# Shifting the dynamic in healthcare
# Prevention is everyone's responsibility

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Chief Clinical Officer HSE

Friday July 7th 2023

# The need for change: Demographic Advances

Figure 1.6
Life Expectancy at Birth for EU-27 Countries, 2020

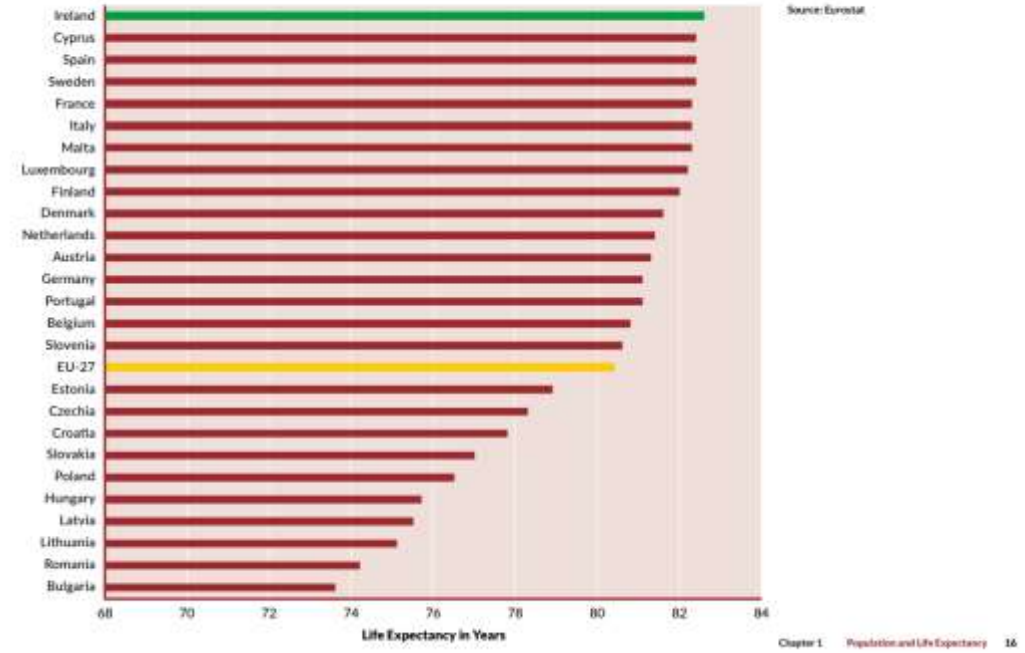
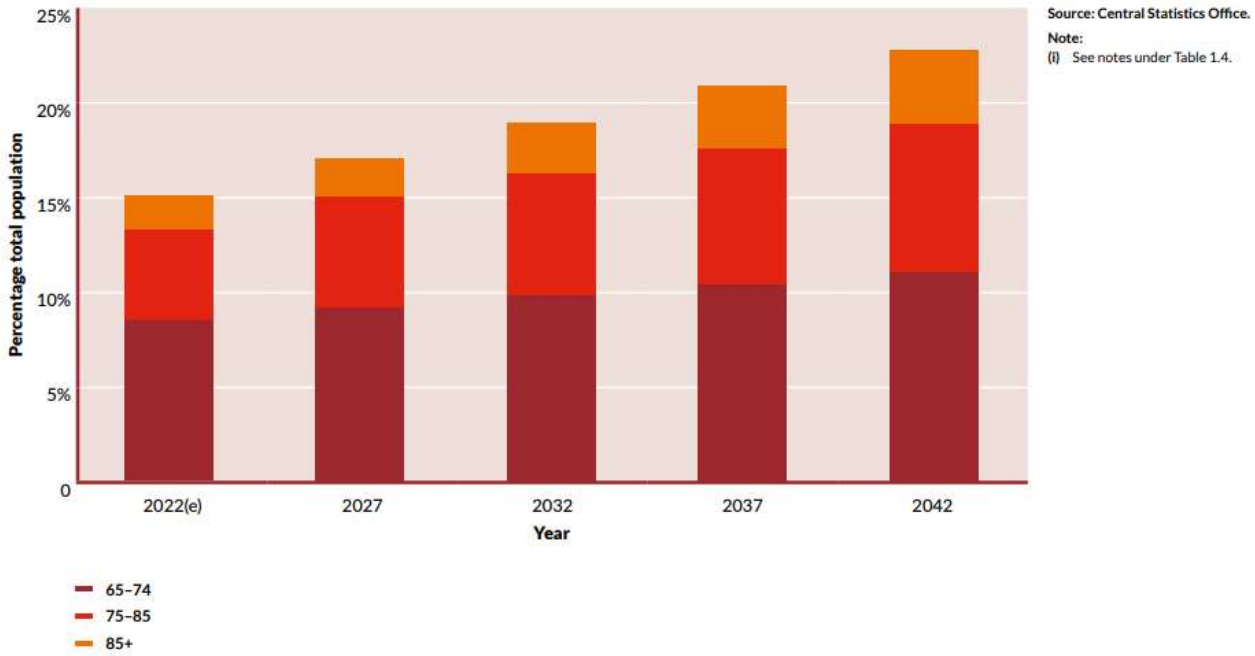


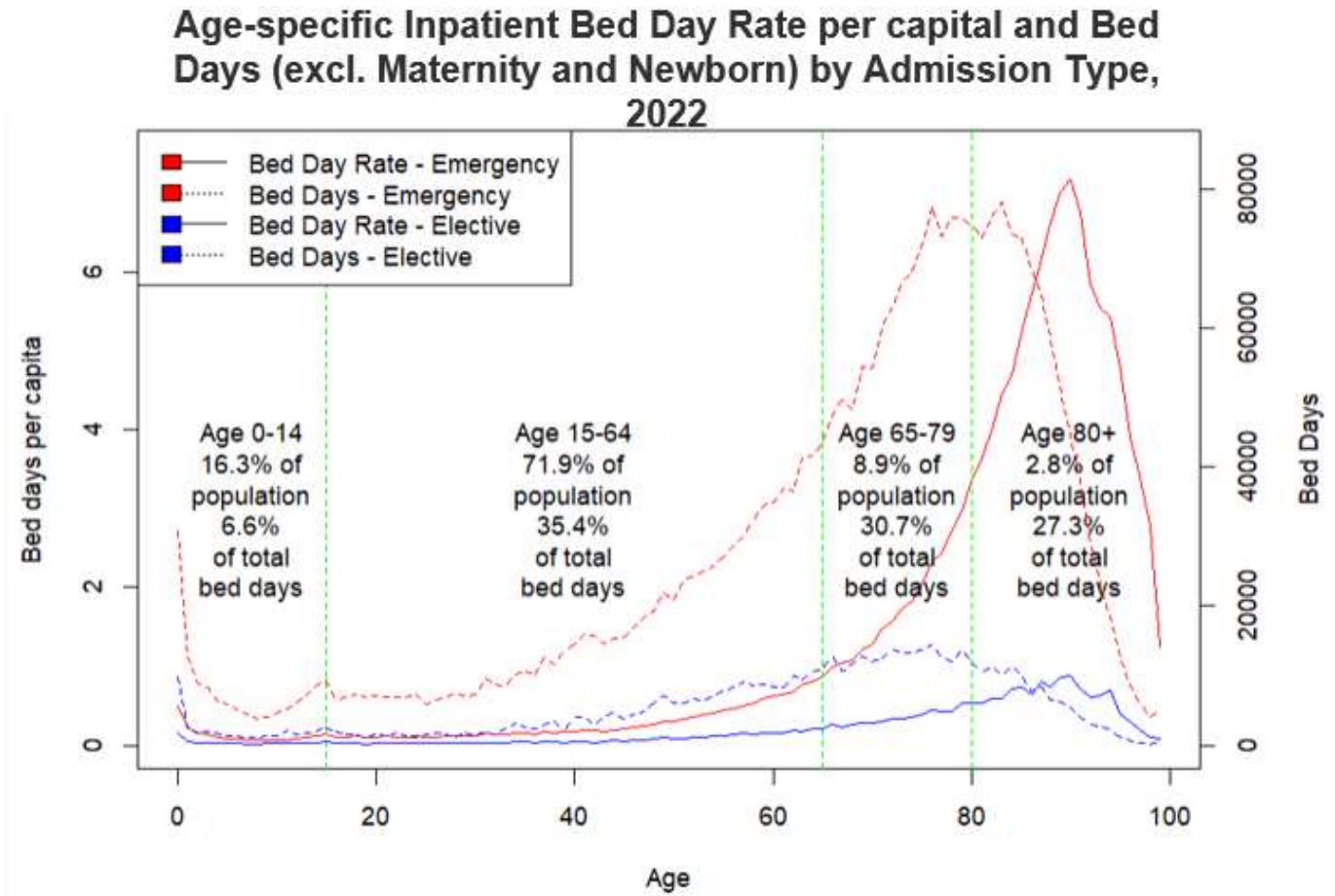

Figure 1.4
Older Age Groups: Population 2022 and Projected Population 2027–2042




***These demographic advances are from every lens a success.***

- Ireland has the longest life expectancy in the EU
- The number of people over the age of 65 years is projected to almost double to over 1.3 million by 2042 (https://data.cso.ie/table/FY006B The highest increase in population was seen among the over 70s).
- The greatest proportional increase will be in the 85+ age group (https://data.cso.ie/table/FY006B The number of people aged 85 years and over increased by 25%).

# The need for change: Age as a driver for change




**Older Person Intensive Case Management (OPICM)**

- Proactive identification, assessment and care planning
- Service and Care coordination
- Integrated, early supported discharge

*Source: HIPE (2022 discharges)*

- 55% of the bed days in public acute hospitals are used by those are 65 years and above.
- Demand per capita for healthcare increases sharply with increasing age.
- As our population ages we need to plan for the impact on future demand by service area.
- **Because demand per capita increases steeply in older age group, small increases in the numbers of older people lead to large increases in demand for care.**

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# The need for change: Acute Hospital demands

As we age our need for health and social care services increases and our health services need to change to be 'Age Ready' (Aois Reidh).


- **ED Attendances 75+ Years Old have increased by 18.4% V 2019 (YTD 2023).**
- **ED Admissions** 75+ Years Old have increased by 11.4% V 2019 (YTD 2023).

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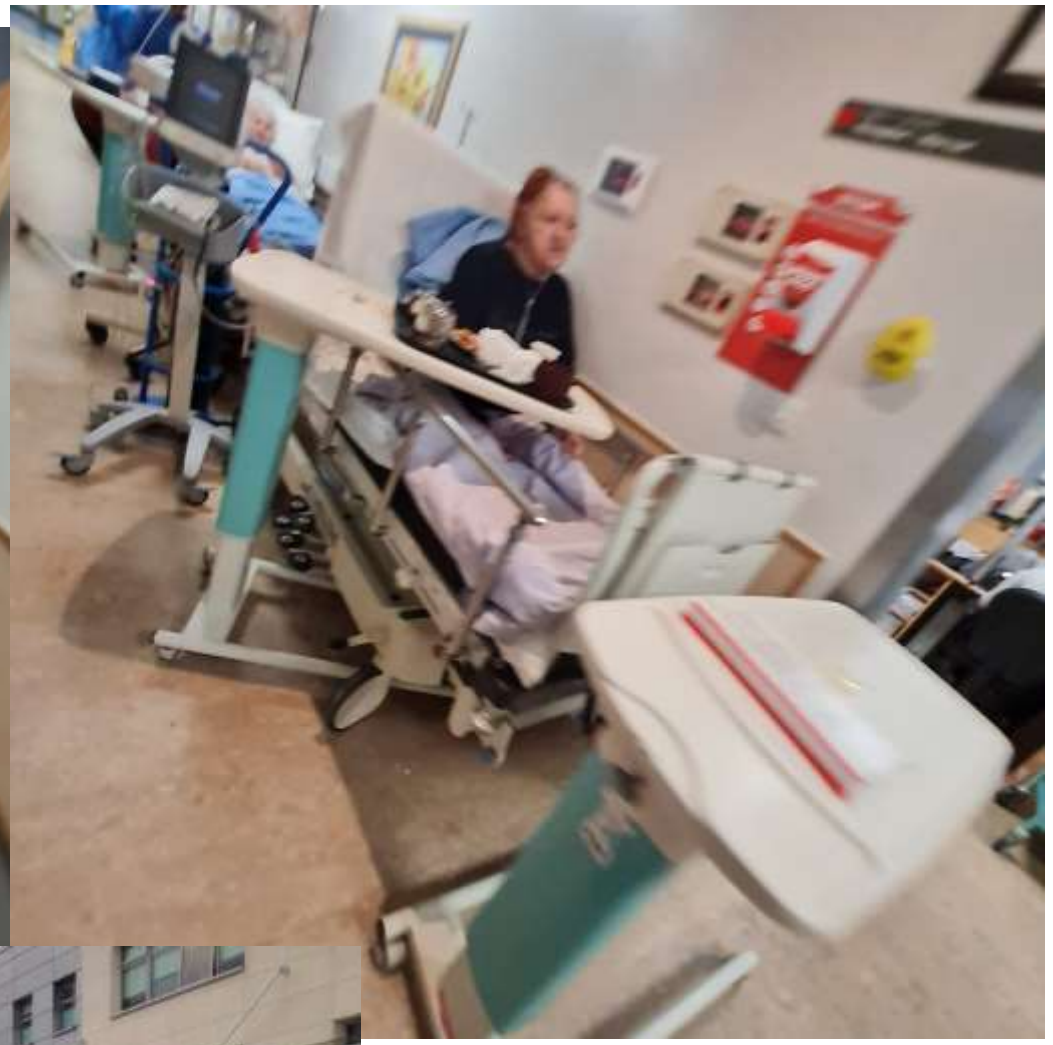

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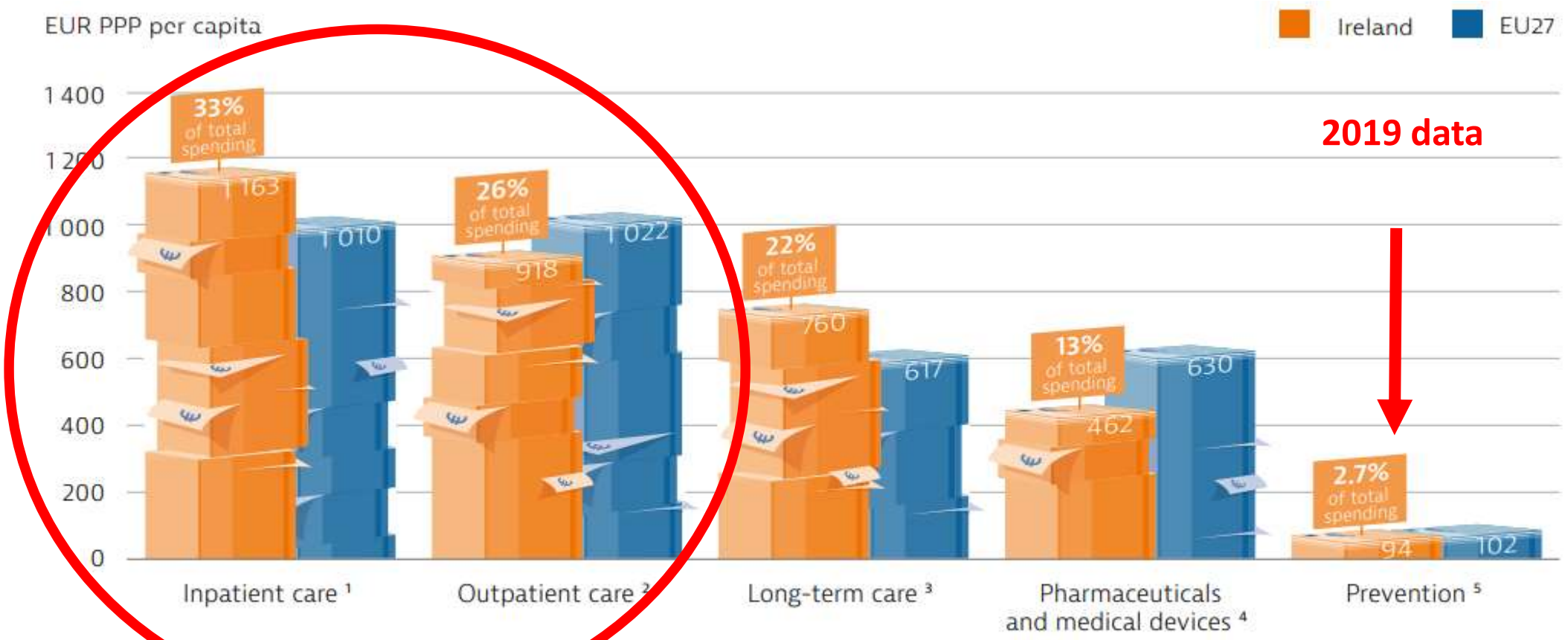
# People are living longer but with increased levels of chronic disease & multimorbidity…




*Note: The costs of health system administration are not included. 1. Includes curative-rehabilitative care in hospital and other settings; 2. Includes home care and ancillary services (e.g. patient transportation); 3. Includes only the health component; 4. Includes only the outpatient market; 5. Includes only spending for organised prevention programmes. The EU average is weighted.*
*Sources: OECD Health Statistics 2021, Eurostat Database (data refer to 2019).*

# The pandemic: Lessons learned & the way forward

## Improve Population Health

- Strengthen and enhance Departments of Public Health
- Address health inequalities and improve health outcomes for vulnerable and marginalised groups
- Strong public engagement and effective communication to promote positive health seeking behaviours and halt the spread of misinformation
- Ensure robust preparedness plans are in place to respond to potential future health threats

## Innovation in care delivery

- Continued and widespread adoption of digital healthcare solutions
- Reconceptualise care pathways
- Increasingly shift care delivery away from the acute setting to community settings
- Continued adaptation of new ways of managing clinical and operational processes
- Healthcare workers' well being must be supported and recognised as a care quality indicator

## Data enabled health services

- Enhance clinical and operational data collection and analysis and use it to inform agile decision making
- Enhanced surveillance of disease indicators to ensure early warning mechanism are in place
- Integration of systems to enable data sharing and shared decision making

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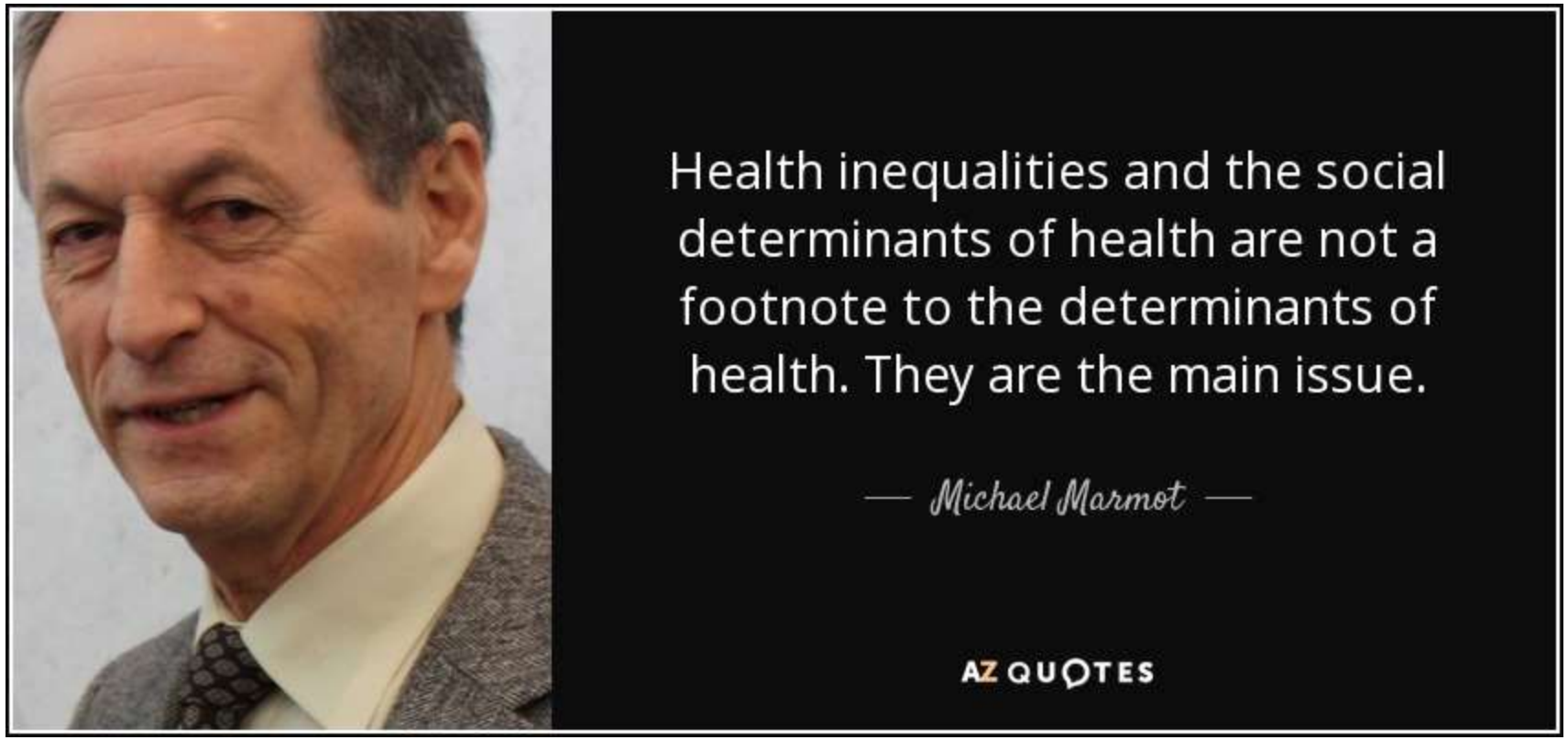

Health inequalities and the social determinants of health are not a footnote to the determinants of health. They are the main issue.
— Michael Marmot —
AZ QUOTES

# Social Determinants of Health

The Health Service is one component of the multifactorial determinants of health; directing efforts to the broader issues and factors can reduce the overall burden on individual and public health status

General socio-economic, cultural and environmental conditions

Agriculture and food production | Education | Work environment | Unemployment | Water and sanitation | Healthcare services | Housing

Social and community networks

Individual lifestyle factors

Age / Sex and constitutional factors

The wider socio-economic scope

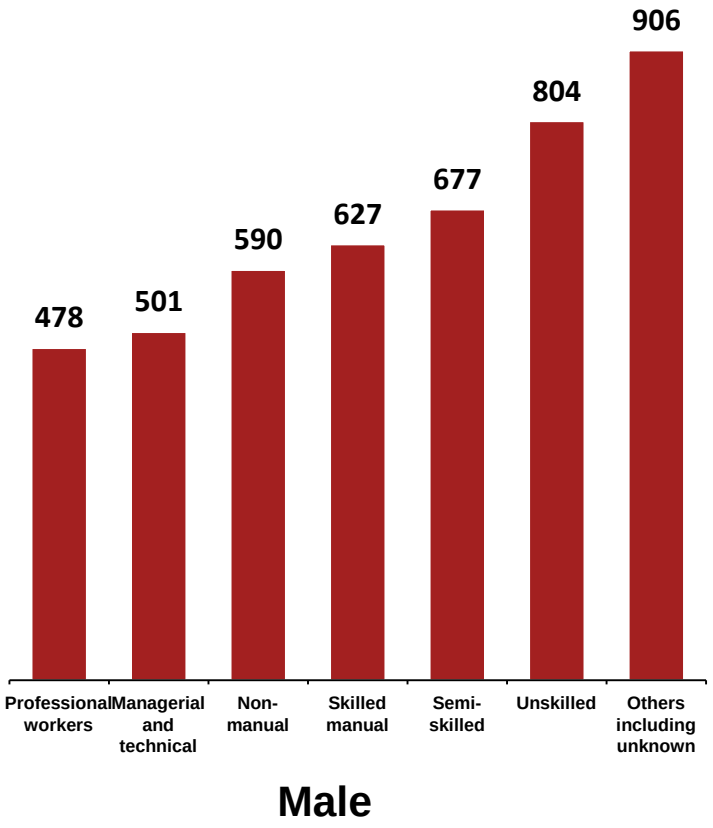
Individual scope

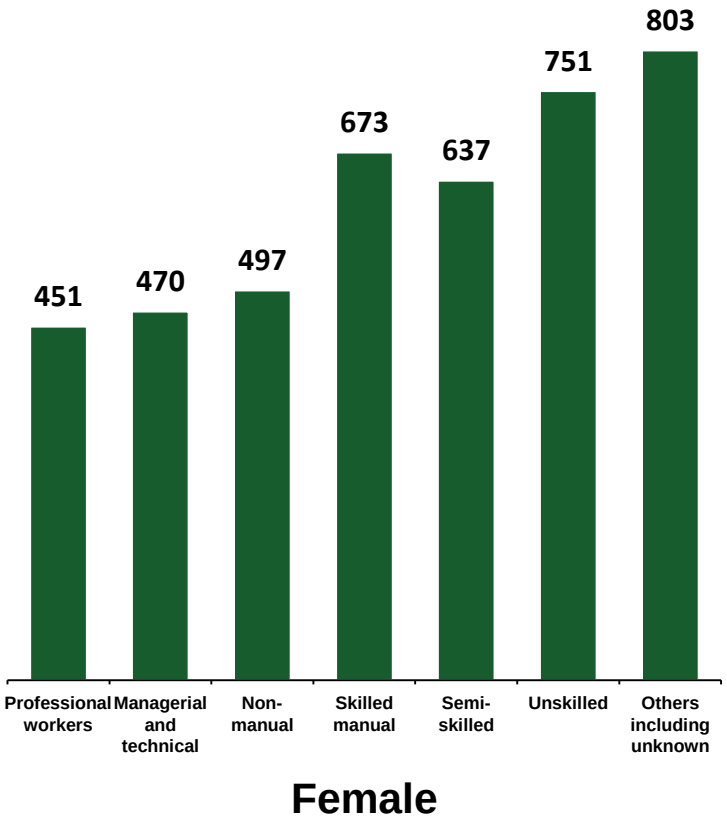
Source: Dahlgren and Whitehead (1991)

# Social Determinants of Health

There is an inverse relationship between educational attainment level and mortality rates, with lower life spans being seen in lower skilled groups; this suggests a need for increased investment in health promotion and economic empowerment targeting the lower socio-economic groups

Standardised mortality rates by socio-economic level (per 100,000 population) 2016-2017 (adjusted for age and other factors)




Source: CSO Census 2016

- **Inverse relationship** between **skill/ educational level** and age-adjusted **mortality rates**, with higher death rates being seen in lower skilled population
- For males, the mortality rate for **unskilled workers** is almost **double** that of **professional workers**
- The key differentials between these socio-economic levels are **risk level** and **compensation**
- Higher compensation and benefits allows for health maintenance factors such as a **healthier diet and higher standard of living** including sufficient heating and electricity

# Public Health Reform

The Health Service is strategically aligned with a renewed global commitment to public health: focus on maintenance and prevention, improving the health and wellbeing of Ireland over the coming years

Disease **prevention**

Control of **infectious disease**

Protect and promote **child health**

Reduce burden of **chronic illness**

**Translational Research** and healthcare **planning**

**Safer** environments

**Reduce** the prevalence of **smoking**

Promote **healthy eating**

Promote **physical activity**

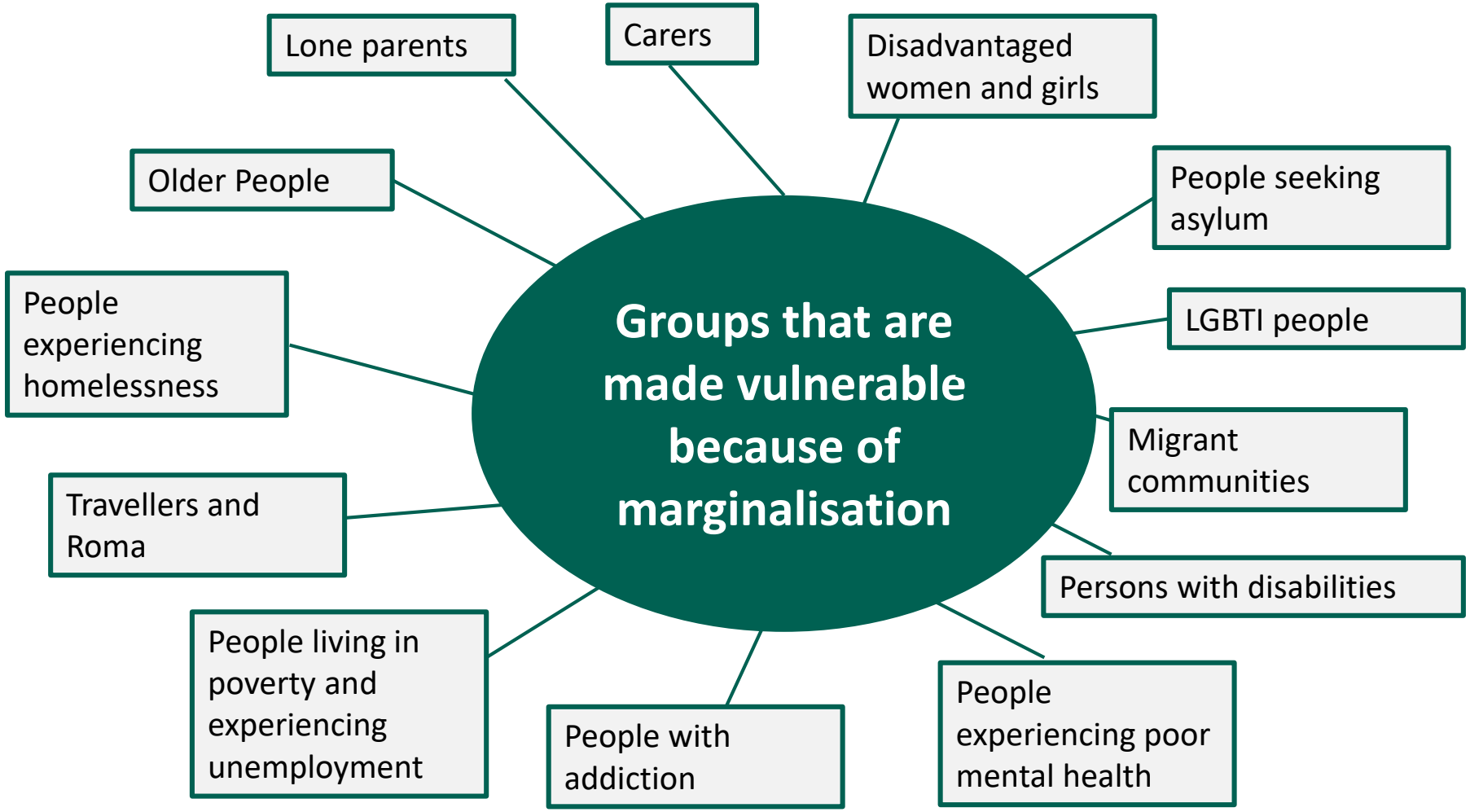
Improve **mental health and wellbeing**

Ensure **value for money**

**Reduce** alcohol consumption and substance abuse

# Public Health Reform and COVID-19

There are many marginalised communities within Ireland: this has been exposed by Covid-19
They need our particular attention




Source: Community Work Ireland

# Child Health

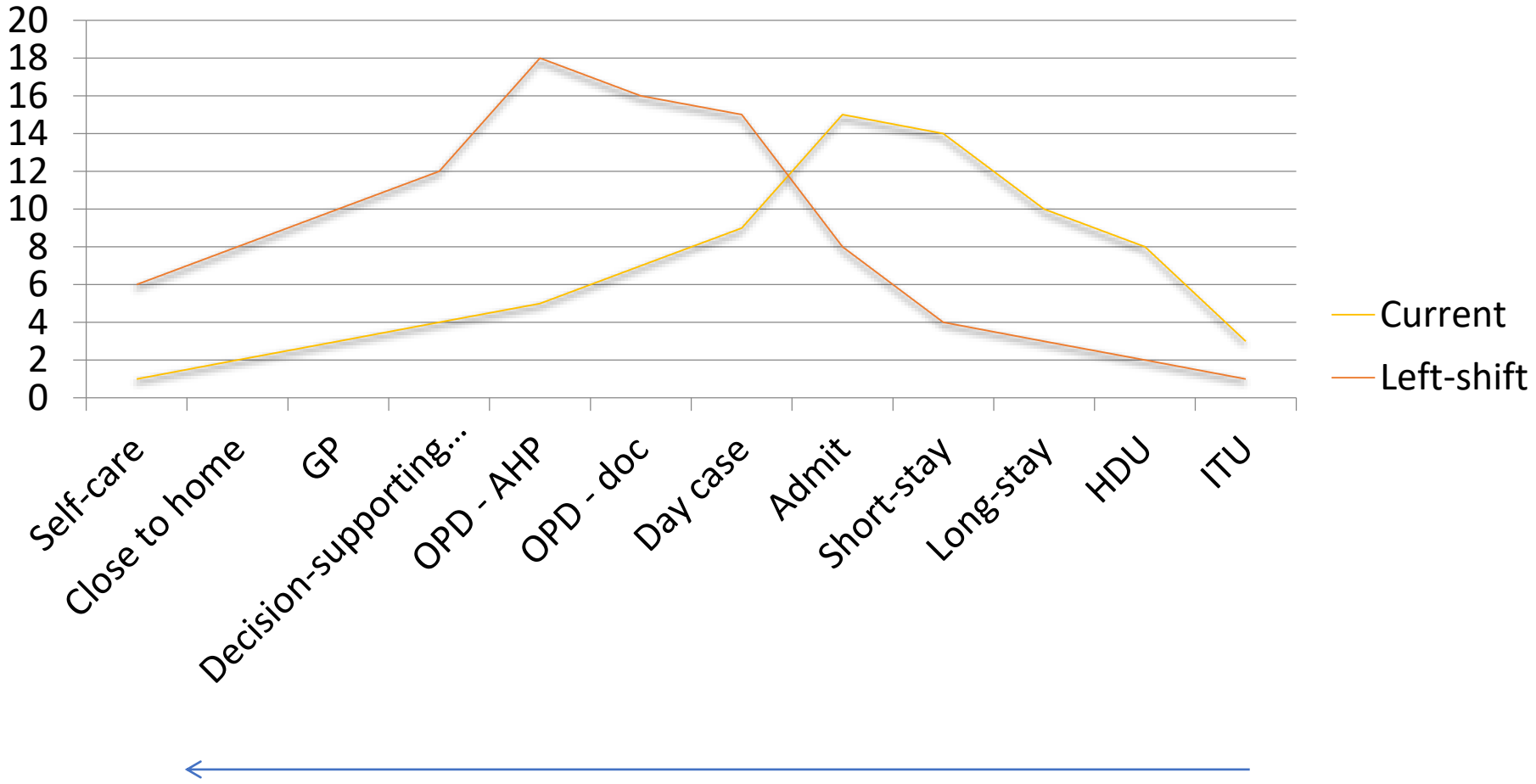
## Public Health Reform will deliver Consultant in Public Health Medicine leadership roles in key priority areas – for example Child Health

### Purpose

The purpose of the consultant in National Child Health is to be a representative of Public Health Medicine leadership for an important cohort of society, through supporting the following key priorities

- **Lead Child Health Service Improvement** across antenatal and postnatal care, immunisation programmes, Child Health screening, behavioural health and developmental surveillance
- Lead the **implementation and further development of the Framework** for the National Healthy Childhood Programme
- **Provide governance and oversight** for Childhood Screening and Surveillance programmes
- Work closely with the HSE Clinical Leads for Children (Paediatrics and Neonatology), NCAGL for Children and Young Adults and the National Women and Infants Health Programme (NWIHP) towards **achieving efficient integration of all child and adolescent services in the health service**
- **Actively work to address health inequalities** experienced by marginalised children and adolescents
- **Assume a cross-government, cross-agency and inter-disciplinary** approach to the development and delivery of Child Health services.

# Established illness: Left-shift



# Enhanced Community Care (ECC) Programme

An overview of components and success factors

## Shifting Care to the Left

Community

Family/Friends

Neighbours

Self-Management Support

- Reablement
- Exercise and Nutrition
- Prevention
- Technology Enabled Care
- Medicines Management
- Home Supports
- Housing
- Transport
- Community Supports
- Social Prescribing
- Safeguarding

Community Diagnostics

SLT

Nursing

Social Work

OT

Physio

Virtual Clinics

Dietician

**Enhanced Community Care Network**

Integrated Care Programme **Older People (ICPOP)**

Dementia

Falls

Frailty

Integrated Care Programme **Chronic Disease**

Respiratory

Cardiac

Diabetes

Community Diagnostics

**Early Supported Discharge / Admission Avoidance**

Community Intervention Team

Hospital Care

Bespoke Specialist Pathways

Frailty at the Front Door

Palliative/End of Life Care

Rehab / Intermediate Care Beds

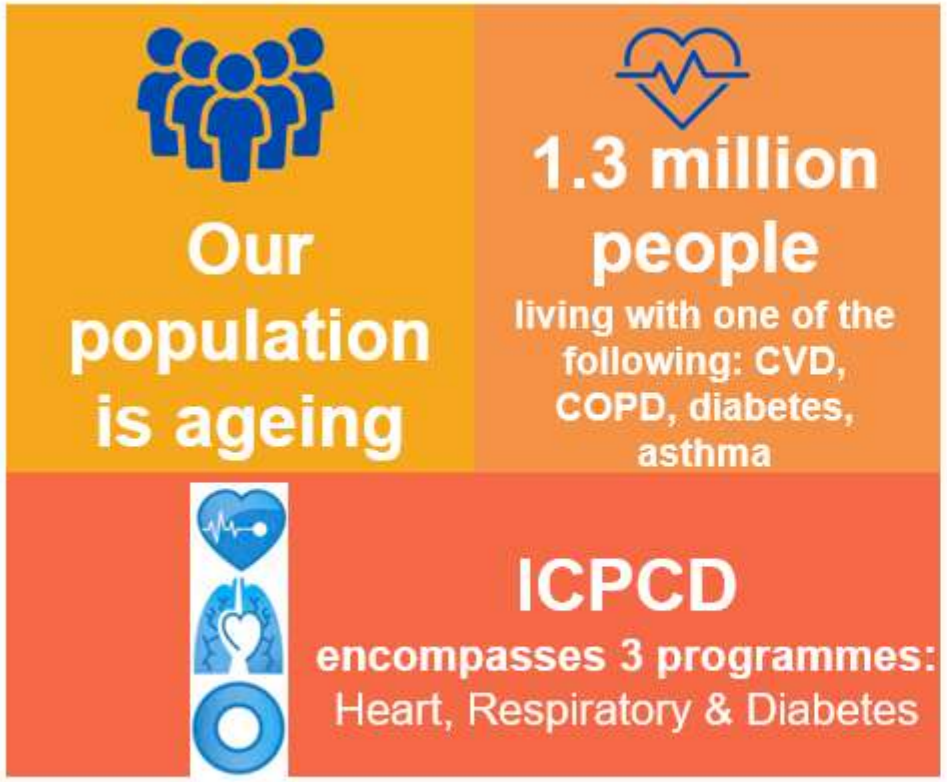
Respite / Residential Care

**Living Well at Home**

**Enhanced Community Care – CHNS – ICPOP - CDM**

**Acute Care**

# Integrated Care Programme for the Prevention & Management of Chronic Disease




## Objectives of the Integrated Care Programme for Chronic Disease (ICPCD)

- Maximise prevention
- Enable people to optimise self-management of their condition(s)
- Support the provision of GP-led primary care

# Integrated Model of Care for the Prevention & Management of Chronic Disease

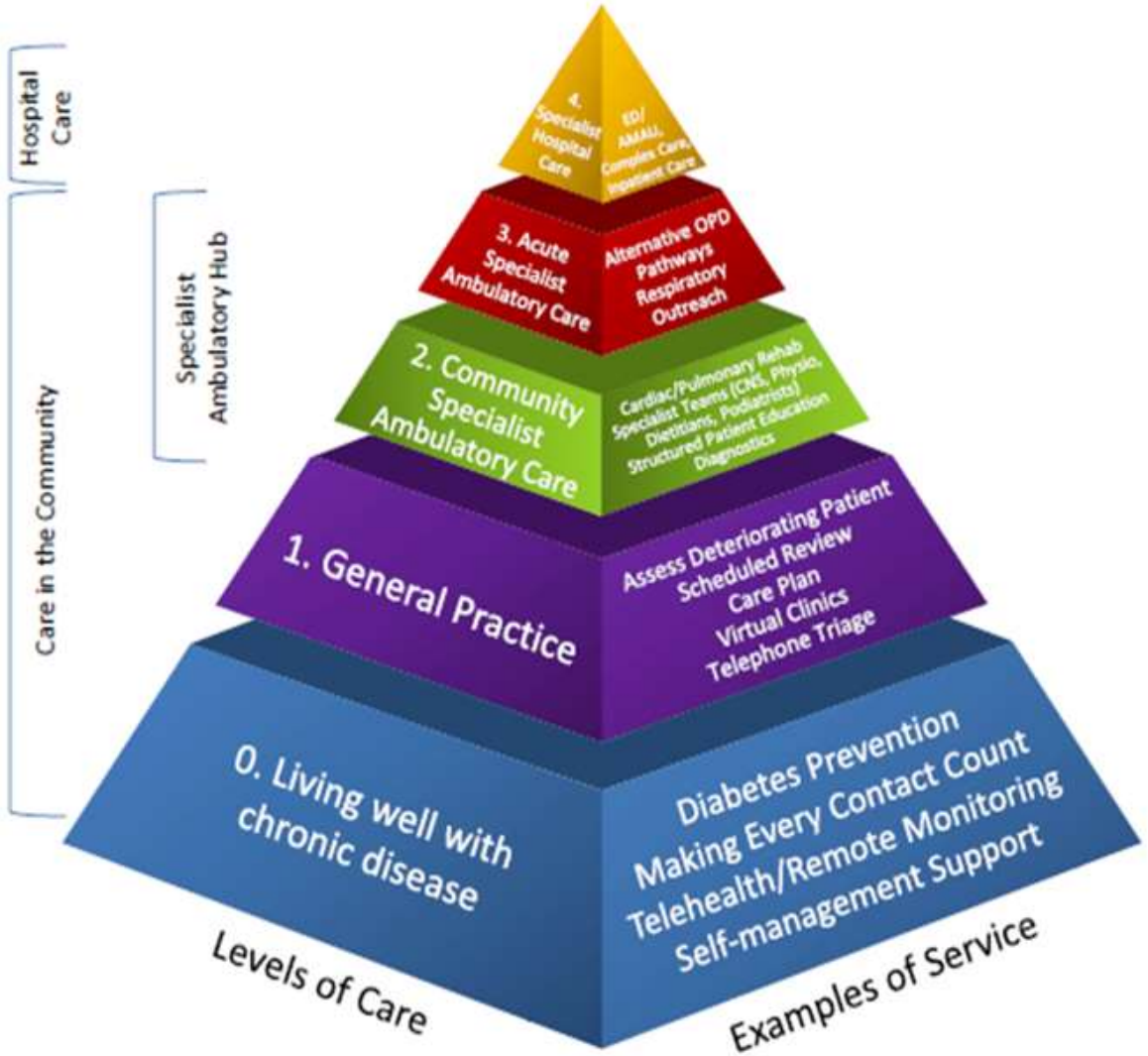
Five levels of care across community and hospital

Enabling GP-led primary care

Bulk of care provided in the community (Levels 0-3)

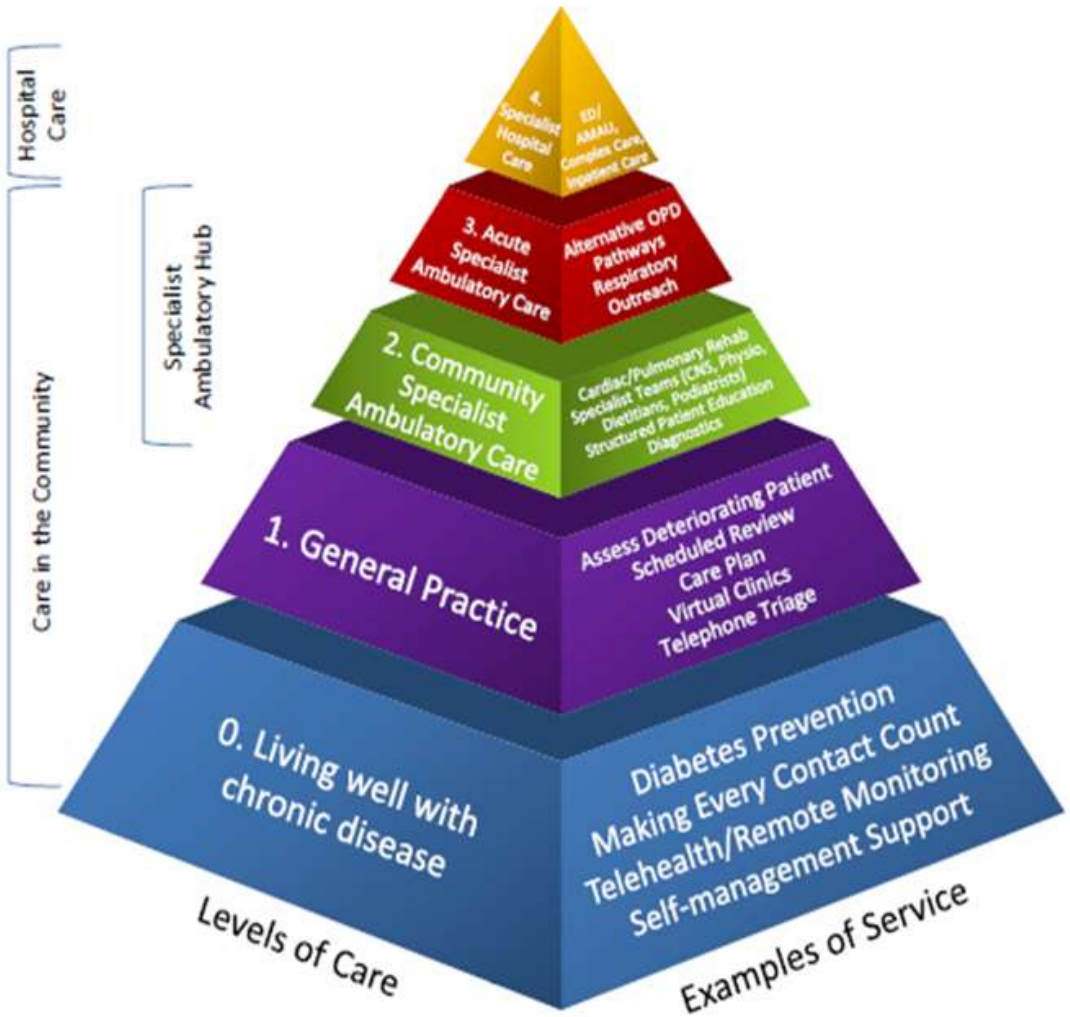
Aim is to provide “end-to-end” care for individuals living with chronic disease and multimorbidity in the community

Focus on **prevention**, **early detection** & **proactive management** of chronic disease



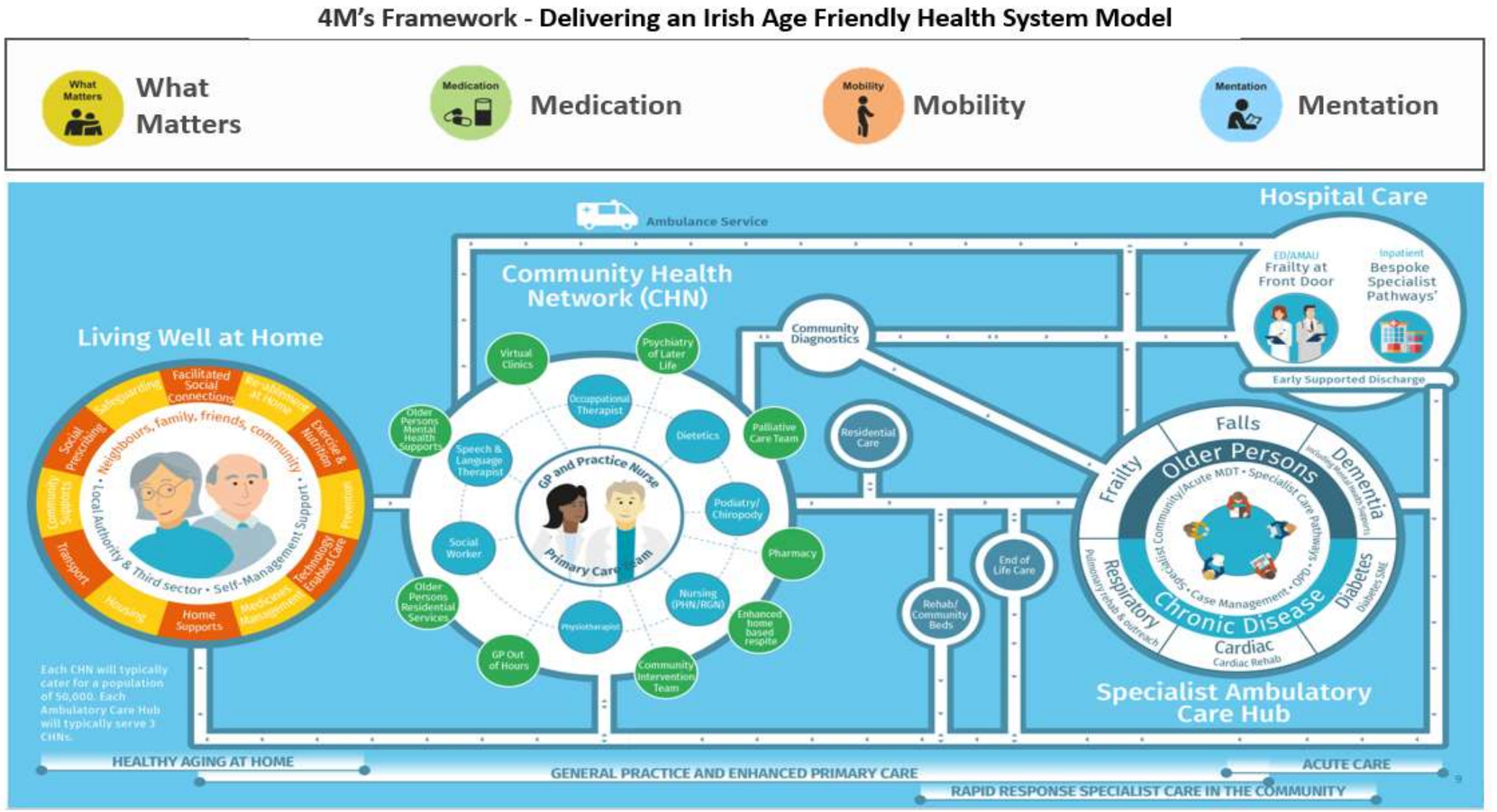
# Chronic Disease Community Specialist Teams & primary & secondary prevention

- 30 cardiac & pulmonary rehab teams
- 30 teams with CD specialist MDT members aligned to 25 hospitals
  - Weight management
  - Diabetes prevention
  - Diabetes SME
- Health promotion & smoking cessation staff in each hub
- MDT approach, multi-specialty approach
- Underpinned throughout by Making Every Contact Count & Self-Management Support Frameworks




Source: HSE National framework for the integrated prevention and management of chronic disease in Ireland 2020-2025, 2020. Available from: https://www.hse.ie/eng/about/who/cspd/icp/chronic-disease/documents/

# What we are building: Older Person Integrated Health System?



# Structured Chronic Disease Management Programme in General Practice

**Treatment Programme**

- Selected conditions
- Two scheduled reviews per annum
- Physical exam & specific blood tests
- Medication review
- Joint care plan
- Self-management support
- Appropriate referral

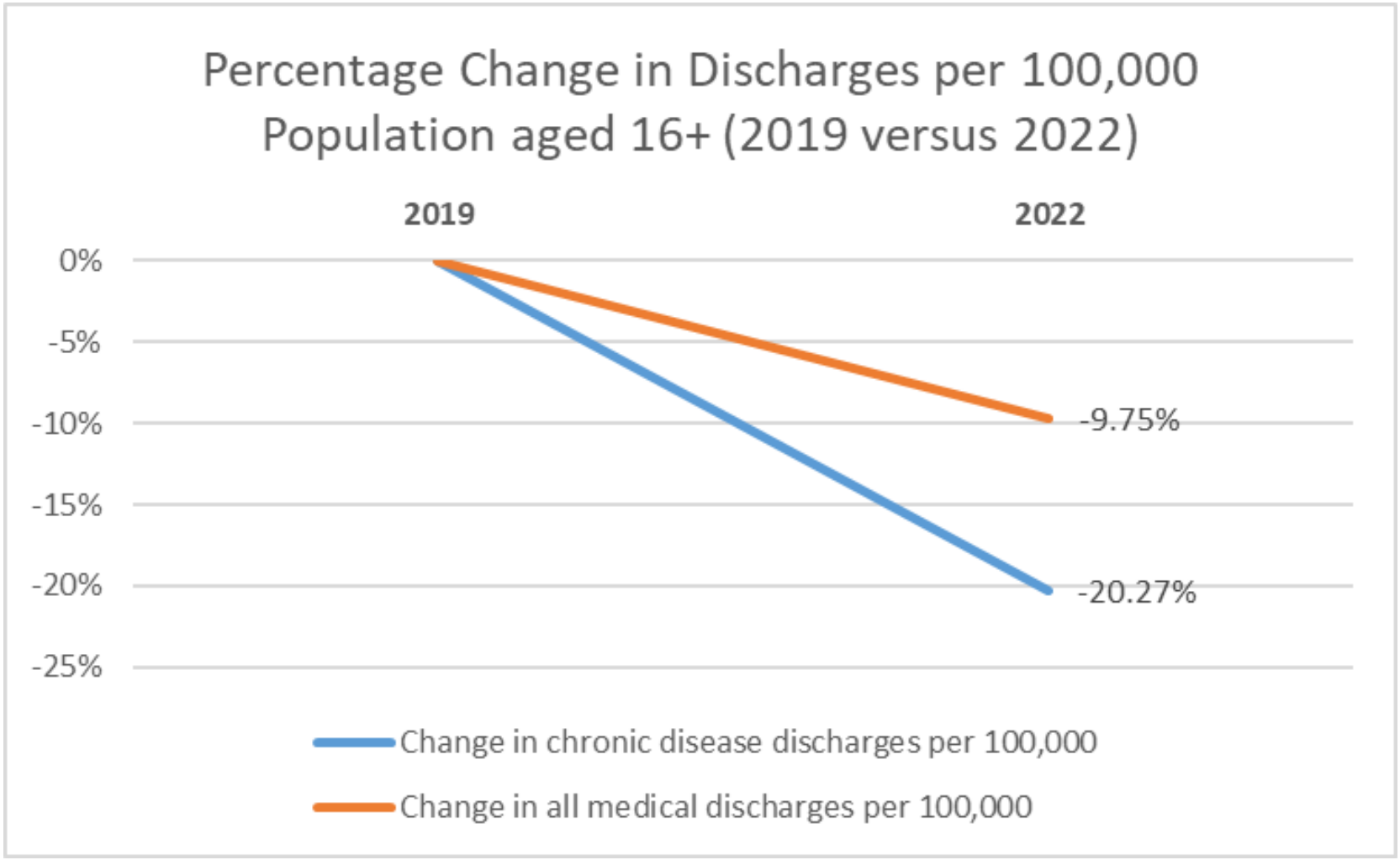
**Opportunistic Case Finding Programme**

- GP notes risk factors pertinent to CD
- OCF assessment: physical exam & blood tests
- Outcome:
  - NAD: OCF in 5yrs
  - High risk: Prevention Programme
  - New diagnosis: Treatment Programme

**Prevention Programme**

- Definition of "High risk"
- One scheduled visit per annum
- Physical exam & specific blood tests
- Medication review
- Joint care plan
- Self-management support
- Appropriate referral

# Early trends: Changes in Acute Hospital Utilisation

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# Making Every Contact Count


- Key objective - Chronic disease prevention
- Aim: Interventions become part of routine clinical care.
- Health professionals recognise the role and opportunities they have through daily interactions with patients in supporting them to make health behaviour changes.
- Healthier choices: smoking, alcohol and drug use, physical activity and healthy eating.

**80%** of GP consultations &
**60%** of hospital bed days are related to **chronic diseases**

# Taking the opportunity

There are many  significant opportunities in our health services to raise the issue of lifestyle behaviour change through a brief intervention*.  For example there are:

- 14 million contacts each year with GP services
- 5 million Public Health Nursing contacts
- 1.3 million dental visits
- 1.2 million seen in emergency departments
- 20 million prescriptions filled.

*Lots of opportunity to Make these contacts count*

## It is popular to say otherwise, but the truth is that our health system is getting better

Sarah Carey

Liam Killeen with Dr Suzanne Kelly at The Grove Medical Centre in Ballincollig, Co Cork




UN INTERAGENCY TASK FORCE ON NCDs

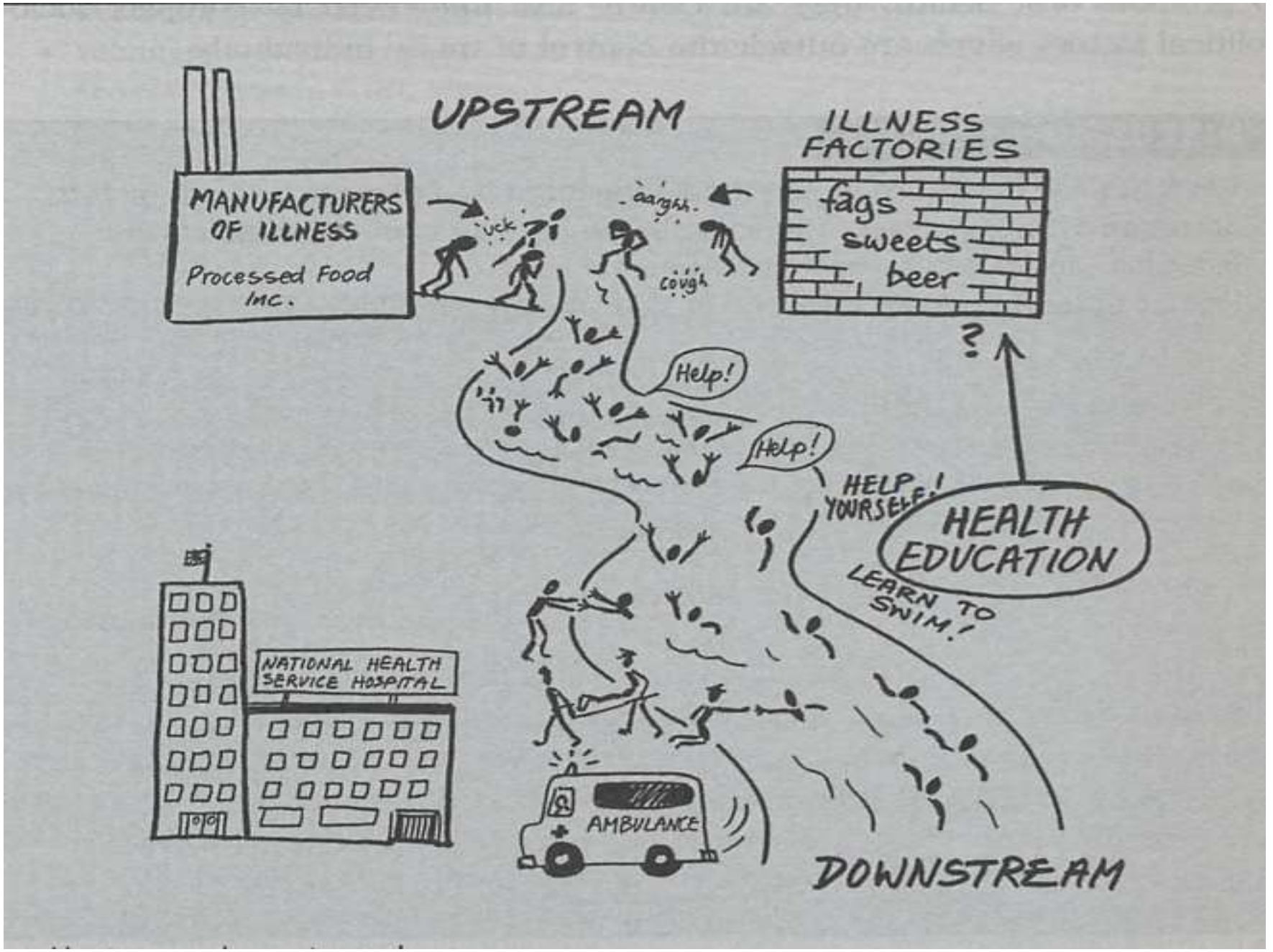
#beatNCDs

@un_ncd

# Health Ireland Framework Plan – Goals 2023 - 2027

## Goals

| | |
|---|---|
| 1 | Increase the proportion of people who are healthy at all stages of life |
| 2 | Reduce health inequalities |
| 3 | Protect the public from threats to health and wellbeing |
| 4 | Create an environment where every individual and sector of society can play their part in achieving a *Healthy Ireland* |


UPSTREAM
ILLNESS FACTORIES
MANUFACTURERS OF ILLNESS
Processed Food Inc.
fags
sweets
beer
uck
aargh
cough
Help!
Help!
HELP YOURSELF!
HEALTH EDUCATION
LEARN TO SWIM!
NATIONAL HEALTH SERVICE HOSPITAL
AMBULANCE
DOWNSTREAM