The perspective of families with children. April 2022. [Online] Available from: https://www.safefood.net/Professional/Research/Research-Reports/world_of_food

23 The Childhood Obesity Surveillance Initiative in the Republic of Ireland, 2018-2019 <https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/health/childhood-obesity-surveillance-initiative/childhood-obesity-surveillance-initiative-report-2020.pdf>

24 The EU School Scheme Strategy 2017-2023 (incorporating both the School Fruit and Vegetables Scheme and the School Milk Scheme).

25 Parliamentary Question 14770/23 to the Minister for Agriculture, Food and the Marine

26 Parliamentary Question 19368/22 to the Minister for Agriculture, Food and the Marine

27 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



ACTION

School Food Environment

Ireland's School Food Environment is built not only on the School Meals and Hot School Meals programmes which are delivered through the Department of Social Protection, but through a variety of catering provisions. Priority for funding of the School Meals Programme is given to DEIS schools. However, this scheme does not capture all children in need and many miss out as a result.

The Government has pledged to meet the EU's school food guarantee, which commits to providing hot school meals to all primary and post-primary schools by 2030. Budget 2023 provided €94.4 million to the School Meals Programme, whilst the Department recently allocated an additional €14.5m to allow access to the Hot School Meals for all remaining DEIS primary and special schools from September 2023²⁸.

However, if we are to address Pillar 3 of the EU Child Guarantee, providing free access to a healthy meal each school day and effective access to nutrition, support must go beyond the School Meals Programme and operational problems in relation to how the scheme works need to be addressed:

- The funding supplied does not provide for catering staff which must be financed by the schools themselves. This causes many schools to sell ultra-processed foods high in fat, sugar and salt to pay for hot meals. This is counterintuitive, and a particular issue for breakfast provision with school staff taking on additional duties.
- Breakfast is often missed by pupils, resulting in
 - a) low attention span and poor concentration
 - b) hunger
 - c) older children often filling up on junk food at 11 am.

Breakfast clubs are often run by teachers and out of school budgets. This is an issue across all schools.



- Young people report that food served through the lunch bags delivered to schools is often pre-made en masse, they do not enjoy it, and there are no menu variations.
- DEIS schools have smaller numbers and find it challenging for economies of scale compared to larger schools, i.e. the price per pupil model simply isn't working for smaller schools. Moreover, not all school food provision is covered by the Nutrition Standards for School Meals, resulting in a significant proportion of unhealthy food being served throughout the school day²⁹.
- Despite funding being committed to meet the 2030 target for food provision, no financial resources have yet been allocated for the implementation support required for schools to move towards a healthier food environment.

28 Parliamentary Question [24447/23] [24633/23] [22812/23]

29 Department of Health. (2020). Nutrition Standard for school meals. Available here: <https://www.gov.ie/en/publication/484f17-nutrition-standards-for-school-meals/>

To overcome these issues and achieve sustainable, long-term change, increased funding should be allocated, separate from the rates for food provision only. Increased staffing and infrastructure, such as dedicated spaces for cooking, preparing and consuming nutritious food, could provide schools with more control over the food they serve whilst setting national standards would empower schools to enforce change in food provision.

The food provided in school will be more aligned with what is taught in the curriculum and will offer the real-life experience of nutritionally suitable food that may not be available at home. The Department of Social Protection has finalised its evaluation of the School Meals Programme and published an accompanying report which sets out a series of welcome recommendations. However, it is imperative that sufficient funding is allocated so that these recommendations can be delivered.

BUDGET 2024 ASKS

- ✓ Commit to the phased implementation of the School Meals Scheme with expansion to incorporate staff costs.
 - a. Fund the recommendations in the evaluation of the School Meals Scheme to deliver a hot meal to all DEIS and special school pupils at a cost of €14m in 2024³⁰.
 - b. Expand the non-food costs allowance to also include funding for catering staff.
 - c. Implement regular cost reviews of the Free School Meals Scheme to ensure enough support is available to fully implement the Nutrition Standards for School Meals
 - d. Develop an implementation plan for the roll-out of universal provision of hot meals in all schools by 2030.

- ✓ Develop a pilot to expand nutrition standards to all food provision with appropriate monitoring to ensure adequate nutritional quality of food provision.
 - a. Expand the Nutrition Standards for School Meals to all school food provision. In addition to providing tasty and nutritious food as a top priority, this would help address some issues of waste by eliminating competition from unhealthy food.
 - b. Integrate minimum sustainability criteria into current and future nutritional standards for public food procurement in all schools.
 - c. Create an adequate monitoring system for assessing and ensuring nutritional quality of food and methods of preparation.
- ✓ Develop a pilot to support schools to implement fundamental changes to support a healthy food environment.
 - a. Implement a mandatory Healthy Eating Policy for all schools.
 - b. Support schools with the implementation of changes to the food environment in key areas of policy, audit and review, student and staff engagement and curriculum.



³⁰ Department of Social Protection (2023). Evaluation of the Schools Meals Programme. Available here: <https://www.gov.ie/en/publication/473a6-evaluation-of-the-school-meals-programme-december-2022/>

**ACTION****Increase focus on nutrition in a child's first 1,000 days**

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 that Ireland has one of the world's lowest national levels of breastfeeding. Research from TU Dublin and Bainne Beatha, which captured the breastfeeding experiences of almost 5,500 women, describes an under-resourced maternity system, resulting in a lack of knowledge, time and support from healthcare professionals to establish breastfeeding³¹.

Breastfeeding has major short and long-term health benefits, including better protection from acute infections for children. Irish research using the Growing Up in Ireland Child Cohort also showed that breastfeeding between three and six months reduces the risk of obesity by 38 percent at age nine.

In 2021, the Minister for Health announced funding of €1.58m for 24 additional lactation consultant posts to ensure proper support for mothers in hospitals and community settings. Meanwhile, the pandemic resulted in the Breastfeeding Action Plan being extended until the end of 2023, with a review to inform future planning and priorities. It is imperative that an independent review of implementation of the plan is commissioned.

**BUDGET 2024 ASKS**

- ✓ Provide funding for the development of a new Breastfeeding Action Plan
- ✓ Increase funding to ensure appropriate midwife service user ratios, from the current ratio of almost 1:41 to 1:29.5
- ✓ Commission an independent review of the implementation of the 2016-2023 Breastfeeding Action Plan and publish the findings, including service user satisfaction with support and breastfeeding experience. In addition, complete a workforce mapping across both maternity and community services.
- ✓ Fund an advertising campaign to promote breastfeeding and signpost available supports, created in consultation with stakeholders, including end users.

³¹ Bainne Beatha and O'Sullivan, L. (2022). Breastfeeding support in Ireland: a national study. [online] Available from: <https://www.tudublin.ie/explore/news/national-study-of-breastfeeding-support-in-ireland-reveals-gaps-in-health-service.html>



Priority 2

**Enhance heart and stroke
services and supports**

⚠ THREAT**No comprehensive Cardiovascular Health Policy**

The Department of Health's *Changing Cardiovascular Health: Cardiovascular Health Policy 2010 - 2019* established a framework for the prevention, detection, and treatment of CVD. No review or progress report was ever conducted on the implementation of its recommendations.

📋 ACTION**Develop a new national policy and establish a Cardiovascular Health Unit in the Department of Health**

The yet-to-be-published National Review of Specialist Cardiac Services deals with the optimal configuration of a national adult cardiac service. Meanwhile, broader cardiovascular health policy operates in a vacuum with no overarching policy guidance and direction. A new Cardiovascular Health Policy should be prioritised and a review of the previous policy carried out.

Unlike for other non-communicable diseases such as cancer, there is no designated unit with policy responsibility for cardiovascular health within the Department of Health. Given the burden of CVD on the Irish healthcare system, this should be urgently addressed.

🎯 BUDGET 2024 ASK

- ✓ Provide funding of €1 million to set up a Cardiovascular Health Unit in the Department of Health & begin developing a new Cardiovascular Health Policy.

📋 ACTION**Increase Blood Pressure Awareness in the Population**

Despite being the leading modifiable risk factor for CVD and premature death, Ireland has the lowest rates of awareness, treatment, and control³². The costs of hypertension-related disease alone here are estimated to be over €721 million. 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. Addressing hypertension diagnosis, treatment and control would also significantly benefit the prevention of other chronic diseases, including dementia.

🎯 BUDGET 2024 ASK

- ✓ Provide funding for a 5-year hypertension awareness and behaviour change campaign led by the Irish Heart Foundation and supported by a number of key health and non-government organisations – costing €3,034,164 over 5 years.



32 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](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](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)31145-6/fulltext)

⚠ THREAT

Implementation of the National Stroke Strategy

The Irish Heart Foundation warmly welcomed the publication of the National Stroke Strategy in July of 2022, but will remain vigilant to ensure adequate annual funding is provided to ensure that the multi-year policy is implemented in full to meet its goals.

📋 ACTION

Commit to implementing the National Stroke Strategy and provide adequate annual resourcing

The Strategy has the potential to make a meaningful impact on stroke prevention, treatment, care, and support. This requires an estimated investment of €36 million over its lifetime, of which €4.9 million was allocated in 2023.

It is imperative that implementation is stepped up in 2024 to provide the manpower and other resources to ensure key objectives are achieved, particularly: 24/7 access for all patients to acute stroke assessment and treatment; increased capacity in thrombectomy services; universal access to psychological support; and expansion of early supported discharge programmes.

In addition, the remaining neuro-rehabilitation teams promised as part of the implementation framework for Ireland’s national neurorehabilitation strategy should be established to ensure stroke survivors have access to services vital to achieving the best possible recovery.

🔄 BUDGET 2024 ASKS

- ✔ Provide funding to implement the National Stroke Strategy in full.
- ✔ Meet commitments to establish a national network of neuro-rehabilitation teams



- ✔ 24/7 access for all patients to acute stroke assessment and treatment
- ✔ increased capacity in thrombectomy services to treat 750 patients a year
- ✔ Universal access to psychological support
- ✔ Expansion of early supported discharge programmes to cover 92% of the stroke inpatient population.



 **THREAT**

High incidence and high rates of hospital readmission due to heart failure

There are more than 10,000 new heart failure cases in Ireland every year and at least 90,000 people are living with the condition with an additional 250,000 impending cases³³.

The five-year mortality rate of 36%³⁴ is higher than for most cancers and heart failure is one of Ireland's biggest causes of hospitalisation, with around 20,000 heart failure-related admissions³⁵ accounting for an estimated 7% of all in-patient bed days in Irish hospitals³⁶.

There are a further 100,000 outpatient appointments for which average waiting times are 6-9 months³⁷. The 90-day readmission rate is around 30%³⁸. Half of all admissions are due to poor self-care and are therefore, largely preventable³⁹.

The numbers affected by heart failure are also increasing. It's estimated that heart failure incidence will rise by 50% in 25 years⁴⁰. And the total cost of heart failure is estimated to be around €700 million a year.

 **ACTION**

Develop a heart failure registry

All these statistics are based on estimates. Despite the huge burden of heart failure, there is a lack of reliable data from the hospital system and virtually none at all from the community.

Availability of real-time information through a National Heart Failure Registry is crucial to give health service planners a better understanding of the condition, the causes of high readmission rates, outcomes of interventions and causes of mortality.

The HSE's South South-West Hospital Group (SSWHG) and the National Heart Programme have submitted a business case for the national rollout of Euroheart, an international collaboration that provides an IT infrastructure for continuous online registration of high quality and harmonised patient data, with real-time feedback across four domains of CVD: acute coronary syndromes, heart failure, atrial fibrillation and valve disease. It is intended that this will follow an initial pilot across the SSWHG which has funded the Coronary Heart Attack Ireland Register since its inception 20 years ago.

The adoption of Euroheart in Ireland would support continuous improvement of care and outcomes in patients with common cardiovascular diseases that will improve the quality of cardiac care and save lives.

An approximation of costs per annum is outlined below:

Pay costs	Implementation		Post Go-Live	
	WTE Total	Cost Total	WTE Total	Cost Total
IT/eHealth	5	€375,000	2.5	€175,000
Data Registration Officers, Grade V (National Heart Failure Registry)			12 (2 per RHA, 60,000 per 1 WTE)	€720,000
Non-pay costs	Year 1		Year 2 and onwards	
Licence fee (per annum)	€40,000		€30,000	
Total	€415,000		€925,000	

33 Jennings, Siobhan M. (2023). Preventing chronic disease: defining the problem. Available here: https://www.lenus.ie/bitstream/handle/10147/338212/PreventingChronicDisease_DefiningtheProblem.pdf?sequence=3&isAllowed=y%20

34 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

35 The Heartbeat Trust, 2017; https://www.heartbeattrust.ie/wp-content/uploads/2017/04/HeartFailure_VirtualConsult_Infographic_HeartbeatTrust_FINAL.pdf

36 Heart failure (HF) country barometer: Ireland, Health Policy Partnership, https://globalhearhub.org/wp-content/uploads/2019/05/HF_Barometer-Irish.pdf

37 National Heart Programme, Heart Failure Model of Care, 2021; <https://www.hse.ie/eng/about/who/cspd/icp/chronic-disease/moc/national-heart-failure-model-of-care-2021.pdf>

38 ibid

39 Toukhsati SR, Jaarsma T, Babu AS, Driscoll A, Hare DL. Self-Care Interventions That Reduce Hospital Readmissions in Patients With Heart Failure; Towards the Identification of Change Agents. Clin Med Insights Cardiol. 2019 Jun 12;13:1179546819856855. doi: 10.1177/1179546819856855. PMID: 31217696; PMCID: PMC6563392. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6563392/>

40 Irish Heart Foundation. The cost of Heart Failure in Ireland. Available here: <https://www.rte.ie/documents/news/cost-of-heart-failure-report-web.pdf>



ACTION

Improve psychological services for heart failure patients

In addition to high mortality rates, patients living with the effects of heart failure are struggling to cope. This is unsurprising given that many experience a revolving door of admission and readmission. Their situation is highlighted starkly in a newly published Irish Heart Foundation patient survey that found:

- 74% of respondents' psychological support needs were not being met.
- 50% did not get the cardiac rehabilitation they needed.

Psychological need highlighted in the survey mirrors the findings of international research. A major systematic review and meta-analysis found that 42% of heart failure patients experience depression, with 28% having moderate to severe depression⁴¹.

However, it has been reported that just four hospital heart failure services in Ireland have any access to clinical psychology and in each case, available services fall far short of patient needs. Clinical psychologists are being appointed in the network provided by the HSE's community ambulatory care hubs. But given the scale of impact on patients' mental health, much more is required.



BUDGET 2024 ASKS

- ✓ Implement the Euroheart programme making real-time data available to improve outcomes
- ✓ Make clinical psychology available to all heart failure patients requiring a service.



42%

of heart failure patients experience depression

28%

have moderate to severe depression

⁴¹ Moradi, M, Doostkami, M, Behnamfar, N, Rafiemanesh, H, and Behzadmehr, R. Global prevalence of depression among heart failure patients: a systematic review and meta-analysis. *Curr Probl Cardiol.* (2022) 47:100848. doi: 10.1016/j.cpcardiol.2021.100848

 **THREAT**

Cost of disability to heart and stroke patients

People affected by cardiovascular disease are often burdened by the high costs arising from their condition. The Irish Heart Foundation's recent survey of heart failure patients found that around 60% suffered a significant drop in income, with the number of those in work falling from 62% to 26%. In addition, the vast majority were impacted by additional costs incurred for medical bills, medicines, travel, household bills. Just under 40% of working-age patients didn't have either a medical card or a GP visit card.

An earlier Irish Heart Foundation survey among working-age stroke survivors also found significant financial hardship, with 70% experiencing a substantial reduction in income and over 80% facing higher costs due to their stroke.

CSO data⁴² shows that those most at risk of poverty were people unable to work due to long-standing health problems, who it established had a 39.1% risk of poverty, compared to the 4.4% rate of those describing themselves as employed.

The Department of Social Protection's Cost of Disability in Ireland Report 2021 noted that additional costs faced by people with disabilities are not met by existing programmes or by social welfare payments. Costs incurred by people with severe disabilities range on average from €9,600-€12,300 per annum, and for those with "limited disabilities" from €8,700-€10,000 per annum⁴³.

A full assessment of the economic impact of CVD, beginning with heart failure and stroke, should be undertaken and in the interim various measures should be implemented to ease the additional financial burden on them.

 **BUDGET 2024 ASKS**

- ✓ Carry out a full assessment of the economic impact of CVD
- ✓ Provide medical cards to all CVD patients whose access to healthcare is compromised by their financial status
- ✓ Introduce a monthly Cost of Disability Payment of at least €20 a week to those on disability-related payments to address the extra cost of living with a disability.
- ✓ Increase all core social welfare payments by a minimum of €25 in line with the cumulative impact of the cost-of-living increases.
- ✓ Provide access to programmes such as the Household Benefits Package and the Additional Needs Payment.

⁴² Survey on Income and Living Conditions (SILC) 2021. (2022). CSO. Available here:

<https://www.cso.ie/en/releasesandpublications/ep/p-silc/surveyonincomeandlivingconditionsilc2021/povertyanddeprivation/>

⁴³ The Cost of Disability in Ireland. (2021). Department of Social Protection. Available here: <https://www.gov.ie/en/publication/1d84e-the-cost-of-disability-in-ireland-research-report/>

 **THREAT**

Despite the numbers affected, community supports are virtually non-existent for people affected by CVD

There is little statutory provision for practical, social and emotional supports vital to patients' quality of life in Ireland despite the huge burden of CVD.

The support services that do exist are delivered virtually exclusively by voluntary organisations, in particular national services delivered by the Irish Heart Foundation from its own resources. These include supports for over 25% of all stroke survivors returning home from hospital, along with several thousand heart failure patients.

There is a widespread sense of abandonment⁴⁴ among stroke survivors resulting from a dearth of rehabilitation and other crucial services and supports in the community⁴⁵ to help them meet the challenges of often significant physical, psychological and communication difficulties.

In addition, large numbers of heart failure patients must endure a revolving door syndrome of repeated readmission to hospital⁴⁶, often for the want of basic information and support, that is seriously detrimental to their quality of life.

Stroke mortality has fallen by almost 30% in less than a decade⁴⁷ following dramatic improvements in acute care and direct discharge to long-term care is also down significantly, whilst stroke incidence is up by around 25%⁴⁸ in the same period. This means many more stroke patients are returning home from hospital than ever before.

Although access to community stroke support is likely to reduce requirement for long-term care^{49,50}, there has been no corresponding investment in these services by the State. Meanwhile, the 90-day readmission rate among heart failure patients is around 30%⁵¹. Half of all admissions are due to poor self-care and are therefore largely preventable⁵².

 **ACTION**

Provide stroke and heart failure community support programmes that reduce requirement for long-term care and hospital readmission rates

Since Covid the scale and depth of services delivered by the Irish Heart Foundation have increased significantly through specific pathways of support for stroke survivors and heart failure patients that are impactful, cost effective and scalable.

These services prevent hospital readmission among heart failure patients, reduce requirement for long-term care among stroke survivors and remove a significant burden from frontline services. They empower patients to take control of their own health and wellbeing, but ensure that where their conditions are deteriorating, they are appropriately escalated without delay.

The support services incorporate (See pathways in diagrams overleaf):

- Nurse led needs assessments and regular support calls
- Short duration interventions meeting specific needs.
- Younger patient networks
- Face-to-face groups
- Online support
- Peer to peer phone support
- Stay Connected low support programme.

44 National Stroke Strategy p59; <https://www.hse.ie/eng/services/publications/clinical-strategy-and-programmes/national-stroke-strategy-2022-2027.pdf>

45 National Stroke Strategy 2022-27, p40; <https://www.hse.ie/eng/services/publications/clinical-strategy-and-programmes/national-stroke-strategy-2022-2027.pdf>

46 HSE Heart Failure Model of Care, 2021 p11 Approximately 30% of patients are readmitted within 90 days <https://www.hse.ie/eng/about/who/cspd/icp/chronic-disease/moc/national-heart-failure-model-of-care-2021.pdf>

47 IRISH NATIONAL AUDIT OF STROKE A critical review of national stroke data for Ireland from 2013 to 2021; https://s3-eu-west-1.amazonaws.com/noca-uploads/general/NOCA_INAS_2013-2020.pdf

48 Ibid, p54

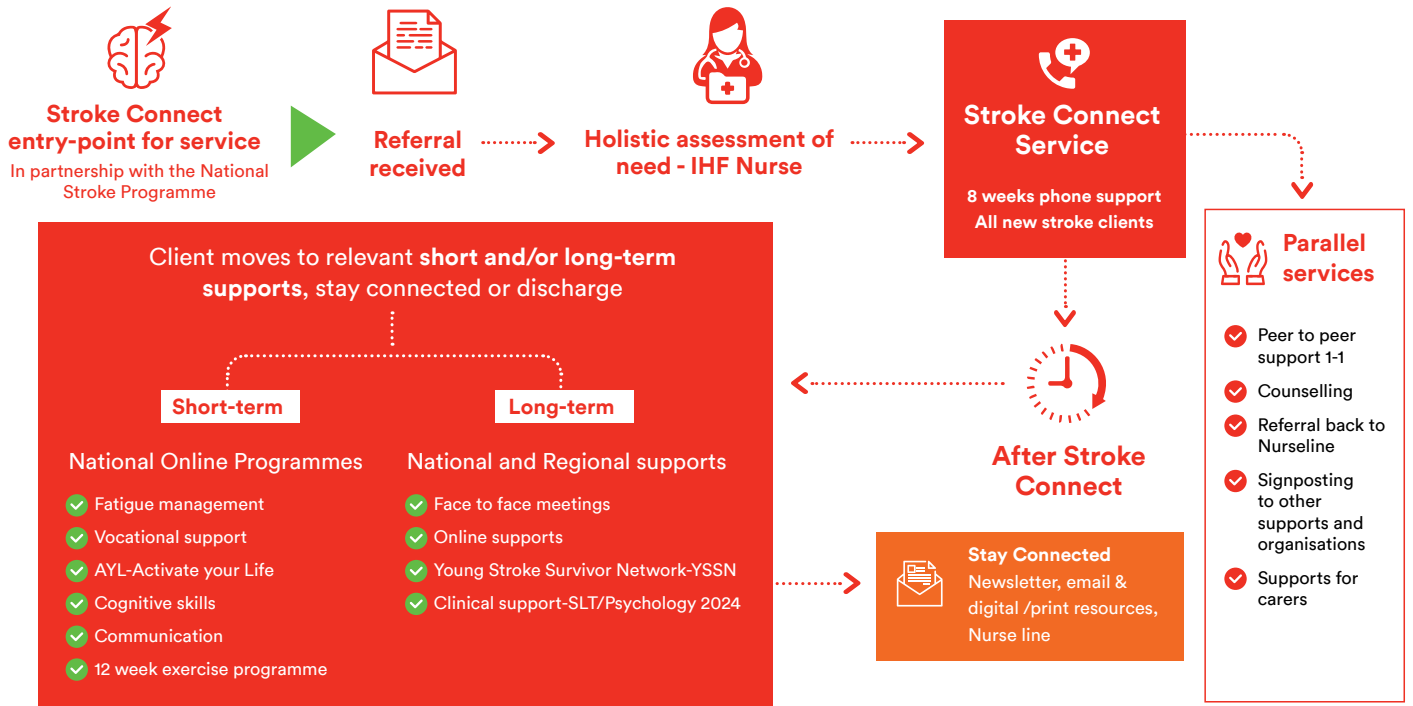
49 Longer term patient management following stroke: A systematic review; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8554494/>

50 Stroke Action Plan 2018-30 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6571507/>

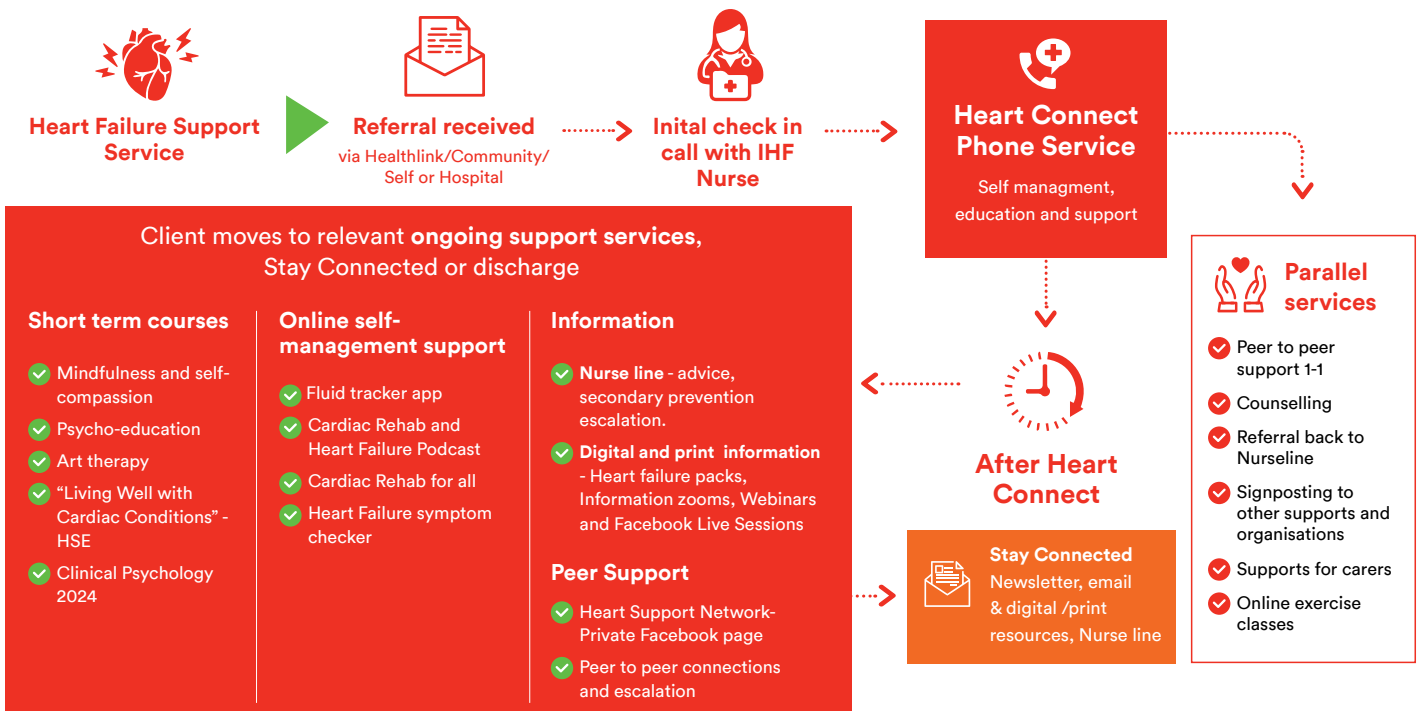
51 Ibid

52 Toukhsati SR, Jaarsma T, Babu AS, Driscoll A, Hare DL. Self-Care Interventions That Reduce Hospital Readmissions in Patients With Heart Failure; Towards the Identification of Change Agents. Clin Med Insights Cardiol. 2019 Jun 12;13:1179546819856855. doi: 10.1177/1179546819856855. PMID: 31217696; PMCID: PMC6563392. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6563392/>

Irish Heart Foundation I Stroke Support Pathway



Irish Heart Foundation I Heart Support Pathway



Stroke Connect and Heart Connect

Both services involve regular phone calls, starting with a nurse-led needs assessment and providing emotional support, quality information and guidance, help to meet recovery goals and signposting. The heart failure calls also place strong emphasis on reiterating consistent educational messages from heart failure clinics. The service includes a traffic light system to escalate calls where there is a medical concern. This has provided a robust early warning system for patients who may turn out to be at risk of recurrent stroke or deterioration among heart failure patients.

Short programmes

In the course of these calls, patients are offered counselling if appropriate, and when they have concluded, further service options are discussed, including a menu of short programmes where a specific need has been identified, which typically run for between 6-12 weeks and include:

- Fatigue Management
- Back to Work
- Mindfulness
- Cognitive therapy
- Physical Exercise
- Psychological support
- Communication
- Art therapy
- Music therapy

Online support programmes

Members are given access to a suite of online support programmes. These include physical activity classes; information and education sessions; and social groups popular with older age groups. Three fully moderated closed Facebook groups for heart failure, stroke and our carers networks provide a vibrant source of peer support, evidenced by high daily engagement rates.

Peer-to-peer phone support

Peer-to-peer phone support is delivered by fully trained stroke survivor and heart patient volunteers, many of whom have been through Irish Heart Foundation services and give something back themselves.

Working-age support networks

A dedicated working-age stroke support network operates to meet the needs of survivors who now account for more than a quarter of all strokes in Ireland⁵³. The HSE estimates that 1% of under 65s in Ireland have heart failure⁵⁴ – as many as 43,000 people – and a support group to meet their needs is now being established.

Face-to-face support groups

Twenty in-person stroke groups operate around the country, including two for younger survivors

Nurse Line and information

There are eight nurses working on our Nurse Support Line, who answer heart health and stroke queries from the public as well as support our patient members. Half a million information leaflets and educational materials are sent out a year, we have a quarter of a million web users and 100,000 followers of Irish Heart Foundation social media channels.

Stay Connected programme

Stay Connected is for members who are not actively using our services but who want to stay in touch and have the option to re-connecting fully at a later date. They receive a low support service intervention that includes a quarterly newsletter, access to the nurse support line, a full range of digital and print resources and a calendar of events. Crucially, they can also access more intensive services if their circumstances change.

Carer supports

Specific support for carers of both heart and stroke patients is provided through Facebook and other online services.

To date, these services have been fully funded by the IHF, through the depletion of our reserves. A partnership with the HSE has now been proposed so that these services can be provided on a sustainable basis, but with a financial contribution from the Foundation.

BUDGET 2024 ASK



Provide funding totalling €599,692 to cover 40% of the cost of delivering Irish Heart Foundation national stroke and heart failure community support programmes.

53 National Office of Clinical Audit. (2021). Irish National Audit of Stroke National Report 2020. Available here: <https://www.noca.ie/documents/irish-national-audit-of-stroke-national-report-2020>

54 HSE. What is Heart Failure? Available here: <https://www.hse.ie/eng/health/hl/living/heartfailure/#:~:text=It%20can%20develop%20at%20any,in%20people%20older%20than%2085.>

 **THREAT**

Inadequate access to cardiac rehabilitation

Cardiac rehabilitation (CR) is considered an essential component of secondary prevention for patients with CVD due to the rigorous and extensive evidence base supporting its clinical effectiveness. The National Clinical Programme for Acute Coronary Syndrome sets a KPI of 90% of patients with a STEMI receiving referral for timely cardiac rehabilitation. However, the recent Irish Heart Attack Audit found that only 71% of patients were referred to cardiac rehabilitation over the reporting period⁵⁵.

The HIQA Health technology assessment of chronic disease self-management support interventions and the HSE's National Self-Management Support Framework identified cardiac rehabilitation as one of the most cost-effective methods of supporting patients to self-manage and improve clinical and health service usage outcomes (resulting in a 30% reduction in hospitalisation in 1 year and a 58% relative risk reduction in mortality in one year).

It is very much to be welcomed that a new model of care is being finalised and that €7 million has been allocated to provide cardiac rehabilitation teams in each of 30 chronic disease specialist hubs around the country.

They face a mammoth task as evidenced by an Irish Heart Foundation survey which showed that half of respondents didn't get the cardiac rehab they needed in the aftermath of their diagnosis. In addition, an Irish and Irish Association of Cardiac Rehabilitation (IACR) study in 2021 showed a national waiting list of over 2,800 people, with 40% of patients having to wait at least three months to start the service.

The lack of access to clinical psychology in CR is a particular concern with just five out of 38 centres nationally having a service. This is despite the insistence of the Psychological Society of Ireland and IACR that minimum staffing levels should be set at 0.6 WTE senior psychologist for each CR centre. This puts minimum levels at 22.8 WTEs nationally compared to an existing total of 4.4 WTEs

There must be equitable access to funding for all CR services across all regions including for psychology services, with particular emphasis on those affected most by long-term service deficits.

 **ACTION**

Ensure patients who suffer an acute cardiac event are offered and have access to an appropriate cardiac rehabilitation programme

 **BUDGET 2024 ASKS**

- ✓ Provide funding to ensure adequate national capacity for patients for whom cardiac rehabilitation is recommended, ensuring staffing and resources are protected.
- ✓ Increase senior psychologist staffing to a minimum of 0.6 WTE in all CR centres at an additional cost of €2,204,235 in 2024.

⁵⁵ National Office of Clinical Audit (2022) Irish Heart Attack Audit National Report 2017–2020. Dublin: National Office of Clinical Audit. [Online] Available from: <https://www.noca.ie/documents/irish-heart-attack-national-report-2017-2020>



Priority 3

**Ensure the VAT system
supports communities**



⚠️ THREAT

Charities under financial pressure post COVID-19 and cost of living crisis

Rising inflation and the ongoing ramifications of COVID-19 have seriously impacted charities' ability to undertake fundraising. Moreover, as the cost-of-living crisis takes a further hold in people's lives, it is likely that charities will suffer further, despite greater demand for their services.

📋 ACTION

Retain and expand the VAT Compensation Scheme

Charities engaged in non-commercial activity are exempt from VAT under EU law. This means they cannot recover VAT incurred on goods and services they purchase. Consequently, organisations like the Irish Heart Foundation must hand over a considerable portion of their fundraised income to the State.

This unintended consequence of EU regulations resulted in the introduction of the VAT Compensation Scheme in Budget 2018. The Scheme provides a partial rebate on VAT costs based on the level of non-public-funding income. The initial fund was capped at €5m, which restricted qualifying charities to reclaiming around one-eighth of their VAT costs.

Denmark, with a similar population size and charity structure to Ireland, operates a scheme rebating €20m annually.

🎯 BUDGET 2024 ASK

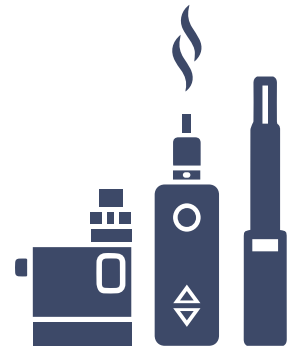
- ✓ Retain the VAT Compensation Scheme and increase the fund to €20m annually to reflect a 50% rebate on the overall claims from the sector.



Priority 4

Prevention and Future Proofing

For decades, Ireland was seen as a global leader in tobacco control. However, successive Governments have become complacent at a time when children and adolescents are at risk from the gateway effect of e-cigarettes. There is no shortage of rhetoric from policymakers in relation to vaping. But there's a yawning gap between the bold statements made and material action taken to date.



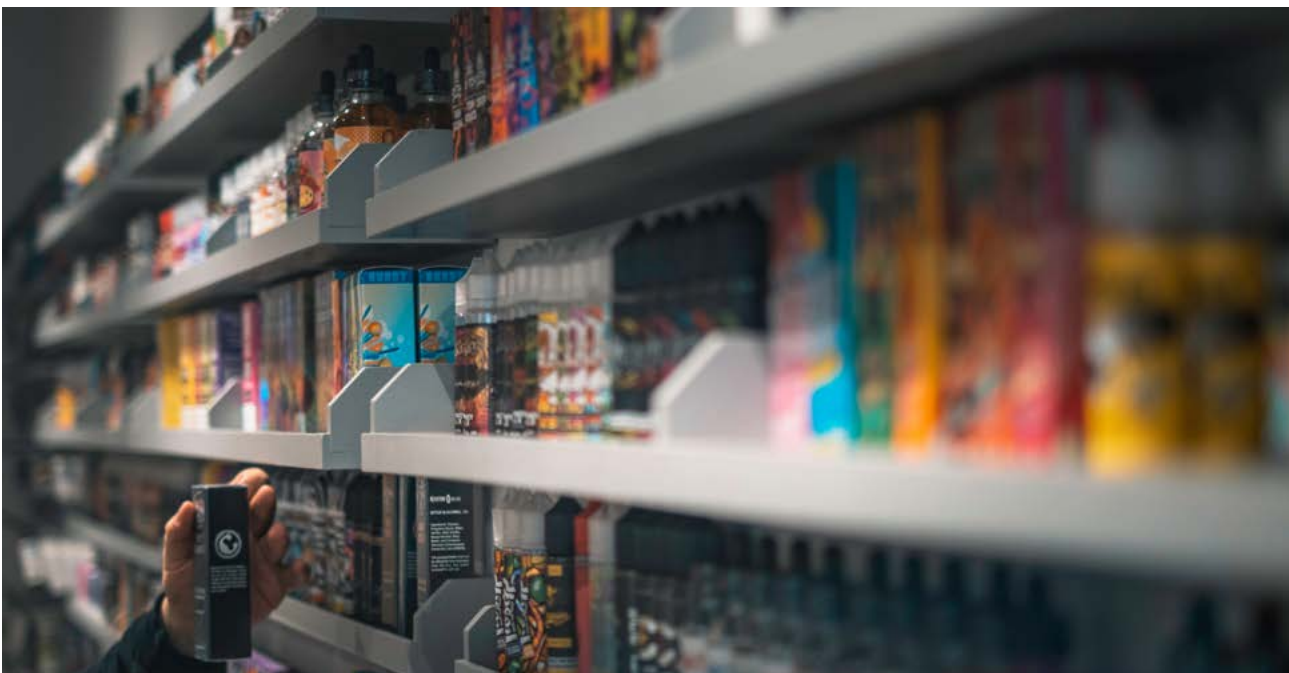
There is broad agreement in the tobacco control community that the current Public Health (Tobacco and Nicotine Inhaling Products) Bill introduced in 2019, is already out of date before it passes in to law.

For the first time in a generation, teenage smoking rates are on the rise⁵⁶, almost certainly fuelled by the gateway effect of vaping. And the time window to act to protect young people from one of the most addictive substances known to mankind is rapidly diminishing.

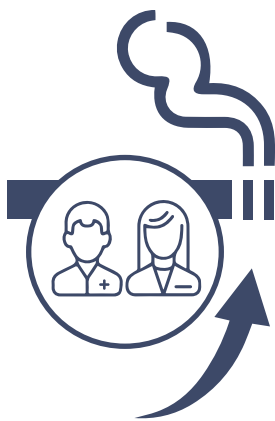
This should be addressed through a variety of measures, including a ban on all e-cigarette flavours, bar tobacco, plain packaging of e-cigarettes, prohibition of all e-cigarette advertisements, including online, and taxation of e-cigarettes.

Ireland's sole policy response on vaping, when the new legislation is finally enacted, will be to become one of the last countries in the EU to ban e-cigarette use among under 18s. If this is the extent of our ambition in e-cigarette regulation, we will be willingly handing back the hard-won gains of the last generation to Big Tobacco.

Smoking still poses a real risk to the lives of hundreds of thousands of people across the country, and e-cigarette companies are putting this and future generations of young people at unnecessary risk. A dual strategy is now required of implementing stronger regulatory policies on e-cigarettes to protect young people and commencing a broad consultation on New Zealand-style tobacco endgame measures.



⁵⁶ Sunday S, Hanafin J, Clancy L. Increased smoking and e-cigarette use among Irish teenagers: A new threat to Tobacco Free Ireland 2025. ERJ Open Res 2021; in press (<https://doi.org/10.1183/23120541.00438-2021>).



14.4%

increase in youth smoking levels in 2019

! THREAT

Reduction in adult smoking prevalence has stalled while youth smoking has increased for the first time in decades

According to the latest Healthy Ireland survey, smoking levels among the general adult population in Ireland stand at 18% in 2022, 24% among 25-34-year-olds from their 2021 rate⁵⁷. Of greater alarm is that after decades of consistent decline in youth smoking levels, from 41% in 1995 to 13.1% in 2015, smoking levels among this cohort rose for the first time in years to 14.4% in 2019⁵⁸. Evidence shows that the most effective way to reduce smoking levels is through tobacco tax increases⁵⁹, particularly for young people who are more price sensitive⁶⁰.

📋 ACTION

Increase the level of taxation on all tobacco products

In order to maximise the use of taxation to tackle smoking initiation, we continue to call for a commitment to increase the price of a packet of 20 cigarettes in the most popular price category (MPPC) to €20 by 2025. This would require a budget increase of €2.10 on the current price of €15.80.

Meanwhile, the growing trend of roll your own (RYO) tobacco use was highlighted in the HSE's State of Tobacco Control Report 2022⁶¹. While the population prevalence of RYO use has remained at 5% since 2013, as overall smoking prevalence has decreased, the proportion of current smokers using RYO products increased to 31% in 2021.

🎯 BUDGET 2024 ASKS

- ✓ Increase the rate of excise duty on a 20 pack of cigarettes in the MPPC by €2.10.
- ✓ Introduce a higher than pro-rata increase to RYO cigarettes to reduce the incentive to switch to a cheaper alternative.

57 HSE (2023). Healthy Ireland Survey 2022. Summary Report. Available here: <https://www.gov.ie/pdf/?file=https://assets.gov.ie/241111/e31b2aaa-a8d7-411d-8b62-02cca079c741.pdf#page=null>

58 Sunday S, Hanafin J, Clancy L. Increased smoking and e-cigarette use among Irish teenagers: A new threat to Tobacco Free Ireland 2025. ERJ Open Res 2021; in press (<https://doi.org/10.1183/23120541.00438-2021>).

59 World Bank. (1999). Curbing the epidemic: governments and the economics of tobacco control. Available here: <http://web.worldbank.org/archive/website00345C/WEB/COVER2.HTM>

60 Ding A. Youth are more sensitive to price changes in cigarettes than adults. Yale J Biol Med. 2003;76(3):115-124.

61 HSE Tobacco Free Ireland Programme. (2022). The State of Tobacco Control in Ireland 2022 Second Report. [Online] Available from: <https://www.hse.ie/eng/about/who/tobaccocontrol/news/state-of-tobacco-control-report-2022.pdf>



Smoking is responsible for

4,500

premature deaths a year in Ireland



Smoking costs the health services

€400 million annually

⚠️ THREAT

Inadequate support for smokers seeking to quit

Although smoking is responsible for 4,500 premature deaths a year in Ireland and costs the health service over €400 million annually⁶², just €15.7 million was spent in 2022 to support smokers to quit through cessation services⁶³.

📋 ACTION

Increase the annual level of funding for tobacco cessation services to €50 million

Research shows that smokers are up to four times more likely to succeed in quitting with specialist QUIT support than if they try to quit unaided⁶⁴. In 2022, a majority of current smokers reported a positive intention to quit and nearly half of those who were recently or currently smokers reported at least one quit attempt. Unfortunately, support is lacking, and a significant increase in the level of tobacco cessation funding is urgently required.

🎯 BUDGET 2024 ASK

- ✓ Increase the level of funding for tobacco cessation services from the current €15.7 million to €50 million annually.



62 Kearney, James. (2016) An assessment of the economic cost of smoking in Ireland. ICF International. Available here: <https://assets.gov.ie/34808/8b5d52eaaa4447419f38b447733d02b9.pdf>

63 HSE. (2016) Smoking cessation and mental health. Available here: <https://www.hse.ie/eng/about/who/tobaccocontrol/smoking-cessation-and-mental-health-briefing-document.pdfv>

64 HSE. (2016) Smoking cessation and mental health. Available here: <https://www.hse.ie/eng/about/who/tobaccocontrol/smoking-cessation-and-mental-health-briefing-document.pdfv>



17%

of the packs held by smokers surveyed in 2022 were classified as illegal

! THREAT

The illicit tobacco trade

According to the Illegal Tobacco Products Research Surveys 2022⁶⁵, 17% of the packs held by smokers surveyed were classified as illegal, which represents a significant increase from the previous year when it stood at 13%⁶⁶. Of these packs in 2022, 88% were classified as contraband and 12% illicit whites. This represents a potential loss of approximately €384 million to the Exchequer.

📋 ACTION

Provide greater support for Revenue to combat the illicit tobacco trade in Ireland

Revenue must be acknowledged for its targeted actions in 2022, which led to a seizure of 51.6 million illicit cigarettes with a value of €39.5 million⁶⁷. However, this represents a decrease of 16% in illicit cigarettes seized on the previous year, highlighting that additional resources should be allocated to support Revenue's work.

🎯 BUDGET 2024 ASK

- ✔ Increase resources including additional staffing and equipment to support Revenue's National Action Plan to combat cigarette smuggling.



65 Revenue. (2023). Illegal Tobacco Products Research Survey 2022. Available here: <https://www.revenue.ie/en/corporate/documents/research/tobacco-surveys-2022.pdf>

66 Revenue. (2021). Illegal Tobacco Products Research Survey 2021. Available here: <https://www.revenue.ie/en/corporate/documents/research/tobacco-surveys-2021.pdf>

67 Revenue. (2023). Revenue publishes 2022 annual report. Available here: <https://www.revenue.ie/en/corporate/press-office/press-releases/2023/pr-042623-annual-report.aspx>



12,888

Tobacco Outlets in
Ireland

THREAT

The proliferation of tobacco retail outlets

Some 12,888 retail outlets are registered to sell tobacco, up from 12,522 in 2022⁶⁸. This is the equivalent of one tobacco outlet per 400 people in the State⁶⁹. There is an abundance of international evidence showing that greater retail availability of tobacco is associated with greater overall smoking prevalence⁷⁰.

Currently, 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)⁷¹. Each applicant must pay a one-off fee of €50, and this fee only applies once to a business regardless of how many retail outlets they have⁷².

ACTION


Increase the current tobacco retailer licence fee to an annual figure of €500

Evidence from Australia shows that a substantial increase in the tobacco retailer licence fee is associated with a significant reduction in the number of tobacco licences purchased or renewed by retail outlets.

The Public Health (Tobacco and Nicotine-Inhaling Products) Bill 2023 will update the current retail registry system by providing that an applicant must pay an annual licence fee for each individual premises. However, it does not indicate what fee will be prescribed and affords the Minister for Health the power to set a fee⁷³.

The Department of Health's Regulatory Impact Analysis of the Bill notes that there is an annual fee of €500 per category of alcohol product sold and a similar fee should apply to tobacco products to represent the seriousness of their health impact⁷⁴.

BUDGET 2024 ASK

-  Introduce an annual €500 tobacco retailer licence fee per retail outlet, which could raise up to €6,444,000 every year.

68 Parliamentary Question 14687/23

69 CSO. (2023). Census of Population 2022 – Summary Results. Available here: <https://www.cso.ie/en/statistics/population/censusofpopulation2022/censusofpopulation2022-summaryresults/>

70 Department of Health and Human Services (2017) Why Retailers Stop Selling Tobacco and Implications for Tobacco Control [PDF], Available at: http://www.smokefreetasmania.com/wp-content/uploads/2014/11/Final-draft_-_why-retailers-stop-selling-tobacco-full-report_DHHSstyle-29052017-1.pdf

71 National Register of Tobacco Retailers. About the Register. [Online] Available at: <http://www.tobaccoregister.ie/about-the-register/about-the-register.html>

72 National Tobacco Control Office, HSE 2019, email, 22 May, <info.tobaccoregister@hse.ie>

73 Oireachtas. (2023). Public Health (Tobacco Products and Nicotine Inhaling Products) Bill 2023. Available here: <https://www.oireachtas.ie/en/bills/bill/2023/48/>

74 Department of Health. Summary of Regulatory Impact Analysis (RIA). Available here: <https://assets.gov.ie/39090/3c78595379bf44c0a3411638c422f08c.pdf>



Smoking in young people in 2019 increased from

23% to 37.2%

(who have ever used) and

10.1% to 18.1%

(who currently use)

“The price of vapes is an attraction to vaping”

Katelyn
(youth volunteer with Spunout)

“Young people [are] taking up vaping because you can buy cheap vapes for next to nothing”

Emma
(youth volunteer with Spunout)



! THREAT

The rise in e-cigarette use among children and adolescents

Research has shown that e-cigarettes are becoming increasingly popular among young people who have never smoked. Among teenagers aged 15-16 years of age, evidence shows that e-cigarette ever-use increased significantly from 23% in 2015 to 37.2% in 2019, while current-use rose from 10.1% to 18.1% across that same period⁷⁵.

E-cigarettes are not harm-free⁷⁶, contain considerable levels of nicotine, and can act as a gateway to eventual tobacco use⁷⁷. Although the long-anticipated Public Health (Tobacco and Nicotine-inhaling products) Bill will help deter youth use by banning the sale of e-cigarettes to those under the age of 18, Ireland is one of the last nations in the EU to introduce this measure meaning much stronger action is required.

📋 ACTION

Introduce excise duty on e-cigarettes

As with tobacco use⁷⁸, higher e-cigarette prices and taxes can reduce e-cigarette use among young people⁷⁹ who are more cost sensitive than older age groups.

The 2023 Tax Strategy papers note that given delays in reviewing e-liquid taxation under the updated EU Tobacco Products Tax Directive, “it may be necessary to give consideration to addressing the issue of novel products in domestic tax legislation to bridge the gap until such time as the Directive is revised”. We would urge the Government to act on this in Budget 2024 and not wait for the updated EU Directive, which may be delayed indefinitely⁸⁰.

🎯 BUDGET 2024 ASK

- ✓ Apply an excise tax of €0.10 per ml/mg of e-cigarette liquid to deter young people and non-smokers from purchasing and taking up electronic cigarettes.

75 Sunday S, Hanafin J, Clancy L. Increased smoking and e-cigarette use among Irish teenagers: A new threat to Tobacco Free Ireland 2025. ERJ Open Res 2021; in press (<https://doi.org/10.1183/23120541.00438-2021>).

76 World Health Organisation. (2020) E-cigarettes are harmful to health. Available here: <https://www.who.int/news/item/05-02-2020-e-cigarettes-are-harmful-to-health>

77 Health Research Board. (2020) New HRB evidence shows e-cigarettes are associated with adolescents starting to smoke tobacco cigarettes. Available here: <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/>

78 Marquez, Patricio V. (2017). Taxation: Most effective but still least-used tobacco control measure. World Bank. Available here: <https://blogs.worldbank.org/health/taxation-most-effective-still-least-used-tobacco-control-measure#:~:text=Raise%3A%20Raising%20taxes%20to%20increase,used%20tobacco%20control%20measures%20globally>

79 [https://www.ajpmonline.org/article/S0749-3797\(23\)00019-3/fulltext](https://www.ajpmonline.org/article/S0749-3797(23)00019-3/fulltext)

80 Department of Finance. (2023). General Excise Tax Strategy Group – 23/09. Available here: <https://www.gov.ie/en/collection/4f3cf-budget-2024-tax-strategy-group-papers/>



⚠️ THREAT

The proliferation of outlets selling electronic cigarettes

Currently, there is no retail licensing system for the sale of nicotine-inhaling products. This is facilitating a proliferation of outlets selling e-cigarettes that is likely helping to drive the dramatic increase in their use by young people.

📋 ACTION

Introduce an annual fee per outlet registering with the nicotine-inhaling products retail register

The establishment of a retail registration system for outlets seeking to sell nicotine-inhaling products included in the current legislation will allow the State to create a data point of where e-cigarettes are being sold nationally. Applying a reasonable annual fee per retail outlet, will have the dual benefit of reducing the number of locations selling e-cigarettes and raising revenue to fund the registration system.

In the UK, there is a £150 initial notification fee to register, followed by an annual £60 renewal fee⁸¹, while New Zealand has a much higher once-off registration fee of NZ\$1,600 to become a specialist vape retailer⁸². Ireland should introduce a modest annual fee to begin with that is charged per retail outlet.

🎯 BUDGET 2024 ASK

- ✓ Introduce an annual €200 e-cigarette retailer licence fee per retail outlet.



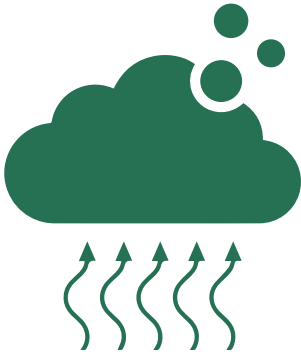
81 Medicines and Healthcare products Regulatory Agency. (2016). Explanatory Memorandum to the electronic cigarettes etc. (fees) regulation 2016. Available here: https://www.legislation.gov.uk/uksi/2016/521/pdfs/uksem_20160521_en.pdf

82 Ministry of Health. (2023). Information for or about Specialist Vape Retailers. Available here: <https://www.health.govt.nz/our-work/regulation-health-and-disability-system/regulation-vaping-herbal-smoking-and-smokeless-tobacco-products/information-retailers-and-distributors-notifiable-products/information-or-about-specialist-vape-retailers>



Priority 5

Improving Environmental Health



+ **1,300**
lives are lost yearly
due to air pollution
in Ireland

! THREAT

Lack of enforcement of Air Quality Standards

A series of measures, including Low Smoke Zones (LSZs), the Air Pollution Act Regulations 2012, and the recently passed Solid Fuel Regulations 2022, set standards for the types of fuel permitted for domestic heating. Ensuring compliance with these standards is vital to ensuring good air quality. Sadly, 1,300 lives are lost yearly due to air pollution in Ireland, the vast majority due to particulate matter from domestic burning of solid fuels⁸³. Local authorities are responsible for the enforcement of these standards. However, they often lack the resources to do so adequately.

✓ ACTION

Boost funding for enforcement and increase fines for breaches

While €1.2 million was allocated in 2022 to support a regional approach to air quality enforcement⁸⁴, only €500,000 extra was provided this year to further boost local authorities' ability to police compliance in spite of the new regulations⁸⁵. This is insufficient. Furthermore, a stronger financial deterrent must be put in place to reflect the seriousness of the health threat and prevent the burning of illegal solid fuels⁸⁶.

🎯 BUDGET 2024 ASK

- ✓ Allocate additional annual funding to local authorities to monitor and enforce air quality legislation and double the maximum fine for breaches of regulation from €5,000 to €10,000.



83 EPA (2020). Air quality in Ireland 2019. Available here: <https://www.epa.ie/publications/monitoring--assessment/air/Air-Quality-In-Ireland-2019.pdf>

84 Parliamentary question 24266/22

85 Parliamentary question 14054/23

86 Westmeath county council. Air Quality. Available here: <http://www.westmeathcoco.ie/en/ourservices/environment/pollutioninvestigationcontrol/airquality/>

THREAT

Risk of inflating the number of households experiencing energy poverty

The new solid fuel regulations have effectively banned smoky coal and wet wood whilst restricting the extraction and burning of sod turf commercially. Although this is to be welcomed, it risks increasing the number of households at risk of energy poverty.

There has been a rapid rise in inflation and fuel costs since last year, putting further stress on low-income families and disadvantaged households who are experiencing fuel poverty. The latest ESRI estimates put the share of households in energy poverty at 29%⁸⁷, while research from Barnardos shows that 20% of parents had to cut down or completely go without heat due to the cost-of-living crisis⁸⁸.



ACTION

Protect more vulnerable households from the risk of energy poverty

To ensure the new regulations do not further exacerbate fuel poverty, a dedicated green transition fuel allowance should be introduced to complement the existing scheme. This new allowance would be established on a similar model, providing weekly payments to the nearly 394,000 households on the Fuel Allowance scheme⁸⁹.

Such an allowance should be strictly regulated by allowing only the purchase of healthier, more sustainable forms of domestic fuels and appliances.

To alleviate the growing burden of working households falling into energy poverty, the budget should increase fuel allowance rates in line with cost-of-living increases and expand the eligibility requirements. Moreover, greater support should be provided to ensure that those most vulnerable are prioritised for retrofitting so they can move away from relying on the most health-harming forms of solid fuel heating.

BUDGET 2024 ASKS

- ✓ Introduce a Green Transition Fuel Allowance to facilitate the move away from burning the worst health-affecting solid fuels.
- ✓ Increase Fuel Allowance rates in line with cost-of-living increases and expand eligibility by including those receiving Working Family payments, removing the waiting period for those recently signed on to Jobseekers Allowance, and covering living arrangements of Traveller families.
- ✓ Expand the Fully Funded Energy Upgrade Scheme to ensure all low-income households in low BER homes are eligible, regardless of home ownership status. This should include tenants receiving HAP, on the condition of a long-term lease being offered.
- ✓ Increase funding for the local authority retrofitting scheme with a view to ensuring all social housing reaches a minimum B2 BER by 2030.

87 Barrett Michell, Farrell Niall, et Roantree Barra. (2022) Energy poverty and deprivation in Ireland. ESRI. Available here: <https://www.esri.ie/system/files/publications/RS144.pdf>

88 Barnardos (2023) Cost of Living – 2023. Available here: <https://www.barnardos.ie/policy/the-issues/cost-of-living-2023/>

89 Parliamentary Question 14063/23



⚠️ THREAT

Health impact of rising nitrogen dioxide (NO₂) pollution

The main source of NO₂ in our towns and cities is road transport, with diesel engines producing more emissions than petrol vehicles. The Government has introduced a nitrogen oxide levy to reduce the use of higher-emitting cars, but more needs to be done due to the well-established harmful impact of NO₂, particularly on children's health.

📋 ACTION

Increase the nitrogen oxides (NO_x) level rate to reduce the main source of toxic NO₂

With traffic levels returning to pre-Covid levels, it is imperative that the budget reduces the source of toxic NO₂ levels, primarily diesel vehicles, and encourages the shift to more sustainable forms of transport. The NO_x levy should be doubled and applied to both category A and B vehicles. This would have the triple benefit of lowering health-harming NO₂ emissions, encouraging more sustainable forms of transport, and raising an estimated €60m for the Exchequer⁹⁰.

Moreover, to counter the harmful rise of diesel, as recommended by the OECD, the State should “gradually increase the diesel tax rate so that it at least reaches the petrol tax rate [and] phase out the price cap for diesel used by road hauliers⁹¹”.

🔄 BUDGET 2024 ASKS

- ✓ Double the current NO_x level rate and apply to both category A and B vehicles.
- ✓ Increase diesel tax and phase out the diesel cap for road hauliers.



⁹⁰ Parliamentary Question 14066/23, 14067/23, 14068/23

⁹¹ O'Sullivan, Kevin (2021). Ireland needs water charges to meet environmental targets, OECD warns. Irish Times. Available here: <https://www.irishtimes.com/news/environment/ireland-needs-water-charges-to-meet-environmental-targets-oecd-warns-1.4560401>



⚠ THREAT

Strict criteria to access bike-to-work scheme

The bike-to-work scheme provides an exemption from benefit-in-kind (BIK) where an employer purchases a bicycle or e-bike and associated safety equipment for an employee. Whilst the exemption applies to the first €1,250 of expenditure incurred by the employer for a bicycle and €1,500 for an e-bike⁹², the scheme only applies to PAYE workers.

📝 ACTION

Expand the criteria able to access the bike-to-work scheme

Incentivising as many people as possible to avail of the scheme will be important in helping to shift private vehicle usage to more sustainable forms of transport.

🎯 BUDGET 2024 ASK

- ✔ Expand the Cycle to Work scheme beyond PAYE workers



92 Parliamentary Question 14058/23, 14059/2



⚠️ THREAT

Lack of safety for children cycling to school

According to CSO figures, there has been an 86% drop in the number of children cycling to school⁹³. The Safe Routes to School (SRTS) programme was launched last year to reverse this trend. The appetite from schools seeking to avail of this scheme was enormous. By the April 2021 deadline, 932 applications had been received from schools countrywide, yet only 170 could be accepted in the first round and 108 in the second⁹⁴.

📋 ACTION

Boost funding to Safe Routes to School programme

Creating safe infrastructure will be vital in instilling a culture of healthy active travel among young people and ensuring that more schoolchildren travel to school by foot, wheel, or bike. Budget 2024 should allocate additional funding for the SRTS programme so this can be achieved⁹⁵.

🎯 BUDGET 2024 ASK

- ✓ Increase funding so more schools can avail of the Safe Routes to School programme and create additional roles across An Taisce and the National Transport Authority to support the initiative



⁹³ Irish Examiner (2019). 86% drop in children cycling to school. [Online] Available from: <https://www.irishexaminer.com/news/arid-30942858.html>

⁹⁴ Parliamentary Question 14071/23, 14074/23

⁹⁵ Parliamentary question 24281/22



⚠ THREAT

Return of high fares for public transport

In 2022, a 20% average fare reduction was introduced on all Public-Service-Operator (PSO) services and a 50% discount on all services for the young adult card (YAC). Due to the success of these schemes, they were extended until the end of 2023⁹⁶.

📋 ACTION

Guarantee the permanent reduction of all fares and explore the financial feasibility of further discounts

The estimated costs for extending the fare schemes until the end of this year are calculated at €65m to €85m for the 20% public transport fare reduction and €35m to €55m for the 50% YAC discount⁹⁷.

🎯 BUDGET 2024 ASKS

- ✓ Allocate annual funding to the NTA to guarantee the 20% reduction on all PSO general fares, and the 50% YAC discount is made permanent.
- ✓ Explore the feasibility of funding additional fare cuts to further boost public transport passenger numbers.



96 Parliamentary question 10461/23

97 Parliamentary question 14079/23





Irish Heart Foundation

The National Stroke & Heart Charity

Pre-Budget Submission 2024

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