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National Public Health Emergency Team (NPHET) - Subgroup Vulnerable People Framework for Community Support for Vulnerable People

Working Paper, V3

25ᵗʰ March 2020

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1.   **National Public Health Emergency Team (NPHET)**

The National Public Health Emergency Team (NPHET), chaired by the Chief Medical Officer is leading our public health response to COVID-19 and as part of the Government's co-ordinated response, a National Action plan was published on 16 March, setting out a whole-of-society response and the mobilisation of resources across Government and society to fight the spread of this virus.

The *NPHET Subgroup - Vulnerable People,* reporting to NPHET was established to provide oversight and assurance with regard to the specific preparedness, measures and actions that need to be taken to protect vulnerable groups and individuals in society (Further detail appendix 1). An integrated cross government approach is being taken by the Subgroup.

- The term vulnerable people is being used to include older people, people with a disability, mental health service users, those with an underlying illness or condition, children in care and those accessing social inclusion services (not an exhaustive list).
- Services to vulnerable people are provided through a range of settings and are under the remit of a number of Government Departments. These settings include long and short-term care, primary care, respite, day services, prisons and youth detention centres, direct provision and care in individual homes (not an exhaustive list).

The NPHET is directing in line with the disease trajectory modelling the co-ordinated national response to the COVID-19. A proportionate and targeted response across all areas of society is required for each stage of the disease from delay to mitigation.

Every Department has a strong role to play to support vulnerable people in their communities. The Framework for Community Support for vulnerable people sets out the role of each Government Department working together to meet the evolving needs as the disease progresses. It is expected that local authorities will provide a co-ordination function at local level to support local volunteers, voluntary bodies and charities to engage collectively across communities to support vulnerable people to have access to the essential supports that they need. Their unique knowledge of local communities and support available places them well to be at the forefront of providing a coordinated approach working across their communities. The guidance provided by Department of Rural and Community Development provides the platform to support safe and planned volunteer delivered community supports.

An Post and the Communications Workers Union proposes that their Postmen take a key role on checking on vulnerable people in the community. The local Postman is a trusted community person with a unique knowledge of their community. An Post call to every house in the country and has offered to scale up this role across all households with vulnerable people. An Post identifies that in partnership with local shops and pharmacies it can support deliveries to vulnerable people and where they cannot support such deliveries or other needs these can be referred to the local authority.

In addition, An Garda Síochána have established a national Covid-19 unit and a fleet of more than 200 vehicles has been hired for community Gardaí to maintain contact with people who are vulnerable, isolated or alone. These vehicles will be used to assist vulnerable and isolated members of the public with vital tasks, such as bringing them to medical appointments. Gardaí are encouraging anyone who is concerned for themselves, loved ones or friends to contact their local station and ensure Gardaí there are aware of those people who need help.

2.   Vulnerable People

NPHET identifies that protective self-separation is recommended for a vulnerable person who is at high-risk of severe illness from COVID-19, when the virus is circulating in their community.

These groups include:

- all people aged 75 years and over [2019: 696,000 >65years (14.1%/total population); 292,000 >75years (5.9%/total population)]

- people (adults and children) with long-term medical conditions including people with cardiac and respiratory conditions [Approx. 1.07m over the age of 18 currently have one or more chronic diseases] [48% of over 65s declare a longstanding illness or health problem. This is 56% for over 75s].

- people whose immune system is impaired due to disease or treatment including cancer patients [Approx. 170,000 live with cancer]

- patients with any condition that can compromise respiratory function [>50years: asthma and chronic lung disease – 308,385]

- residents of nursing homes and other long-stay settings (including disability, mental health and older persons services) [24,000 nursing homes, 8,358 disability, 1,050 mental health]

- all people aged 50 years and over within the specialist disability health services [33% 40-59years – 18,480; 14.1% 60-65years – 7,849]

- all people in the specialist disability health services with an underlying health condition [63% in those aged 40–49 years; 72% in those aged 50–65 years; 86% in those aged 65 years and older].

In many cases, individual people will fall into more than one of these groups, emphasising the importance of a coordinated approach to ensure that all members of the population are planned for as the COVID-19 disease advances.

3.   Community Support for Vulnerable People

Ireland's National Action Plan in response to COVID (March 2020) identifies that everyone can, and must, play his or her part in combatting COVID-19. Solidarity, cohesion and determination on the part of everyone will assist in limiting the spread of this virus and protect our nation. Our voluntary and community organisations are at the heart of the State's coordinated response to COVID-19, in caring for each other.

People who are more vulnerable will need additional community supports to ensure they have:
- Food
- Household essentials
- Fuel
- Medications *(Department as requested is examining full supply chain including focus on the needs of patients)*
- Social interaction and exercise (in line with social distancing utilising innovative approaches)

- Transport.

The significant work to support communities that is happening through neighbourhoods, friends, family, voluntary bodies, NGOs and charities is welcomed, and acknowledged and should be further supported. Harnessing community support, looking after neighbours and minding family and friends during COVID-19 will be a fundamental approach to protecting our vulnerable people. Key principles are:

- Whole of Government and societal approach.
- Ability to respond to the changing stages of the disease. We are currently in the delay stage of the disease and a key element at this stage is to support social distancing.
- Build on and support current trusted support networks and channels of information and advice.
- An approach that is person, family and community centred, needs driven reaching into people's homes and communities.
- Communication in line with NPHET directions
- Safeguarding of individuals and volunteers/community support

4. Community Assets

Community assets are the collective resources which communities have at their disposal which can be leveraged to support vulnerable people during each phase of COVID-19. Assets include organisations, associations and individuals.

For communities in Ireland during COVID-19 key assets will include citizen information services, Gardai, Post Offices, local grocery stores, pharmacies, transport, banks, credit unions, pharmacies, GPs, public health nurses. Voluntary and community groups such as sports clubs, residents' association and voluntary groups (such as Vincent de Paul, Meals on Wheels, Alone, Senior Helpline, Age Action, the Wheel) are essential to the fabric of these assets. Many offers of volunteers are coming forward from organisations such as the GAA and An Post. The public of Ireland have really stepped up to offer and provide support. This is to be applauded and acknowledged. It will make a difference to how we as a country manage throughout this crisis.

Harnessing these different assets will give Ireland the strengths and resources within the community to ensure vulnerable people have access to the essential community support that they need.

A whole of Government and societal approach is needed and each Government Department has a role to play. Government Departments are encouraged to work together to ensure an integrated approach to supporting the vulnerable in our society. This approach will be person, family and community centred, needs driven reaching into people's homes and communities.

5. Communications for Vulnerable People

Communications with vulnerable people is a consistent theme and undoubtedly is essential to supporting people to prepare for COVID-19.

To this end, a Communications Plan for Vulnerable People has been designed by the Department of Health under the auspices of NPHET. This communications process will inform and be integrated with the work of Government Departments, local authorities and local communities. This will support management of communication's risk.

Given that the COVID-19 outbreak will likely last months, rather than weeks, managing the timing and messaging of escalation activities is extremely important to maintain confidence in the public health response, avoid unwarranted public concern and ensure the public continue to take personal action to mitigate the spread of the disease.

Properly managed communication will positively impact on disease containment and ensure the public feel like responders rather than victims of disease management. Poorly managed communication could contribute to a loss of confidence in the system, a failure to change behaviour and a failure to comply with more serious escalations. The risks of moving to mitigation support measures too soon, unaligned to public health direction may have unintended consequences of increasing anxiety and loss of trust among this vulnerable cohort

A national co-ordinated phased communication plan is essential to mitigating against these risks. Ireland's public health campaign on Covid-19 has two objectives:

- Build trust among the population in the public health advice through open and transparent communication led by public health experts
- Build awareness of the nature of the disease and the central role for citizens in mitigating the risk and potential spread of the disease.

Equally, it is important for communications to be tailored for various vulnerable groups. This includes ensuring that communications are accessible for people with disabilities and that they are available in languages other than English for migrants, asylum seekers and refugees. Where possible, targeted communications should address the specific vulnerabilities of communities, and this can be done in conjunction with organisations working on those issues, for example Traveller Organisations can help to target members of the Traveller community, as indicated below.

6.   Department of Communications, Climate Action and Environment

An Post and the Communications Workers Union provides a wide range of services which encompass postal, distribution and financial services. It is one of Ireland's largest companies directly employing over 9,500 people through its national network of retail, processing and delivery points. It provides agency services for Government Departments, the National Treasury Management Agency and many other commercial bodies.

Every working day, almost 8,000 An Post, urban, rural, full-time and part-time staff collect, process and deliver 2 million items of mail using a road fleet of over 2,800 vehicles and 1,600 bicycles and serve 1.7 million customers every week through our unique national network almost 1,000 Post Offices. The Postman is a safe caller, known to community, easily identified and Garda vetted.

An Post working in partnership with the Department of Health has offered that their Postmen could take a key role on checking on vulnerable people in the community. The local Postman is a trusted community person with a unique knowledge of their community. An Post call to every house in the country and has offered to scale up this role across all households and has agreed that it could put 4/5 basic questions to vulnerable households to inform community needs. Such questions would cover the identified supports that may be needed for vulnerable people as social distancing measures increase i.e. food, household essentials, fuel, medication, vital transport and another visit. An Post identifies that in partnership with

local shops and pharmacies it can support deliveries and where they cannot support these they can be referred to the local authority.

7. Department of Rural and Community Development

Key areas for leading on are:

- Facilitating a community response to COVID-19
- Standard advice and guidance for volunteers.

The Department of Rural and Community Development has published an Action Plan to lead the whole of Government effort to encourage and facilitate a community response to COVID-19 that will help us to protect our older and vulnerable neighbours and keep them safe, well and supported during the coming weeks.

This Action Plan, which has been put together in partnership with the Department of Health, other Government Departments, State Agencies, Local Authorities, Local Development Companies and our extensive network of community and voluntary organisations, sets out three key actions for initial focus in supporting a community response to COVID-19.

7.1 Three Key Actions

The Department of Rural and Community Development has identified three key actions for immediate priority. We will put the required funding and resources in place immediately and will be working with our partners to implement the measures on the ground as quickly as possible. Work in this regard has already commenced.

- Encourage and facilitate volunteering – in partnership with Volunteer Ireland, 22 Volunteer Centres and 7 Volunteer Information Services, supported by Local Development Companies
- Provide community supports for older people – in partnership with ALONE
- Establish a helpdesk facility for local community groups – in partnership with the 31 Public Participation Networks nationwide.

Along with this Action Plan, a Communications Pack for members of the public will contain advice and guidance on:

- How can I volunteer?
- Sensible volunteering – Dos and Don'ts
- Advice for local community groups – how can we get volunteers?
- Advice for vulnerable people who need supports
- How to guard against fraud and generate trust
- Information leaflet for distribution to communities – "You, Your Community and Covid-19" – encouraging people to look out for vulnerable neighbours.

7.2 Local Development Companies – potential resource to assist in community response for vulnerable groups

The Local Development Companies (LDCs) are a vital resource to reach into all these vulnerable groups in the local community. They have offered to assist in the effort and DRCD is in contact with them through their representative group - ILDN. They have access to the key information on the local vulnerable groups in their areas and can be mobilised to assist reaching them in co-operation with the local authorities and others in the community and voluntary sector.

There are 49 Local Development Companies nationwide, they have good governance in place and are used to delivering state funded programmes. They also have staff who can be used to assist deliver what is required.

- LDCs are multi-sectoral partnerships that deliver community and rural development, labour market activation, social inclusion, climate action and social enterprise services
- They operate over 180 different programmes. The main themes areas are Social Inclusion, Rural Development, Employment Services, Social Enterprise and Climate Action.
- LDCs implement SICAP which addresses high and persistent levels of deprivation through targeted and innovative, locally-led approaches. The contract to deliver SICAP is overseen locally by Local Community Development Committees which are committees of the local authority in each area.
- LDCs also deliver specific supports and programmes to disadvantaged groups to overcome barriers to social inclusion by providing childcare supports, after schools and youth projects, mental health programmes, Drugs and Alcohol projects, Community Health, Social Prescribing, Migrant Integration Projects, Traveller and Roma supports.
- As many of the funded programmes being delivered by LDCs (SICAP being a prime example) have intensive one to one contact between LDC workers and participants, necessary restrictions due to the Covid-19 outbreak have freed up the capacity of skilled staff across the network, the LDCs are ideally placed to play a key role in the community response to Covid-19.
- The Irish Local Development Network CLG (ILDN) is the representative body for the LDCs and has clearly indicated to DRCD its willingness and that of its members to assist in any way possible.

DRCD is not in direct contact itself with the target vulnerable groups but this can be co-ordinated through Local Authorities and accessed through the LDCs and their contacts. Nationally, we don't have a policy remit for any of the vulnerable groups for example, Department of Justice and Equality (New Communities, Traveller and Roma), DEASP (Long term unemployed), Department of Health (Disability) and so on.

In summary existing communication channels are there through DRCD linking to Local Authorities and the community/voluntary sector and the LDCs.

8.   Department of Housing, Planning and Local Government

The Department of Housing, Planning and Local Government has a significant role to support the effort to ensure vulnerable groups have access to the supports that they need. Key areas for leading on are:

- Local authorities' leadership role at local and community level to support the coordination of volunteering and the work of NGOs, charities and voluntary bodies. Their unique knowledge of local communities and support available places them well to be at the forefront of providing a coordinated approach working across communities. Identify key contact per local authority where local volunteers e.g. GAA can go in order to engage with.
- Accommodation across all local authorities (homeless, traveller community).

8.1 Local Authorities

Local government functions are mostly exercised by thirty-one local authorities. Each local authority has established a Local Community Development Committees (LCDC) to bring about a more integrated approach to local and community development. These provide a local forum where strategic, multi-agency approaches are implemented. LCDCs bring together representatives from the community, local government, State agencies and local development bodies to develop and agree coordinated responses to locally agreed priorities.

Local authorities during COVID-19 will:
- Provide a co-ordination function to support local volunteers, voluntary bodies and charities to engage collectively across communities to support vulnerable people to have access to the essential supports that they need.
- The guidance provided by DRCD provides the platform to support safe and planned volunteer delivered community supports.

8.2 Accommodation

Homeless

The Department is working closely with the Dublin Region Homeless Executive (DRHE), the HSE and local authorities nationwide to coordinate the response to Covid-19 among users of emergency accommodation and rough sleepers. The DHRE:

- is working closely with the four Dublin Local Authorities, the HSE and Homeless Service Providers in coordinating the response to COVID-19 related public health concerns among users of emergency accommodation and rough sleepers.
- with local authorities and NGO partners have introduced a range of precautions aimed at minimising the risk of infection among service users and staff. Contingency facilities are being prepared, including facilities that were not yet open and strategic use of housing stock due to come on stream.
- has been consulting with our service provider partners regarding contingency plans across Homeless Services and have introduced a range of precautions aimed at minimising the risk of infection among service users and staff, including hygiene arrangements and limiting the need for travel and movement between services.
- Director is a member of HSE COVID Working Group for Vulnerable Persons. Coronavirus (COVID-19) guidance for Homeless and Vulnerable Groups has issued.

Traveller Community

In relation to the Traveller community, the Department is engaging with the local authorities, the HSE and the National Traveller Accommodation Consultative Committee (NTACC) on measures that need to be taken to protect Travellers.

9.   Department of Justice and Equality

Key areas for leading on are:

- Support from An Gardaí Síochána

- Ensuring public health measures within direct provision, emergency centres for international protection applicants and refugee centres
- Ensuring public health measures to protect prisoners are in place
- Ensuring support measures for other vulnerable groups

9.1 An Garda Síochána

An Garda Síochána have a lead role in communities supporting the adherence to the public health measures which are there to protect the vulnerable in our communities. They are a key contact for responding to emerging issues essential to continuity of vital services at community level.

An Garda Síochána have established a national Covid-19 unit based at Garda Headquarters in Dublin to co-ordinate the force's response to the coronavirus outbreak here. Steps have been taken to maintain and increase Garda numbers. A fleet of more than 200 vehicles has been hired for community Gardaí to maintain contact with people who are vulnerable, isolated or alone.

These vehicles will be used to assist vulnerable and isolated members of the public with vital tasks, such as bringing them to medical appointments. Gardaí are encouraging anyone who is concerned for themselves, loved ones or friends to contact their local station and ensure Gardaí there are aware of those people who need help.

These contingency vehicles will be used to maintain personal interactions and, where needed, to assist and support people, which may include attending hospital appointments and other supports they may need. In addition, once its personnel had established contact with people who required help and began extending that assistance to them, Gardaí would also try to connect them to State services they could benefit from on an ongoing basis.

The Garda National Community Engagement Bureau are working with Dublin City Council and ALONE to assist communities and in particularly the elderly in Dublin. The National Community Engagement Bureau have also developed leaflets to assist vulnerable communities on Crime prevention. In Cork, the community policing units are assisting with meals-on-wheels services and providing food to the homeless. They are also engaging with the homeless community to build up a profile and contact list of this community.

In addition, the Garda Press Office is highlighting the work of community policing members, which provides reassurance and encourages people to make contact with agencies and request help. This messaging also emphasises the multi-agency nature of the response and encourages compliance with the measures outlined by Government.

The National Rural Safety Forum, co-chaired by An Garda Síochána and the Irish Farmers Association, supports the delivery of a rural community policing service. This platform can be used as a resource for communicating with vulnerable people in rural areas. The members of the Forum, consisting of representatives from a wide range of State and Community organisations, can distribute crime prevention material and other communications via their own membership mailing lists. It is estimated that this material can reach over 1,000,000 households nationwide.

In the event of redeployment of community Gardaí to other areas, work is ongoing to ensure that community services continue to be delivered.

9.2 Direct Provision, Emergency Centres for International Protection Applicants and Refugee Centres.

There are over 7,600 persons in over 74 centres, of which over 1,500 are in emergency accommodation. The Department of Justice and Equality is working closely with the HSE, in particular their National Social Inclusion team and is following all its advice. The following measures have been put in place or are under preparation:

- All 74 centres have been asked to complete contingency plans for COVID-19. These plans are currently being reviewed by IPAS to promote shared learning and best practice across centres;
- To support social distancing and to reduce contacts in the centres, no visitors are currently being allowed entry.
- Centres without independent living arrangements (where applicants can cook for themselves and their families) have been asked to implement staggered mealtimes or provide takeaway facilities where canteens have been temporarily closed.
- Advice to persons on Covid 19 has been translated into the main languages and issued to all residents.
- A total of 350 persons have been moved from commercial emergency accommodation in Dublin hotels to new dedicated accommodation centres so that they can be supported by a centre management team and receive all HSE information and guidance in an appropriate way.
- Further measures to implement physical distancing to reduce the number of persons (excluding families) occupying shared bed room accommodation is planning for the coming days. At a minimum this will involve an additional 450 persons.
- The HSE continues to provide advice in relation to vulnerable persons (cocooning) and the Department will work closely with the HSE on these measures.
- COVID-19 suspected and confirmed cases, outbreaks and contacts are managed by HSE Public Health and follow up actions in terms of control measures including isolation etc. are advised by them. Prevention and cocoon measures are being considered for the most medically / socially vulnerable also. The HSE provides the Department of Justice and Equality with advice, education, prevention, delay, control and support (medical, psycho – social etc.).

9.3 Prisons

All efforts must be made to follow public health guidelines for prisoners. Plans should be developed at local level to support this. This will require ongoing engagement and the support of the HSE in relation to staffing, PPE and essential medical supplies.

The Prison Service are in the process of preparing and implementing contingency arrangements for the COVID crisis to ensure the wellbeing of those in accommodation, and that there are clear communication and care pathways in place in as much as is possible.

The Irish Prison Service will implement new restrictions for visitors and are examining various options for enhanced screening processes for prisoners, staff, contractors and in-reach service providers to mitigate the risk of infection arising at prison level.

The Minister has approved IPS proposals for emergency measures to be taken to alleviate overcrowding in prison in the context of the current threat posed by COVID-19. The objective being to reduce numbers to a safe level where effective infection control measures can be managed at each prison in mitigation of the very high risks of COVID-19 in the prison system.

In addition, the most vulnerable within the prison setting, particularly elderly prisoners and those with health vulnerabilities are being looked at to identify whether they could be released.

9.4 Other Vulnerable Groups

The Department of Justice and Equality is keeping in close contact with NGOs that provide services to vulnerable groups. These include groups working in the area of sexual, domestic and gender-based violence and Garda Youth Diversion Projects and others working with young people at risk. Additional funding can be made available as required to support these services. A particular area of concern are those persons who are at risk of being victims of domestic violence and the Department is maintaining contact with Women's Aid in order to ensure that support measures are in place for such victims.

10. Department of Employment Affairs and Social Protection

. Key areas for leading on are:

- measures to provide income support to vulnerable people affected by COVID-19
- The Citizen's Information Services as a communication mechanism for vulnerable people for COVID-19.

The Department of Employment Affairs and Social Protection have a range of measures to provide income support to people affected by COVID-19 (Coronavirus). [https://www.gov.ie/en/campaigns/4cf0e2-covid-19-coronavirus-information-for-employers-and-employees-test/]

Citizens Information Services (CISs) are a key source of information during COVID-19. They have a long standing reputation as a trusted and well known information resource. Through trained staff, the Citizens Information Services provide free, impartial and confidential information, advice and advocacy services to the public. Each Citizens Information Service covers a geographical area within their region. The regionalised CIS companies (8 in total) cover the following areas: North Dublin, Dublin South, North Connacht & Ulster, North Leinster, North Munster, South Connacht, South Leinster and South Munster facilitating both rural and urban areas, delivering a service through a network of Citizen Information Centres (CICs). During the COVID-19 pandemic, Citizens Information Centres are offering a phone and email service.

11. Department of Health

11.1 National Public Health Emergency Team (NPHET)

The National Public Health Emergency Team (NPHET), chaired by the Chief Medical Officer is leading our public health response to COVID-19 and as part of the Government's co-ordinated response, a National Action plan was published on 16 March, setting out a whole-of-society response and the mobilisation of resources across Government and society to fight the spread of this virus.

The *NPHET Subgroup - Vulnerable People,* reporting to NPHET was established to provide oversight and assurance with regard to the specific preparedness, measures and actions that need to be taken to protect vulnerable groups and individuals in society. An integrated cross government approach is being taken by the Subgroup. This Community Support Framework outlining all actions that can be taken to support vulnerable people forms part of this work.

11.2   HSE

A Covid-19 Response for Vulnerable Groups was established within the HSE under the auspices of the HSE Integrated National Operational Hub. This Group is working closely with the Department of Health taking an integrated approach across CHOs and relevant Section 38 and Section 39 organisation all vulnerable care groups.

CHOs have an agreed or contact point with the various service providers as effective co-ordinated communication between the service providers is required so that decisions that have to be made are done in unison with CHOs.

The HSE is targeting vulnerable people in their services including disability, older people, mental health, social inclusion which incorporate Travellers, Asylum Seekers and other minority Groups.

Social Inclusion services are continuing to work with the Department of Housing, Planning and Local Government and Department of Justice to ensure there are clear pathways for the target groups. A guidance document on infection control/self-quarantine for the Homeless and Vulnerable Group settings has been added to the Health Protection Surveillance Centre guidance.

Palliative Care services have issued guidance to services on the following:

- Symptom Management for End of Life Care for Nursing Homes and GP's
- Remote working checklist
- Telephone Triage – identifying when a visit is essential to homes
- Interim Homecare nursing plan
- Organised a weekly telecall with Palliative Mental Consultants who will disseminate the information to the system.

11.3   Guidance

Guidance is being developed as required for the stages of COVID-19 with more focused guidance as required for vulnerable people. Draft HSE Consensus on COVID-19 Advice to At-Risk Groups has been developed. This will be discussed 25th March at NPHET Vulnerable People Subgroup and referred to NPHET's Expert Advisory Group. This is in line with the NPHET Guidance Subgroup. Mental Health Services are progressing a number of initiatives including On Line Counselling Support for the public as well as local plans to implement the "*Guidance document-The Psychosocial and Mental Health needs following a major Emergency "*.

11.4   Social Care Support Co-ordination

In line with Action 4 of Ireland's National Action Plan in response to COVID-19 Social Care Support Co-ordination provides a mechanism to mobilise a whole of government response to support local communities. It is intended to work in cooperation across local authorities, the HSE and the voluntary sector. Technology should be employed and scaled which will provide the opportunity to mobilise cross-government supports This model will evolve as the disease evolves in line with public health modelling and decision making.

Social Care Support Co-ordination will operate as part of wrap-around services for vulnerable people provided in line with prioritisation of provision of home care based on the following criteria: (i) Critical need; (ii) High risk; (iii) Routine care support coordination; (iv) Support coordination. The Social Care Support Co-ordination will work closely with the planned community Clinical Assessment/Management Hubs, the local authorities and the Department of Rural and Community Development (DRCD) community response.

12. Department of Children and Youth Affairs

Key area to lead on is to:

- Ensure public health guidance measures and supports are in place for vulnerable children in Foster Care, Detention Schools (e.g. Oberstown), Secure Care Units.
- Additional supports for children at risk

13. Department of Culture, Heritage and the Gaeltacht (DCHG)

13.1 Island Communities

Approximately 30 of the offshore islands are inhabited, with populations varying from 2 – 850 approx. DCHG subsidises passenger and /or cargo services to 19 of these islands. Several private operators also provide services to a number of the islands, and many islanders have their own boats, used to access mainland services. The duration of the trip to the mainland varies significantly, ranging from 5 – 70 minutes. While a small number of islands have roll-on roll-off ferries the majority require people travelling to board the ferry by means of a boardwalk.

The appended table gives an overview of each island, services provided, and highlights those with particularly vulnerable populations in terms of demographic profile but please note that this is based on 2017 information; figures, particularly relating to numbers of healthcare workers in situ, may no longer be accurate, particularly in present circumstances.

A large proportion of those living on islands are in an older age group, with the majority of the islands having a high dependency ratio. In addition, there are a significant number of people with disabilities living on the islands.

County	Island	Pop 2016	Distance from Mainland KM	Sub'd Ferry	Sub'd Cargo	Air Service	% population > 65 year of age**		PW disability	Dependency Ratio	GP	Nurse	Health Centre	Defibrillator
							These figures are taken from PCISR, April 2017							
Co. Donegal	Árainn Mhór*	469	5	✓	✓		28%	36%	19%	90%	Resident	Visiting 5 days	Yes	7
	Inis Bó Finne*	2												-
	Inis Fraoigh*	0												-
	Toraigh*	119	14.5	✓	✓	✓	13%	37%	20%	31%	Fortnightly	Resident	Yes	2
	Gabhla*	5												-
Co. Sligo	Coney	3												-
Co. Mayo	Clare Island	159	5	✓	✓					63%	Weekly	Resident	Yes	2
	Inisturk	51	14.5	✓	✓		20%	40%	13%	63%	Monthly	Resident	Yes	2
	Inis Bigil*	18	1.6	✓	✓						Every 3 Weeks	Visits from Mainland	No	-
	Inishlyre	4	2		✓	-					On Mainland	Visits from Mainland	No	-
	Clynish	4	2.4		✓	-					On Mainland	Visits from Mainland	No	-
Co. Galway	Inishbofin	175	11	✓	✓		21%	55%	16%	58%	3 days per month	Resident	Yes	2
	Árainn*	762	19.5	✓	✓	✓	16%	41%	14%	45%	Resident	Daily (5 days)	Yes & Nursing Home	9
	Inis Oírr*	281	23.5	✓	✓	✓	18%	32%	10%		Resident	Practice nurse resident, PHN 3 times a week	Yes	3
	Inis Meáin*	183	20.8	✓	✓	✓	25%	41%	17%	59%	2hr x 3 times a week	Resident	Yes	1
Co. Cork	Bere	167	3	✓	✓		25%	35%	14%	79%	Monthly	Nurse 5 days, planned essential calls at w/e	Yes	3
	Cléire*	147	13	✓	✓		14%	27%	7%	55%	Every 6 weeks	Resident	Yes	2
	Dursey	4	2		✓						On Mainland	Visits from Mainland	No	-
	Heir	28	1	✓	✓						On Mainland	Visits from Mainland	No	-
	Long	20	3	✓	✓						On Mainland	Visits from Mainland	No	-
	Sherkin	111	4.1	✓	✓		15%	55%	15%	33%	On Mainland	Visits from Mainland	No	2
	Whiddy	18	3.4	✓	✓						On Mainland	Visits from Mainland	No	-
Total		2734												-

* Gaeltacht Islands
* This is not an exhaustive list of islands

Lifeline services

Transport services to the islands are lifeline services; islands are not self-sufficient and require delivery of food, medicines etc.

DCHG is working with community representatives and ferry operators to facilitate temporary reduced sailing timetables in order discourage any unnecessary journeys in an attempt to reduce the risk of exposure for the island communities and the ferry operators. Reduced timetables must allow for sufficient connectivity and allow the service to comply with HSE guidelines regarding social distancing.

In addition, DCHG has contacted Department of Defence regarding Aid to Civil Authority (ATCA) from the Defence Forces. This will only be requested in exceptional circumstances, should other transport options become unavailable.

Health considerations:

In 2017, the HSE carried out a review of primary care services on the islands, and made a series of recommendations for the future development of primary care provision to the islands. The report detailed the services available on each island, and outlined the island demography and a range of profiles including age, dependency ratio, household composition, medical card eligibility.

The full report can be accessed here:

https://www.hse.ie/eng/services/publications/primary/primary-care-island-services-review.pdf

Among the main findings, the report found that people living on the islands have significant distances to travel to access services, service provision is not uniform across the islands and can be somewhat fragmented and unpredictable.

Any seriously ill patients on the islands require assistance from outside agencies. DCHG has been in correspondence with the Department of Health and the Coast Guard in order to highlight some issues for their consideration. These include:

- While non-COVID related emergencies will be dealt with under existing protocols, Coast Guard / RNLI crews may need to establish whether there's a risk of exposure to COVID 19.
- Protocol for individual(s) on an island who suspect they might have COVID 19 – for both islands with and without residential healthcare professionals
- How will testing be made available on the islands or will patients have to travel to the mainland – for both islands with and without residential healthcare professionals
- Protocol for seriously ill / deceased patients on islands, transport to mainland

The Coast Guard has requested a meeting with HSE, Medico Cork, NAS, CHCI and IRCG Operations regarding the emergency airlift service to islands provided by coast guard helicopters. There would be a substantial risk to Coast Guard emergency services if a helicopter crew had to isolate – obviously if acute cases arise, then it is expected that a response would be required, but they are urgently seeking clarity as to their role as emergency responders to COVID19 cases on offshore islands, and the risks attached that could impact search and rescue services.

14.   Department of Education and Skills

The Department of Education and Skills has supported an agreement working with the HSE for Special Needs Assistants to be temporarily reassigned into local disability services. This is intended to provide critical back-up support to frontline HSE-funded disability services.

In addition, the National Council for Special Education has developed some resources for parents of children with additional needs who may benefit from specific advice during the period of school closure. Other resources are being developed including online supports for teachers of children with special educational needs. All resources will be on the NCSE website and publicised through education partners and Twitter. The NCSE visiting teacher service continues to provide direct telephone/skype support to families and students.

The Department is exploring ways to allow Home Tutors, through technology, to better support the students they are working with.

Arrangements have been made to enable the continuation of funding from the Department of Employment Affairs and Social Protection for the School Meals programme. The Department of Education and Skills working with DEASP, Department of Children and Youth Affairs, and Tusla has produced guidance for schools to enable provision of meals or food to those most in need. This will give schools some discretion around the continued delivery of school meals to benefit those at risk of disadvantage.

At Higher and Further Education and Training level a disadvantage/equality group is being established. The key purpose of the group is in the first instance to scope out main issues impacting on learning by disadvantaged students across all aspects of Tertiary Education arising from the Covid-19 public health

emergency in response to the risk that educational disadvantage is exacerbated. In addition, a Working Group for English Language Education students has been established with a current focus on education, welfare and financial issues.

The National Educational Psychological Service (NEPS) has produced advice for parents and schools on talking to children and young people about Covid-19. Link to this and other education resources is available here – www.education.ie/covid19. Further guidance for young people on Covid-19 is being prepared by NEPS and is being published.

15.   Department of Business Enterprise and Innovation

Key areas to lead on:

-   Ensure public health guidance measures in place in vital retail businesses and support these to stay open in order that vulnerable have access to essential food and supplies.
-   Supporting and encouraging businesses in the delivery of food and essentials to local homes of vulnerable people through local volunteers, the Gardai or their own delivery services.
-   Ensure special measures for vulnerable groups such as protected shopping times are in place.

16.   Department of Defence

Key areas to lead on:

-   Ensure the support of the Defence Forces and Civil Defence as needed for essential services for vulnerable people and the HSE at each stage of the COVID-19 disease.

17.   Department of Transport, Tourism and Sport

Key areas to lead on:

-   Ensure public health guidance measures in place for transport.
-   Ensure the support of the transport services as needed for essential services for vulnerable people e.g. hospital appointments and the HSE at each stage of the COVID-19 disease.

18.   Department of Agriculture

Key areas to lead on:

-   Utilise the network of farm advisors, both private and public, to communicate key public health and other relevant communications to the farming community.
-   Act as liaison with farming organisations to use their local reach to promote key public health measures.

19.   Next Steps

-   Paper presented to SOG, Monday 23rd March 2020
-   Paper for presentation at NPHET Vulnerable Subgroup, Wednesday 24th March 2020
-   Paper updates in line with feedback from Departments
-   Paper will be presented to NPHET.

Appendix 1
NPHET- Vulnerable Subgroup
Terms of Reference and Membership

Terms of Reference

1. Identify categories of vulnerable people
2. Identify State Agencies responsible for service provision
3. Design a standardised checklist to provide assurance that measures are in place, updated in line with NPHET directions, approved at appropriate senior level[1] and implemented. Such measures are likely to include:
   - Guidance for service users, families and staff
   - Communications plan
   - Compliance with data protection regulations
   - Preparedness plan to include containment measures; mitigation measures; hand hygiene, personal protective equipment (PPE) and waste management; environmental cleaning; patient/people placement where relevant - moving of patients/people in the facility, visitor access
   - Capacity Contingency Plan
   - Business Continuity Plan.
4. Establish communication processes for completed standardised checklist to the Subgroup
5. Design the Subgroup Assurance Framework
6. Agree Subgroup Modus Operandi
7. Report to NPHET:
   - Progress Updates
   - Escalation of high risks as appropriate.

Subgroup Membership List

Department of Health (Chair)	Kathleen Mac Lellan
Department Justice and Equality	Dr John Devlin, The Irish Prison Service
Department of Children and Youth Affairs	Albert O'Donoghue, Principal Officer
Department of Housing, Planning and Local Government	Ms Mary Hurley, Assistant Secretary Graham Hopkins David Kelly (Alternates)
Local Government Management Agency	*Ms Eileen Gleeson,* Director of the Dublin Region Homeless Executive Mary Flynn (Alternate)
Department of Education and Skills	Mr Daltan Tattan, Assistant Secretary
Department of Defence	Clare Tiernan,
Department of Rural and Community Development	Bairbre Nic Aonghusa A/Sec,

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[1] Responsibility to ensure that all content and actions are in line with NPHET directions lies with the relevant Departments/Agencies.

Community Operations - Health Service Executive	Jim Ryan, Head of Operations Mental Health.
Public Health Specialist	Dr Margaret Fitzgerald, National Public Health Lead Social inclusion and Vulnerable groups.
Voluntary Sector	Sean Moynihan, CEO
Patient Representative	Brigid Doherty
Health Information and Quality Authority	Ms Mary Dunnion, Susan Cliffe (Alternate)
National Cancer Control Programme	Dr Caitriona Mc Carthy
Chronic Disease (COPD) Representative	Prof. J.J. Gilmartin
HSE Chief Clinical Officer's Office	Dr. Philip Crowley
Department of Health	Berneen Laycock, Chief Nurses Officer
Department of Health	Sarah Cooney, Principal Officer, Older Persons Projects
Department of Health	Andy Conlon, Principal Officer, Primary Care
Department of Health	Celeste O'Callaghan, Principal Officer. Acute Hospitals
Department of Health	Dave Maguire, Mental Health Unit,
Department of Health	Rachel Kenna, Deputy Chief Nursing Officer,
Department of Health	Louise Carrigan, Accountant, Finance Unit
Department of Health	Malachy Corcoran, Governance and Performance Division
Department of Public Expenditure and Reform	Mairead Emerson, Civil Service HR
Department of Finance	Klare Havelin, Civil Service HR
Disability Umbrella Groups Representative	Ms Joanne Mc Carthy Mr Seán Abbott
NPHET Guidance Subgroup, Chair	Ms Máirín Ryan