
COVID-19 NPHEM Subgroup - Vulnerable People

NPHEM Meeting 25/06/2020

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1. NPHEM COVID-19 Subgroup – Vulnerable People

The NPHEM 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 NPHEM 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 24th June 2020

The 11th meeting of the subgroup took place on Wednesday 24th June. 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-npmet-subgroup-vulnerable/> .

3. Adult Safeguarding

The subgroup was updated on the on-going work in relation to the development of an adult safeguarding policy for the health sector and the group was provided with an opportunity to input into this work with a particular focus on the current response to COVID-19 and associated risks in terms of safeguarding of vulnerable groups. The Health Information Quality Authority (HIQA) and the Mental Health Commission (MHC) both updated the group on their current monitoring and inspection activities, under their respective regulatory remits. Both organisations are inspecting residential settings, and working with service providers, to ensure safeguarding of residents. Several issues were noted including:

- Residents in LTRC settings being able to partake in visits outside of their home.
- Hesitancy by many residents to avail of broader services available to them as part of the lifting of restrictions.
- The impact of the loss of social interaction and ability to engage with other residences in LTRCs due to closed social spaces such as dining rooms in LTRCs.

- Inconsistencies in relation to some providers allowing visitors to residents and HIQA are engaging with service providers directly on same and the need to uphold people rights under the regulations.
- The importance of access to independent patient advocacy services was noted.

4. Discussion on subgroup work to date

A draft paper was circulated to the subgroup by the Secretariat giving an overview of the work of the group to date and setting out a number of areas as discussed by the group during this period (e.g. communications to vulnerable groups, the community support framework, public health measures in relation to long term care residential settings, cocooning and other related public health guidance, issues in relation to specific vulnerable groups, mental health and well-being).

The subgroup was asked to focus their discussion on the following 3 questions:

- ✓ Has the subgroup met its objectives as set out in the ToRs?
- ✓ What public health supports continue to be required to assist Departments and State Agencies to meet their obligations to vulnerable groups as part of the ongoing response to COVID-19 as we move forward?
- ✓ What type of on-going communication supports for vulnerable groups, and individuals, are needed as we move forwards?

There was consensus that the subgroup had met the objectives as set out in their terms of reference over this period and acknowledgement of the responsive, collaborative, integrated, cross-departmental and person-centred approach taken by the group during this challenging period.

Moving forward some colleagues noted that other Departmental and HSE subgroups had 'stood down' and were reverting to normal structures and established ways of working, so as to avoid confusion or duplication of work.

Disability and voluntary groups noted concerns among their members about a second wave of COVID-19 and the need to retain a channel for such organisation to engage with Government in relation to key issues that emerge. It was noted that as we move along the Roadmap to the reopening of Society and Business, many of these issues are broader than the remit of this group and the health service, and it may be appropriate to look at other ways of communicating and engaging with such groups across Government.

The group was very supportive of the work of the Communications Team over this period in assisting them to access information and in the development of tailored messages and materials for many vulnerable groups.

The Chair noted that there will be further consideration of the role of the group in the coming weeks.

5. Communications

Work is ongoing on the communication plan with a coordinated approach between the Department of Health and HSE Communications Team. This includes;

- Further comms in the on Roadmap to reopening business and society (Phase 3)
- Working with people who are deaf, and representative bodies such as CHIME and the Irish Deaf Society.
- Staying safe and cocooning guidelines – insert into weekend newspapers - Short information video available too
- Sharing the Vision – Mental Health launched last week

6. Update on COVID-19 Expert Panel on Nursing Homes

On foot of a NPHE recommendation, on 23rd May a COVID-19 Expert Panel on Nursing Homes was established, to examine the complex issues surrounding the management of COVID-19 among this particularly vulnerable cohort. The purpose of the Panel is to examine the national and international responses to the COVID19 crisis, and to examine the emerging best practice. The main objective of the Panel is to provide immediate real-time learnings and recommendations in light of the expected ongoing impact of COVID-19 over the next 12-18 months.

As part of the Expert Panel's work, it is undertaking rapid consultative processes to engage with a range of stakeholders through various means. It has invited interested parties to participate in a concise, focused engagement process by establishing a public call for written submissions. The consultation closed on Thursday, 18th June. The purpose of this engagement is to receive input, perspective and experiences in relation to the COVID-19 pandemic and its effects on nursing homes, with a particular focus on planning further responses with regard to nursing homes over the next 18 months.

The Panel is having direct engagements with a number of national organisations to hear their perspectives and is also presently planning a number of virtual and onsite engagements with nursing homes including staff and residents. This extensive engagement is contributing to the Panel's ongoing deliberations along with an evidence review and epidemiological data analysis.