

NPHET Vulnerable People Subgroup

Draft discussion paper - progress to date

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1. Establishment of the NPHEM Subgroup on Vulnerable People

The Subgroup on Vulnerable People was established under the auspices of *The National Public Health Emergency Team (NPHEM)* as part of the response to COVID-19. The purpose of the group is to provide oversight and assurance with regard to the specific preparedness measures and actions required to be taken to protect vulnerable groups and individuals in society as part of the response to COVID-19.

Dr Kathleen MacLellan, Assistant Secretary, Social Care Division at the Department of Health, who also sits on NPHEM, was assigned as Chair of the Subgroup on 3rd March 2020. The Secretariat for the subgroup is provided by Social Care Division, Department of Health.

Invitations were sent out to request nominees from the following Department, State Agencies and other actors, to join the subgroup:

- Department Justice and Equality
- Department of Children and Youth Affairs
- Department of Housing, Planning and Local Government/ Local Government Management Agency
- Department of Education and Skills
- Department of Defence
- Department of Rural and Community Development
- HSE – Community Operations
- Public Health Specialist(s) (HSE)
- Voluntary Sector representatives
- Patient Representative
- Regulator(s)

Please see Appendix 1 for a full list of the membership of the subgroup.

A Terms of Reference was drafted (Appendix 2), which proposed that the term vulnerable people would be 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, but not an exhaustive list. It was noted that 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. Again, not an exhaustive list.

2. Frequency of meetings and Modus Operandi

The first meeting of the Subgroup took place on 6th March 2020 and the subgroup has met on 12 occasions between 6 March and 8 July 2020.

An agenda is set for each meeting, which includes standing items such as conflict of interest statements, and a general public health update. Subgroup members are also invited to table agenda items for discussion. Expert advisors and/or other stakeholders are invited to attend meetings from time to time.

The subgroup secretariat works to have minutes of meetings ready for circulation as quickly as possible, in time for the next meeting. Once approved by the subgroup, agenda and minutes are published on the Department's dedicated webpage at: <https://www.gov.ie/en/collection/301f5e-the-national-public-health-emergency-team-nphet-subgroup-vulnerable/>.

Each week, a report is produced by the secretariat and forwarded to the NPHET for its meeting.

3. Main themes discussed

The following main themes were discussed at these meetings:

I. Communicating with vulnerable groups

The Department's communications team has attended every meeting, providing updates to subgroup members on initiatives across media streams, specifically aimed at vulnerable groups of people. Working closely with the HSE communications Team, they also worked to develop and disseminate bespoke materials that were accessible to all including for example people who are visually impaired or people who may not have English as a first language. This includes:

- Communications on each phase of the Roadmap to reopening business and society

- Staying safe and cocooning guidelines – press print and videos.
- public awareness campaign with National Council for the Blind (NCBI) on people with sight loss and social distancing for other members of the public.
- HSE campaign with spunout.ie using social media platforms aimed at young people addressing social distancing.
- Posters for the specific vulnerable groups in the community to access public services e.g. Roma community.
- Mental health and mental well-being resources

A stakeholder mailing list was established and circulates relevant material to the subgroup members, and more broadly, for information and onwards circulation as appropriate.

II. Community Support framework

Early discussions in the group focused on the development of a community support framework to support vulnerable groups who were cocooning in their homes, with accessing necessities such as shopping and medicine. This work harnessed the good-will and desire to help in the community, among individuals who wanted to volunteer, and from voluntary organisations such as Civil Defence and ALONE.

For example, since 17 March, Civil Defence has undertaken over 3,200 taskings for the Principal Response Agencies largely the HSE and Local Authorities. This has required over 26,000 volunteer hours from over 850 Civil Defence volunteers. Further details are available on www.civildefence.ie.

ALONE have also been providing supports to older people and extended their helpline and supports to other vulnerable groups during this period. From the launch of their COVID helpline until 28 June they responded to over 25,000 calls and provided over 2,800 practical supports.

Department of Rural & Community Development (D/RCD) provided a range of supports and guidance to the voluntary sector during this period to support their work as part of the response to COVID-19.

Following from this work the Departments of Housing, Planning and Local Government, Rural & Community Development and Department of Health, worked with the COVID-19

Senior Officials Group (SOG) to set out a framework for the delivery of community supports under the direction of the Local Authorities. This framework provided a national template for arrangements to be put in place in each local authority area to mobilise and coordinate local community, voluntary and sporting groups and local volunteers, along with statutory agencies to ensure that all vulnerable members in the community were appropriately supported as the country moved through the next stages of the COVID-19 response. A National Oversight Group consisting of the three Government Departments and representatives of the Local Government sector was also put in place. There will be a formal evaluation of this work carried out in the coming months.

III. Long Term Care Residential Settings

The subgroup discussed on several occasions the impact of COVID-19 on residents in nursing homes and other long-term residential care settings.

This included discussion on the enhanced public health measures recommended by NPHE aimed at residents living in Long Term Residential Care Settings (nursing homes, disability and mental health). Updates were also provided on initiatives such as the mortality census, testing in LTRC settings and a paper on the ethical considerations in relation to caring for residents in LTRC settings as part of the response to COVID-19.

IV. Inputting into guidance for Vulnerable Groups

The subgroup was updated on relevant HPSC guidance under development including in relation:

- Guidance for vulnerable groups;
- Guidance on visiting in long term residential care settings; and
- Guidance on cocooning for those over 70 or who are medically vulnerable to COVID-19.

The group was provided with an opportunity to input into these guidance's as appropriate.

As required the Chair referred and specific queries from the subgroup to the Expert Advisory Group (EAG) for clarification or guidance.

V. Discussions on specific vulnerable groups

Subgroup members updated the group on the measures in place in their sectors both in writing and orally at meetings e.g. disability sector, homelessness sector, Traveller, Roma and migrant sectors. Key to the work of the group was the provision of assurances that preparedness plans were in place, and these discussions facilitated sharing learning on challenges as they arose, and the escalation of public health issues were necessary.

Operational issues were brought forward with the HSE, or other relevant public bodies, outside of the meeting through the normal bi-lateral, established structures.

VI. Mental health and well-being

There was a strong focus throughout meetings on the impact on the mental health and wellbeing on individuals, including those in vulnerable groups, of the public health measures introduced as part of the response to COVID-19. The work of ALONE and other voluntary organisations was highlighted in this regard and updates were provided by the Department of Health in relation to initiatives and communications strategies in this regard.

Covid-19 is a significant source of stress for people, and the focus of the initiative is on coping, staying at home, looking after mental well-being. The Department updated the group on a mental well-being initiative www.gov.ie/together before launch and briefed the group on the national media campaign aimed at awareness country wide, including a focus on RTE TV and radio for those who cannot access online media. Many resources have been made available, such as apps, on the theme of 'keeping connected'.

VII. Correspondence to date

The Secretariat of the subgroup has dealt with a range of correspondence over this period. The volume of correspondence directed to the subgroup/Chair is set out below and it is noted that the volume has been decreasing over this last few weeks.

Timeline	Number of emails/queries received and dealt with
13 – 31 March	35
1 – 7 April	32
8 – 14 April	21

15 – 21 April	11
22 – 28 April	6
29 April – 5 May	13
6 – 12 May	9
13 – 19 May	13
20 May – date	6

4. Meeting our objectives

As already outlined the subgroup has met on 12 occasions between 6 March and 8 July 2020. There have been 49 agreed actions arising from these meetings, all of which have been completed and closed.

The terms of reference of the group are set out in Appendix 1. They fall into the following categories:

- A. Establish the modus operandi of the subgroup;
- B. Identify vulnerable groups and responsible Departments and Agencies;
- C. Provide assurance that preparedness plans are in place for vulnerable groups across government, noting that responsibility for the operationalisation of such plans remain with the relevant Department/State Agency;
- D. Report to NPHE as required; and
- E. Provide appropriate communications to and for vulnerable groups.

A draft report of progress to date was presented at the subgroup meeting on 29 June 2020 and the following questions were raised for discussion:

- 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 it was 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. It was also noted that the emphasis is now shifting to service resumption, overseen by existing structures, and continuity.

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 organisations 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 strong engagement of the Communications Teams in the Department with the subgroup was highlighted and their work in providing appropriate information for vulnerable groups was acknowledged as having worked well. The importance of continuing to have a strong communications plan and engagement in place as we move through the *Roadmap on the reopening of Society and Business* and as part of the ongoing response to COVID-19 was highlighted.

5. Conclusion

The Subgroup has met its objective in terms of preparedness plans being in place across government for vulnerable groups. Moving forward operational responsibility for the ongoing implementation of these plans in line with the *Roadmap on the reopening of Society and Business* and public health guidance in terms of the transmission of COVID-19 in the community, remains with the relevant Department or State Agency e.g. prisons come under the remit of the Irish Prison Service and the Department of Justice.

Within this context, and ongoing discussions in the NPHEP around its governance and structures, this report will be submitted to NPHEP to support a focused discussion on:

- progress of the subgroup to date;
- how it has met its terms of reference; and
- what channels of communication and support are required to ensure vulnerable groups continue to be supported as required with public health guidance as part of the ongoing response to COVID-19 and the relevant status of the transmission of the disease in society.

NPHEP Vulnerable Group Secretariat,

07th July 2020

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Appendix 1: Membership of Covid-19 NPHEH Subgroup on Vulnerable People

Department of Health (Chair)	Dr Kathleen Mac Lellan, Assistant Secretary, Social Care.
Department Justice and Equality	Dr John Devlin, The Irish Prison Service Ms Carol Baxter, Assistant Secretary Mr Michael Kirrane, Assistant Secretary.
Department of Children and Youth Affairs	Albert O'Donoghue, Principal Officer
Department of Housing, Planning and Local Government	Mary Hurley, Assistant Secretary David Kelly (Alternate)
<i>Local Government Management Agency,</i>	<i>Eileen Gleeson, Director of the Dublin Region Homeless Executive</i> Mary Flynn (Alternate)
Department of Education and Skills	Daltan Tattan, Assistant Secretary
Department of Defence	Margaret Stanley (to 24 April) David Buckley
Department of Rural and Community Development	Bairbre Nic Aonghusa, Assistant Secretary,
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 Alone
Public Representative	Brigid Doherty
Health Information and Quality Authority	Mary Dunnion, Susan Cliffe (Alternate)
National Cancer Control Programme	Dr Caitriona Mc Carthy
Chronic Disease (COPD) Representative	Suzanne Mc Cormack (to 17 April) Joan Johnston
HSE Chief Clinical Officer's Office	Dr Philip Crowley (to 8 May)
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, Principal Officer, Mental Health Unit, Dairearca Ni Neill (Alternate)
Department of Health	Clare Lewis, Deputy Chief Nursing Officer Rachel Kenna, CNOs Office
Department of Health	Louise Carrigan, Accountant, Finance Unit
Department of Health	Malachy Corcoran, Governance and Performance Division
Department Public Expenditure and Reform	Mairead Emerson, Civil Service HR
Department of Finance	Klare Havelin, Civil Service HR
Disability Umbrella Groups Representative	Dr Joanne Mc Carthy, Disability Federation of Ireland.
Department of Health/HIQA	Dr Máirín Ryan, Deputy Chief Executive and Director of Health Technology Assessment,
Mental Health Commission	Rosemary Smyth, Director Standards & Quality Assurance, Training & Development

Appendix 2: COVID-19 NPHEP Subgroup on Vulnerable People – Terms of Reference

The **NPHEP Subgroup - Vulnerable People** will 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 will be 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).

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 NPHEP directions, approved at appropriate senior level¹ 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

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

- 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

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