COVID-19 NPHET Subgroup - Vulnerable People
NPHET Meeting 12/05/2020

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1. NPHET COVID-19 Subgroup – Vulnerable People

The NPHET Subgroup on Vulnerable People 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.

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 role of the NPHET Subgroup on Vulnerable People is to ensure that a framework is in place to provide assurance that all relevant Departments and State Agencies have preparedness plans in place to ensure that the people and services they are responsible for, are cared for and protected, as part of the whole of Government response to COVID-19.

2. Meeting 7 May 2020

To note all subgroup minutes, once agreed by the subgroup, are available on the website at: https://www.gov.ie/en/collection/301f5e-the-national-public-health-emergency-team-nphet-subgroup-vulnerable-/. There have been 8 meetings of the subgroup to date, the first meeting taking place on 6th March 2020.

3. Updates from Departments/other agencies

(i) Gender Implications of the COVID-19 pandemic, D/Justice & Equality

The OECD has recommended that policymakers should consider the gender impacts of the pandemic to ensure that these differences are taken into account when framing future policy responses. Following on from this recommendation, D/Justice informed the group of their intention to conduct

a review of the gender implications of COVID-19 which will look at both the direct and indirect impacts on women and resources available to them by Government in response to COVID-19.

The D/Justice requests departments, agencies and other organisations represented on the subgroup to complete a template and return directly to the D/Justice by 29 May. The template is intended to identify the degree to which policymakers have access to data and information on the gender impacts of the pandemic and is attached as Appendix 1 for information.

The template has been sent to *Policy and Strategy Integration Unit (PSIU)* in the Department to complete and return as part of their work on the Women's Health Taskforce.

(ii) Community Framework, D/Rural and Community Development (D/RCD) and D/Housing, Planning & Local Government (D/HPLG)

This item provided an update from the relevant Departments of the work of the Community Support Framework which was discussed at several of the early subgroup meetings, where it was identified that there was an urgently requirement to set up a system to support vulnerable people with some of the tasks of daily living, such as shopping, during this period. A subgroup chaired by D/Taoiseach and including D/Health, D/HPLG and D/RCD was established in March to oversee this work.

Appendix 2 sets out for information the written update from D/RCD and D/HPLG including statistics on contacts to the Local Authorities, Alone and other relevant agencies.

The subgroup acknowledged the positive cross Departmental collaboration, the progress made in a short space of time and the significant support this framework has provided nationally. It was noted that the impact of this work should be examined with a view to looking at how this framework can be utilised to provide community supports in the longer term and post COVID-19. D/HPLG and D/RCD noted that an evaluation of this work is planned.

4. Update on Long-term Residential Care (LTRC) Mortality Census

D/Health updated the subgroup on the census of mortality in LTRC settings which was conducted over the weekend of April 17th in In line with the NPHET recommendation.

It was noted that nationally we collect data on COVID related mortality both lab confirmed and probable, in line with ECDC recommendations, in both hospitals and the community. Most other countries do not report the data in LTRC settings in such a comprehensive manner. The aim of this

census was to provide a snapshot of mortality in LTRC settings over the period January to 17th April 2020 in order to information could guide our public health actions in this regard.

Data was compared between this census of mortality and other sources of mortality data from the Health Information and Quality Authority (HIQA) and Health Protection and Surveillance Centre (HPSC). It demonstrated that confirmed cases matched closely between these sources. This would suggest that both the HIQA and HSPC sources are robust indicators that capture the COVID-19 mortality rate in LTRC settings.

5. Update on Nursing Homes

D/Health updated the group on the situation in nursing homes and current enhanced measures in place to support nursing homes as part of the response to COVID-19.

HIQA also updated the group on the work of HIQA and the current implementation of the regulatory framework for LTRCs. It was noted that HIQA has conducted a number of desktop reviews and site visits as part of this work and they are also engaged with regulatory colleagues across Europe to share learnings.

6. Communications

Work is ongoing on the communication plan with a coordinated approach between the Department and HSE Communications Team. D/Health Covid Stakeholder Communications outreach continues and email was circulated to all members, including members of this group, earlier this week.

Key actions this week include:

- ✓ Updated cocooning advice and poster
- ✓ HSE and D/Health living well and safely message developed

Gender Implications of Covid 19 Pandemic

Request for Information

The information to date on the Covid 19 pandemic confirms that there are gender differences in the number of people who acquire the virus, the severity of the illness that they experience and the extent to which they recover.

There are also gender differences in the impacts of the response to the pandemic.

- The gender breakdown of healthcare workers will determine the respective percentages of women and men who are at higher risk of contracting the virus through their job.
- Gendered patterns of employment also determine the proportion of men and women who continue
 to be in employment as essential workers or who have now become unemployed because of the
 restrictions currently in place.
- As women have traditionally undertaken a greater proportion of childcare, eldercare, and housework, their experience of remote working may differ from that of men if they are having to juggle such responsibilities with undertaking their work remotely.
- Women are at greater risk of domestic abuse during the restrictions.
- The intersection of disability, ethnicity and age with gender also has impacts on the person's experience of the pandemic.
- Lone parents, predominately women, may experience more hardships due to the closure of childcare facilities and schools with knock-on effects for their ability to work from home or outside the home.

It can be expected that there will be gender differences in access to services, in the resources offered by Government to withstand the pandemic, including business supports, and in the progressive unrolling of current restrictions.

In this context, the OECD has recommended that policymakers should consider the gender impacts of the pandemic so to ensure that these differences are taken into account when framing future policy in response to it

The Department of Justice and Equality requests departments and public bodies sitting on the Vulnerable Persons Sub Group to complete the attached table and email it to Sarah Mongey at smongey@justice.ie by 29 May. The template is intended to identify the degree to which policymakers have access to data and information on the gender impacts of the pandemic.

Gender Implications of the Covid 19 Pandemic

TEMPLATE

Name of Organisation:

- 1. Has your organisation considered whether or not the policies that it has put in place or that are planned in response to the Covid 19 pandemic have different implications for men and women?
- 2. Is it collecting data to track the implications of the Covid 19 pandemic? Is that data disaggregated by gender?
- 3. Is it collecting data that would identify potential implications for men or boys with disabilities / women or girls with disabilities / ethnic minority men or boys / ethnic minority women or girls?
- 4. Has it identified differences by gender in the patterns of access to any services offered by it or by organisations under its auspices?
- 5. Has it identified differences by gender in the patterns of access to any supports offered by it or by organisations under its auspices?
- 6. Has it consulted civil society organisations or other experts on the implications of the Covid 19 pandemic for the policies for which it has responsibility? Have they identified any concerns relating to different implications for women and men?
- 7. Does it plan to undertake any research on the implications of the Covid 19 pandemic? Will such research also consider whether or not there are gender differences in the implications of the pandemic for its area of enquiry?

D/RCD update: 6 May 2020

COVID-19 Emergency Fund

- A €2.5 million COVID-19 Emergency Fund is made available for community groups participating in the government's Community Call initiative which is being led by the Local Authorities. Priority will be provided to organisations which incur costs on direct delivery of frontline services to people, such as Meals on Wheels and other similar activities. Examples of grants made under the fund include: -
 - Westport Social Services, Mayo (€2,500)
 - Castlebar Social Services, Mayo (€2,500)
 - Louisburgh Meals on Wheels, Mayo (€1,000)
 - o Order of Malta Castlebar, Mayo (€1,500).
 - St Vincent de Paul, Frosses/Inver, Donegal (1,000)
 - Donegal Family Resource Centre (€1,000)
 - Glenties Day Care Centre, Donegal (€1,000)
- Feedback received has been very positive. Groups are grateful for the support and for the acknowledgement of the work they are doing.
- In Donegal, for example, in the main, monies were provided to groups who are providing meals on wheels service, supporting meals on wheels service, providing shopping/prescription collection & delivery, providing supports to vulnerable individuals and families and production of PPE equipment.

Local Development Companies

- **49** LDCs are receiving over **2,200** calls daily with COVID specific requests for assistance and, in response, there are now up to 1,100 LDC staff and several thousand scheme participants working directly on Ireland's Community Call Response.
- Responses now in place includes Friendly Calls services; Food provision; Pharmacy & Shopping Services; Employment and Self-Employment Supports; Supports to Community Groups; Online Training; Health, Well-Being and Social Prescribing; Mental Health Supports; Online grinds and education services to disadvantaged students; Supports to Social Enterprises; Supports to key target group such as Travellers, Roma, migrants and asylum-seekers.

Community Outreach/Community Champions

- A nationwide network of Community Champions, coordinated by the Wheel and Irish Rural Link
 are responding to the needs of our most vulnerable citizens. To date, they have reached over
 32,000 people. The Champions assist with the School Meals Programme. They provide help with
 delivering meals and medicines as well as emotional and social support. Other examples of the
 supports provided by the Community Champions include:
 - Providing emotional support to the bereaved

- Arranging mobile phone credit for isolated older people to help them maintain contact with their family and friends
- Making friendly calls to those 'cocooned'
- o Identifying several areas that are not covered by existing Meals on Wheel programmes.

Volunteer Centres

- Volunteer Centres are the first port of call for organisations or individuals looking to volunteer.
 They have provided much needed support to the Community Call. 15,527 calls were received in VCs up to end April. 1,743 volunteers were involved in the COVID-19 response at end April.
- Volunteer Centres offer a recruitment and placement service for volunteers. They work with community and voluntary organisations. They provide support and training to notfor profits on all aspects of volunteer management.

Senior Alerts Scheme

- The monitoring companies are referring participants to the ALONE Befriending Service. This service is being offered when a participant contacts the monitoring company.
- In addition to normal installations, a system of simple self-installation has been developed to maintain social distancing and safety of users and installers.
- In March there were **1,370** new participants on the scheme. (New figs awaited)

Libraries

- Systems were put in place to allow people to join the library online without having to physically visit. This resulted in an upsurge in online members with over **30,000 new members** joining the library in March 2020 compared to just over **17,000** in March 2019.
- DRCD provided €200,000 funding to increase the number of eBooks and eAudiobooks to meet the demand.
- All library services are free of charge.

Department of Housing Planning and Local Government update: 6 May 2020

Community Call - Background:

- The requirement to support vulnerable people cocooning was identified in this Group.
- The "Community Call" Initiative was put in place over the weekend of 28/29 March.
- It is a coming together of National Government, Local Government and the Community and Voluntary Sector, to form a safety net for vulnerable people.
- Each local authority established a Community Call Forum, with dedicated helplines and coordination structures based around a High Level Framework

- National oversight is provided by a sub group of the Senior Official's Group chaired by D/HPLG with representatives from DRCD; DH; DT and local authorities.
- The Fora are supported by €2.5m in funding from DRCD

Fora:

- The Fora bring together all the principal response agencies in the public sector and community and voluntary groups locally the HSE, An Garda Siochána, Civil Defence, local Councillors, and Community and Voluntary organisations and volunteers with national organisations, such as ALONE and An Post.
- The networks in communities and the breadth of organisations involved has helped ensure that those most in need in our communities are reached by a trusted source.
- They provide practical supports collection and delivery of food, meals, fuel, medication, pensions and other essential items, in line with public health advice.
- Emergency response and more sustained, systematic supports with associated protocols.

Alone:

• ALONE is operating the National Support Line, providing emotional support and reassurance to vulnerable people. Alone and local authorities can cross-refer.

Data:

- Since the 31st March (to Monday, 4th May), the 31 Community Call Fora around the country have met 218 times and handled over 29,000 calls around 830 calls per day on average of which
 - 26% related to the delivery of food, etc
 - 19% to social isolation or engagement
 - 7% to the delivery of meals
 - 5% to medical matters
 - 43% to other matters, such as volunteering.
- Since its launch on 9th March (to 4th May), the ALONE National Helpline has received over 17,600 calls and supported over 13,000 older people.

Data related to both the Fora and ALONE is publicly available at:

https://community-call-covid-19-geohive.hub.arcgis.com/

Some key stats:

Local Development Companies		Community Outreach /Community Champions				Volunteer Centres		Senior Alerts Scheme
No. of daily calls received related to *COVID-19	No. of staff working on Community Call response	No. of times Community Champions have been contacted for support	No. of local organisations mobilised by Community Champions	No. of volunteers involved in Community Outreach Programme	No. of people reached by Community Champions	No. of registered Volunteers involved	No. of calls received	No. of new Participants (March)*
2,200	1,100	2,714	3,113	10,743	39,396	1,743	15,527	1,370

• SAS figures for April available next week