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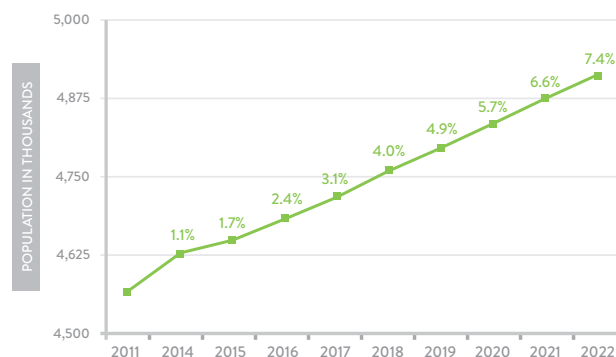
ASSUMPTIONS

- The aim of this paper is to project the impact of demographic change on the demand for Health Services funded by the HSE in 2017 and give a 5 year projection to 2022. Utilisation rates for 2015 where appropriate and applicable were used for these projections.
- Population projections are based on the Central Statistics Office (CSO) M2F2 scenario and rounded to the nearest hundred in some tables.
- Population projections by Community Healthcare Organisation (CHO) are based on CSO regional population projections with the 'recent' internal migration scenario.
- Age standardised mortality rates are now calculated using the new European standard population. Any comparison with previous years' needs should include this change in statistical methods.

KEY MESSAGES

- Our total population is projected to increase by 0.7%, or 34,800 people between 2016 and 2017. This is projected to further increase by 4%, or 190,600 people, between 2017 and 2022.
- All Community Healthcare Organisation (CHO) areas will see an increase in population between 2016 and 2017, varying between 1,400 and 5,300, with Areas 4, 6, 7, 8 and 9 having population increases between 4,600 and 5,300 people.
- Children aged 0-17 years represent 26.2% of the total population. This cohort is projected to increase by 0.7%, or 8,600 children in 2017. By 2022 it projected the child population will rise by 1.4% or 17,142 children. CHOs 7 and 9 will experience the greatest short and medium term growth in children.
- Between 2016 and 2017 the population of children aged five years and younger is projected to decrease by 2%.
- Adults aged 18-64 years are projected to increase by 0.2% or 6,412 in 2017. The adult population will increase by 77,680 (2.7%) between 2016 and 2022. CHOs 6, 7, 8 and 9 will experience the greatest increase in adult population in the medium term.
- However, the rate of growth in the population aged 65 years and older is significant. In 2017 a total of 644,000 are projected. This cohort will increase by 19,800 (3.2%) in 2017. The largest increase will be in the 70-74 age group (5.7% or 8,940 people). CHO 6, 7 and 9 will experience the greatest growth in population of older adults in the medium term.
- Adults 65 years and over will increase by up to 21.0% (131,000) by 2022.

FIGURE 1: PERCENTAGE CUMULATIVE CHANGE IN POPULATION FOR IRELAND 2011 - 2022 (M2F2)



Source: Central Statistics Office

TOTAL POPULATION INCREASE

↑0.7%

BY
34,800
BETWEEN 2016-2017

CHILDREN REPRESENT

26%

OF THE POPULATION

OVER 65'S WILL INCREASE BY

↑3.2%

19,800
IN 2017 TO TOTAL
644,000

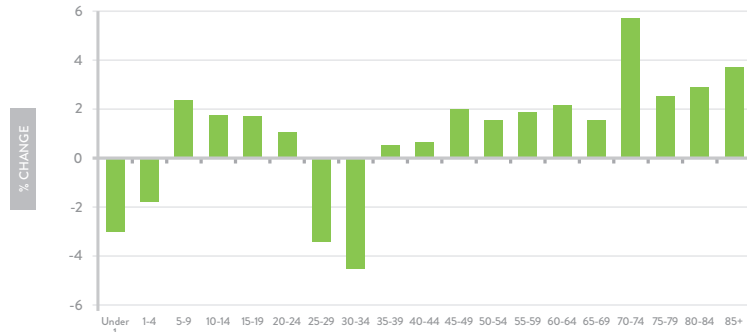
OVER 85'S WILL INCREASE BY

↑3.7%

2,600
IN 2017 THE TOTAL WILL BE
72,500

- The population aged 85 years and over is projected to increase by 3.7%, or 2,600 people, between 2016 and 2017. There will be 16,100 additional people aged 85 years and over by 2022.

FIGURE 2: PERCENTAGE CHANGE BY AGE GROUP 2016-2017



Source: Central Statistics Office

COSTS

- By 2016 the healthcare budget had decreased by 14.6% from 2010 and within this timeframe, our demographic pressure has increased by 9%.
- In 2017, it is projected that there will be a cumulative reduction of the total healthcare budget of 24.7% from 2009, inclusive of demographic pressure of 10.3% and a budget reduction of 14.4%.
- A 1.4% upward adjustment in the public health budget would be required to meet the 'pure demographic effect' so as to deliver the same level and quality of service from 2016 to 2017.
- In monetary terms, based on the allocated budget for the HSE in 2016 as per the National Service Plan this would equate to an additional minimum funding requirement of €182 million (based on budget of €12,987million in 2016). This does not take into account the budget deficit position the 2016 budget represents as outlined above.

HEALTHCARE BUDGET

BY 2016
BUDGET
DOWN
FROM 2010

↓14.6%



↑9%

DEMOGRAPHIC
PRESSURE

BUDGET INCREASE REQUIRED

↑1.4%

TO MEET DEMOGRAPHIC EFFECT
AND KEEP SERVICES AS THEY ARE

HEALTH STATUS

- In census 2011, 88.3% of our population reported their general health was either very good or good. This equates to 4.17 million people in 2017.
- Life expectancy in Ireland has increased and currently stands at 79 years for males and 83.1 years for females.
- Between 2005 and 2014 mortality rates for circulatory system diseases have fallen by 32% and for cancer by 8%.
- Mortality rates for chronic lower respiratory diseases in 2012 (including cancer of the trachea, bronchus and lung) was 42% higher than the EU average.
- In 2015, chronic diseases accounted for 16.5% of discharges (day case and inpatient) from our acute hospitals and took up 41% of all inpatient bed days.

LIFE EXPECTANCY



CIRCULATORY SYSTEM MORTALITY RATES BETWEEN 2005 AND 2014

↓32%

CANCER MORTALITY RATES

↓8%

CHRONIC LOWER RESPIRATORY DISEASES MORTALITY RATES

42%

HIGHER THAN THE
EU AVERAGE IN 2012

IN 2015 CHRONIC DISEASES ACCOUNTED FOR

41%

OF ALL
HOSPITAL
BED DAYS

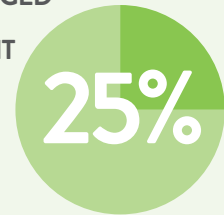
16.5%

OF
HOSPITAL
DISCHARGES

CHILD HEALTH

- Prevalence of low birth weight has increased slightly to 5.8% (2014) from 5.3% (2010).
- 25% of children aged 3, 5 and 9 years are overweight or obese.
- 13% of children experience consistent poverty.
- 17% of children are starting to smoke, compared to 25% in 2010.
- Alcohol and drug consumption among children has not changed significantly.
- 27% of teenagers (15-17 years) report sexual activity, an increase from 23% in 2010 but the number of teenage births is continuing to decrease.

A QUARTER OF CHILDREN AGED 3, 5 & 9 ARE OVERWEIGHT OR OBESE



ADULT HEALTH (18-64 YEARS)

- The prevalence of smoking fell by 20% between 2007 and 2015.
- In the period 2007 to 2015 there was a 40% increase in the prevalence of adults who binge drink.
- There was a 56% increase in obesity among males and a 70% increase in obesity among females between 2007 and 2015.

THE PREVALENCE OF SMOKING DECREASED BETWEEN 2007 & 2015



DOWN BY
↓ 20%

THE PREVALENCE OF BINGE DRINKING INCREASED BY

↑ 40%

BETWEEN 2007 & 2015



THERE WAS AN INCREASE IN OBESITY BETWEEN 2007 & 2015

↑ 56%  MALES

↑ 70%  FEMALES

ADULT HEALTH (65 YEARS & OVER)

- In 2016, approximately 542,400 people aged 65 years and over, had at least one chronic condition. There will be an additional 17,220 people with at least one chronic disease in 2017. By 2022 it is projected that there would be a further 96,670 additional people with at least one chronic condition.
- Approximately 65% of people 65 years and over have two or more chronic conditions, which equates to 404,470 people. By 2017 this will rise by 12,830 and a further 72,080 by 2022.
- The prevalence of some cardiovascular diseases (hypertension, angina and atrial fibrillation) has decreased. However, the prevalence of diabetes and stroke has increased.
- Arthritis affects 43.7% of those aged 65 years and over.
- Since 2007, the prevalence of smoking has decreased by 14%.
- In 2015, 22% of adults aged 65 years and over reported binge drinking.
- Obesity levels have doubled in males and females aged 65 years and over since 2007.

IN 2017 PEOPLE OVER 65 YEARS WITH AT LEAST 1 CHRONIC DISEASE WILL INCREASE BY

↑ 17,220

IN 2022 THIS WILL INCREASE BY

↑ 96,670

IN 2017 PEOPLE OVER 65 YEARS WITH AT LEAST 2 OR MORE CHRONIC DISEASES WILL INCREASE BY

↑ 12,830

IN 2022 THIS WILL INCREASE BY

↑ 72,080

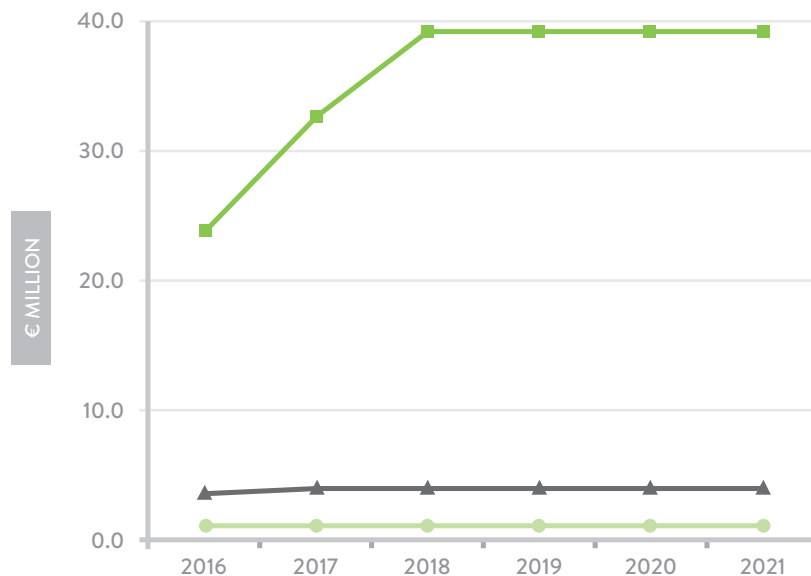
OBESITY LEVELS IN THIS AGE GROUP HAVE DOUBLED SINCE 2007



NATIONAL IMMUNISATION PROGRAMME

- In 2017 it is projected that the total vaccine costs will be €37.5 million, an increase of €9.3million from 2016.

FIGURE 3: FUTURE VACCINE EXPENDITURE BY PROGRAMME 2016-2021



Source: National Immunisation Office

NATIONAL SCREENING SERVICE

- 163,900 women will attend BreastCheck in 2017, based on a participation rate of 70%.
- 250,000 women will attend CervicalCheck in 2017, based on a participation rate of 80%.
- On January 1st 2016, BowelScreen moved to a two year screening round and in 2017 it will invite approximately 273,100 men and women for screening.
- The lack of a national diabetes register makes it difficult to forecast demand. The National Screening Service will screen approximately 150,000 people with diabetes in Ireland. An annual growth in demand of approximately 10,000 is anticipated into 2017 and beyond.

RESEARCH AND DATA NEEDS

- Accurate population projections by Community Healthcare Organisation Area and, if possible, by Primary Care Network, are vital for the accurate planning of Health Services into the future.
- A central data resource to update population health determinants and indicators from population surveys and datasets is required.
- A suite of Irish based population-attributable fractions for common risk factors and chronic diseases should be developed.
- Population-based health indicators at regional/CHO level are needed, e.g. Life Expectancy, Health Life Years, Disability Adjusted Life Years, Health Inequality indicators.
- Irish population health cost data is required, similar to other European countries as demonstrated in the EU Ageing Report.