

*COVID-19: REFRAMING THE CHALLENGE, CONTINUING OUR  
RECOVERY & RECONNECTING*

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**August 2021**

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# 1. OVERARCHING STRATEGIC APPROACH

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## 1.1 INTRODUCTION

COVID-19 has sent shockwaves around the world and its effects have been felt in every aspect of life in Ireland. Ireland has endured a profound shock to its social and economic life as we dealt the impact of the disease at an individual, community and societal level. It has had an impact on almost all aspects of our lives and, for many, their livelihoods. More than 5,000 people lost their lives during the pandemic and many more are living with the impact of the disease both physically and mentally.

Government's strategy has been guided by an evolving understanding of the disease and its emerging variants, the impacts of restrictions on health and well-being as well as other aspects of society and the economy. Four separate plans since March 2020 have demonstrated an evolving response to the crisis: *Ireland's National Action Plan*; the *Roadmap to Reopening Society and Business*; *Resilience & Recovery 2020-21 - Plan for Living with COVID-19* and *Resilience and Recovery 2021- The Path Ahead*.

From the outset Government has been guided by the public health advice provided by the National Public Health Emergency Team in terms of what restrictions might be necessary to manage or suppress the disease. Along the way, there have been extraordinary measures introduced to protect public health and the most vulnerable in our society. These were difficult and challenging decisions in a crisis scenario, with an evolving understanding of the disease, its impact, how best to manage it, what vaccines might offer and what variants might do to undermine our plans. In many respects, this last period, coinciding with the introduction and subsequent dominance of the Delta variant has been the most demanding on us as a people – with our resilience severely tested by its virulence.

As set out in those previous reports, Government put in place an extensive range of measures to mitigate the extraordinary economic impact that COVID-19 has had on Ireland. Since March 2020, this has included a wide array of emergency schemes and programmes which have been adapted as the pandemic developed, considering the impacts at sectoral level.

The necessary public health measures in place in response to the pandemic have consequential impacts on wellbeing including psychological, emotional and social impacts. Across every area of support (health, social care, education, policing, child and family protection and support, direct provision) and every area of general public service (transport, social protection, immigration, road safety) there have been adaptations and innovations to respond to and manage those impacts. It is recognised that these impacts are real and will persist.

## 1.2 RE-FRAMING THE CHALLENGE - AN EVOLVED APPROACH

The public health management of the COVID-19 pandemic has evolved and must continue to evolve in light of changing circumstances and risks. While disease incidence is currently high and there is significant uncertainty and concern with regard to the profile of COVID-19 and its impact in the short-term, our vaccination programme will facilitate a transition in our approach to dealing with the pandemic over the medium term.

Significant progress was made in the first half of this year in reducing infection levels following the peak of the wave of infection in late 2020 and early 2021 due to the sustained efforts of people across the country. This, coupled with our vaccination programme progressing at pace and protecting the most vulnerable, has enabled the gradual reopening of large parts of our society and

economy. The progressive de-escalation of public health restrictions has been cautious, gradual and phased, with sufficient time between phases to assess the impact.

The public health advice is that we will attain a level of vaccine coverage within the population which, together with a number of continued protective measures and ongoing robust public health surveillance and response capacities in appropriate settings, will facilitate a transition in our approach to the public health management of COVID-19 in Ireland. This advice is set against the backdrop of

- a) the current disease profile and continuing uncertainties in relation to the trajectory of COVID-19 on the one hand, and
- b) on the assumption of the continued engagement of younger age cohorts with the vaccination programme in the coming weeks on the other.

It is in that context that the public health advice suggests that the public health management of COVID-19 in Ireland transitions, in broad terms, from a focus on regulation and population wide restrictions to a focus on public health advice and personal judgement and personal protective behaviours.

**It is recognised that this represents a significant shift in our approach. It entails a change from protection at the population level through regulations and restrictions to protection at a personal level, each of us taking simple measures to protect ourselves and others, such as staying home and self-isolating when symptomatic, observing good respiratory and hand hygiene, and wearing a face covering (to protect others from your respiratory droplets and aerosols) in crowded and congregated settings.**

In other words, if it is not possible to eliminate COVID-19 completely, we need to move to manage COVID-19 in a more “mainstream” way rather than as an exceptional threat requiring society-defining interventions and action which are increasingly burdensome and scarring on both our economy, society, health and well-being. We must manage the burden of COVID-19 on the basis that it will likely continue to be constantly present into the foreseeable future.

- (i) Based on the recent public health advice and the rates of uptake being achieved by the Vaccination Programme, Government have agreed that the transition to the future state of managing COVID-19 should begin in September with a view to achieving this significant shift in approach in October.**

### 1.3 SHIFTING FROM EMERGENCY FOOTING TO MANAGING DISEASE AND PROTECTING THE MOST VULNERABLE.

#### 1.3.1 Vaccination Programme/Testing and Tracing Capacity

It is critical to emphasise that the outlook over the coming days and weeks is very uncertain and we can expect the case numbers to get worse before we begin to see an improvement. Revised modelling scenarios calibrated to 11 August 2021 show, for optimistic scenarios, case counts peaking at 2500-3000 cases per day in mid-September, with later peaks in healthcare demand seeing 500-700 people in hospital and 80-130 people in ICU. Central scenarios show the peak at 3000-5000 cases per day, 750-1300 in hospital and 150-250 people requiring critical care.

Moreover, it is very likely that the Delta variant will continue to circulate extensively throughout the autumn and potentially later in the year, particularly among individuals that have not yet been

vaccinated. As we have experienced in recent weeks with increasing admissions to hospital and ICU, the increasing incidence of the disease has increased the risk for more vulnerable individuals across all age groups who have either not been vaccinated or who have not been sufficiently protected through vaccination. That means that there will be ongoing pressures to be managed, a continued requirement to adhere to infection protection and control measures in healthcare settings and ongoing but evolving testing and vaccination programmes.

- (ii) The Government has asked the Department of Health & Health Service Executive to devise and commence a vaccine “booster” programme to safeguard the gains made from the vaccination programme to date, commencing with the most vulnerable.**
  
- (iii) The HSE will maintain and enhance our surveillance capacities and systems to identify outbreaks, with a particular focus on rapid identification and management of outbreaks in vulnerable groups, and monitor trends in the disease profile nationally and regionally; and continue to strengthen our genomic sequencing capacities to ensure the prompt identification and investigation of new variants, including sequencing of all travel-related cases. The focus of surveillance will shift to an assessment of medical outcomes of those who contract COVID and less of a focus on daily monitoring of cases.**
  
- (iv) The HSE’s HPSC, in co-operation with the NVRL, ICGP and other surveillance partners, will develop a comprehensive approach to sentinel and other surveillance, including through the GP sentinel surveillance system, acute hospitals surveillance, and wastewater surveillance for Autumn and Winter 2021/22.**
  
- (v) A cross Government communications programme will continue to promote the remaining critical components of our collective response to COVID-19 and will need to be retained and reviewed on a periodic basis until at least Spring 2022 and include:**
  - Clear guidance and communication with the public on the evolving disease profile and a cultural shift towards embedding individual and collective strategies to mitigate against COVID-19 and other respiratory infections. This will require a refreshed communications approach
  - A renewed and sustained focus on the importance of rapid self-isolation if symptomatic (even if fully vaccinated) or if diagnosed with COVID-19
  - Formal requirements for mask wearing in healthcare settings, indoor retail and on public transport
  - Continued promotion of vaccination against COVID-19 and seasonal influenza vaccination
  - Continued wearing of masks, practicing of physical distancing and avoidance of crowded environments based on individual risk assessment, and adherence to basic hand and respiratory hygiene
  - Sector specific measures to ensure a safe environment including in relation to the promotion of rapid self-isolation when symptomatic, and appropriate use of face masks, physical distancing, hand and respiratory hygiene, ventilation and signage.
  
- (vi) Government is committed to continuing to contribute to the global co-ordinated effort to foster equitable access to COVID-19 vaccines. The Departments of Health and Foreign Affairs will continue to engage on our involvement in COVAX and on other opportunities there may be to support international access to these vaccines.**

### 1.3.2 Governance Structures

In the context of a pandemic of this scale, the Government put in place a unique infrastructure of emergency governance arrangements in order to deal with the scale of the pandemic, its impact on economic and social life and the longer term nature of crisis. These structures have been critical to Ireland's management of the disease, integrating decision-making across all domains of government, leveraging co-operation, shared capacity building and innovations in ways never before experienced in the Irish public service.

These structures and the commitment of organisations and individuals to supporting the collective effort have been extraordinary. However, the time is now right to begin to de-escalate the "emergency" nature of these structures as we evolve our approach to the public health management of the disease. It is important that organisations fully embed capacity that is needed for the future in a more permanent way as part of organisational development. At the same time, it must be acknowledged that a focus on the pandemic has inevitably taken focus and effort away from other national priorities and placed some functions on pause. For the longer term organisational stability and sustainability of our public service it is important now to assess and put in place the requisite capacities within our existing public service infrastructure.

**(vii) Governance Arrangements of the management of COVID-19 will be streamlined and mainstreamed in line with the substantive lifting of restrictions in October:**

- The special COVID Oversight Group and Cabinet Committee and associated Senior Official Group functions will be subsumed into the appropriate existing Cabinet Committee and Senior Official Groups structures.
- The National Public Health Emergency Team and related sub-groups will move from an "emergency" footing to mainstream surveillance functions within the Department of Health and Health Service Executive (Health Protection Surveillance Centre) with individual members reverting to substantive posts and duties within the enhanced public health structures.
- The work of the High Level Taskforce on the Vaccination Programme will transition fully to the Health Service Executive (National Immunisation Office) in the context of the completion of the current programme and the commencement of the booster programme.

The Pandemic and Ireland's response to it is important to understand. While the full understanding of what has occurred will only be seen in time, Government is mindful of the ongoing threat of the pandemic and similar shocks to the economy and society. The learnings and experience over the period have been captured to an extent. However, as part of the transition these learnings should be assessed in real-time also, to ensure that the capacities, knowledge and expertise which has been developed over the last 18 months is harnessed for future planning.

The need for timely, relevant data has been particularly acute in the midst of the pandemic. The CSO responded to the pandemic by continuing to produce key statistical publications, adjusting traditional formats such as our Monthly Unemployment and Live Register publications to meet European requirements while still making sense of the figures from an Irish perspective. We created innovative products using new data sources and new data collection techniques in an effort to meet the need for real time data. These new sources have included anonymised mobile phone data in our Staying Local Indicator series and using RIP.ie to map deaths in as close to real time as possible.

Other initiatives across Government have also utilised cross-sectoral data analytics and behavioural analysis to inform both policy decisions and public information and communications during the pandemic. The ongoing capacity to support these new approaches will also be important to support future planning, risk assessment and crisis management.

#### 1.4 BRINGING CERTAINTY FOR ECONOMY & SOCIETY

On 1 June the Government's Economic Recovery Plan set out Ireland's pathway to recovery, with a strong emphasis on ensuring sustainable public finances, helping people back into work, re-building and supporting enterprise (both indigenous and FDI) and delivering a balanced and inclusive recovery. Central to the Plan is the Government's ambition for a jobs-rich recovery, with a target of a record 2.5 million people in work by 2024. Crucially, this will not be a return to the economy as it was prior to COVID-19, but instead these jobs will be more productive, innovative, resilient and in new areas of opportunity, aligned with the Government's green and digital ambitions.

Recent months have seen strong progress in the reopening of the economy and the welcome return of many people to work, enabled by the roll-out of our successful vaccination programme. Alongside this reopening, the Government has continued to provide unprecedented levels of support to workers and businesses, spending approximately €38 billion across 2020 and 2021. These supports have been paid for with borrowing, but have been vital in sustaining workers and businesses, and supporting a return to economic activity.

But there are still those businesses and individuals who have not yet been able to resume activity. Uncertainty about the future is the biggest challenge for many.

**(viii) In respect of remaining restrictions (i) an initial transition will commence during September in line with previous gradual and careful re-opening; with (ii) a substantive lifting of restrictions on 22<sup>nd</sup> October (i.e. regulation and population wide restrictions).**

**The specific phasing and timelines are set out in Chapter 2 & 3. In summary,**

- **Public Transport: Return to 100% capacity from 1st September**
- **From 6th September, some easing of restrictions on organised indoor and outdoor events / mass gatherings**
- **From 20th September, some easing of restrictions for indoor and outdoor group activities (sports, arts, culture, dance classes etc)**
- **Return to work may commence on a phased and staggered attendance basis during September – Work Safely Protocol to be reviewed in that context.**

**Based on the criteria of at or close to 90% of people 16 or over being fully vaccinated in the coming weeks, and having regard to the incidence and behaviour of the disease at that time, the Government will remove further statutory restrictions in respect of events and activities from 22<sup>nd</sup> of October.**

**(ix) Departments and Agencies will work with relevant sectors to review and align sector-specific guidance, protocols and plans such that they are appropriate to the transition in approach to the public health management of COVID-19.**

This further easing and greater certainty for many sectors will allow us to continue to implement the Economic Recovery Plan, working together towards a sustainable jobs-led recovery. We are now moving to the next phase, in which the finite resources that Government can deploy must be



targeted at those who need them most, and used in a way that best supports recovery and our future prosperity.

- (x) The Economic Recovery Plan recognised that for some sectors the impact of the pandemic will continue to be more difficult as reopening takes place. The Government will continue to work with, and provide targeted support to, those sectors as reopening continues in accordance with this roadmap.**
- (xi) As reopening continues, particular attention will continue to be paid to the recovery of city centres as workers return to offices and arts and entertainment venues reopen on a phased basis. This will build on existing Government supports and initiatives to help activity return to city centres in a sustainable way and the work already underway by local authorities to support short-term recovery.**
- (xii) The Government will also continue to work closely with Employers and Trade Unions, building on the collaborative approach to developing the LEEF Return to Work Safely Protocol, to ensure appropriate guidance is provided for the next phase of reopening including the return to offices.**
- (xiii) Government will continue to review the public health advice and measures applying to those travelling to Ireland and will further examine how Rapid Antigen Detection Testing might be utilised in place of pre-departure RT-PCR COVID-19 test for those who do not have proof of vaccination or recovery.**

## 1.5 ONGOING HEALTH SERVICE RECOVERY AND READINESS

COVID 19 has and continues to challenge the overall capacity and capability of the health service. Over the past year the HSE has adjusted its models of care to ensure the safe delivery of care to patients; the use of telemedicine has grown exponentially; community based admission avoidance models have been operationalised and private capacity has been utilised. During the second and third COVID-19 surges, more services remained open, demonstrating how the HSE have adapted as a health service. However, the HSE is currently experiencing increased demand as a result of the highly transmissible Delta variant which has emerged as the dominant variant with surging cases hospitalisations and critical care admissions. It is however notable, due to the success of the vaccination programme, that the number of cases is not translating to the levels of hospitalisation and acuity that was experienced during previous surges.

As services have been restored, there is a high occupancy rate in hospitals including ICU beds with non COVID-19 patients, resulting in low vacancy levels and limiting flow for COVID-19 patients. This is occurring as public health restrictions are eased and despite the ongoing successful vaccination programme. Modelling indicates ongoing high short-term and intermediate COVID-19 related hospital demands until Ireland reaches high levels of full vaccine protection.

There are additional considerations in relation to emerging evidence of decreased and waning vaccine effectiveness particularly in relation to symptomatic disease/infection for the Delta variant. This presents particular concerns for vulnerable groups. In light of this context and as the HSE approaches and plans for Winter 2021-2022, we are faced with addressing the significant combined challenges of:

- managing hospitalisations and critical care related to the highly transmissible Delta variant and the potential for new variants;

- mitigating winter pressures including the re-emergence of influenza and other respiratory diseases.
- safely restoring health and social care services.
- addressing waiting lists for scheduled care.
- building integrated, patient centred capacity.

In light of these competing demands, there will be continued challenges for the health system over the current period.

**(xiv) The Health Service Executive will continue to assess and manage the longer term impact of COVID and associated restrictions on health service provision and ensure Health System preparedness to sustain management of COVID and Winter impacts.**

Further detail on specific health service initiatives are set out in Chapter 5 .

## 1.6 EDUCATION

The impact of societal restrictions on our children and young people are well documented – particularly as regards education and childcare.

While children have been less affected by the virus itself, our protective measures have had a significant impact on parents, children and young people in early learning and childcare services, primary, secondary and tertiary education, especially those that are vulnerable.

Following an initial period of closure, early learning and childcare services reopened in June 2020 in line with public health advice and remained open during Level 5 restrictions in 2021 for children of essential workers and vulnerable children. Services have been fully open since March. The numbers of confirmed cases in early learning and childcare services remain low relative to other sectors. Participation in early learning and childcare currently remains lower than normal. However, a recent survey of parents suggests participation levels are expected to return to normal levels from September as a more normal patterns of employment becomes re-established.

Following extended periods of closure in the last academic year, schools have been operating in line with public health advices since Spring. Government is clear that we must minimise the risk of closures given their multiple adverse social, educational, health and economic impacts. These include learning loss, increased risk of dropout, negative impacts on mental health and physical activity and the exacerbation of existing social inequalities.

As regards Further and Higher Education, the *Safe Return Plan*, published on the 15th June, is predicated on the sector's full commitment to a significant increase in on-site teaching and learning activities and research in adherence with prevailing public health advice.

The Plan provides a comprehensive framework for institutions to plan for a return to on-campus learning that would remain in line with public health guidance. Given the diversity of the further and higher education sector, within the framework there is scope for institutions to make their own plans for returning onsite, recognising their own local context and physical infrastructure, and to communicate these plans to their learners and staff.

In respect of Apprenticeships, a three-step plan to tackle the backlog in craft apprenticeship off-the-job training over the next 12 to 15 months is currently being worked on between SOLAS and further and higher education providers.

Over all recent phases of the easing of restrictions, Government has placed the highest priority on the resumption of education. This will continue to be the case over the course of September.

- (xv) The Department of Children Equality Disability Integration & Youth and Health Service Executive will continue to implement plans optimising the approach to COVID-19 in early learning and childcare services.**
- (xvi) The Department of Education and Health Service Executive will continue to implement plans optimising the approach to COVID-19 in educational settings.**
- (xvii) Government will provide additional Covid-19 targeted supports to be provided to schools for all pupils in the 2021/22 school year in order to mitigate against learning loss and support pupil/student mental health and wellbeing.**
- (xviii) Higher and further education institutions will implement the framework for return to substantial onsite provision under the Safe Return Plan as agreed.**

## 1.7 CHILDREN, FAMILIES AND OTHER VULNERABLE GROUPS SUPPORTS

Children and Family services are being delivered in line with public health guidelines and the impact on service provision is low with face to face contact increasing across all TUSLA and funded services as a result of the vaccination programme. There continues to be restrictions in terms of throughput, physical distancing in buildings, on-site attendance in offices and face to face meetings/training etc.

Significant planning and crisis management was used to mitigate risks that included referrals to the child protection and welfare system, restricted ability to visit children at home, challenges in maintaining contact between children in care and their families and an anticipated surge in domestic violence related need. Tusla staff all across the country engaged and worked in partnership with interagency and community and voluntary organisations to develop innovative and creative ways to deliver services differently in the context of the public health pandemic.

There also is a growing concern that the pandemic will have a longer term negative effect and result in increased future demand for Tusla services. The full impact of extended isolation, restricted access to face-to-face services and support networks on children and families, has yet to be realised, with a potential increase in demand for services, and the complexity of cases presenting.

A report commissioned as part of the DCEDIY/ESRI Research Partnership on the expected impact of COVID-19 on children and young people, points to a number of negative long-term impacts from the pandemic. In particular, the report highlights how these impacts will have greatest impact on children from poor backgrounds.

Despite a range of additional measures across public services generally, it is also recognised that the Covid-19 pandemic has tended to worsen existing disadvantage experienced by migrants and ethnic minorities and other vulnerable groups including the homeless population and those requiring drug rehabilitation.

For all of these groups, there will also be a continued focus on supporting them to access the vaccination programme.

- (xix) The Department of Health, Department of Children, Equality, Disability, Integration and Youth, Department of Housing and the Department of Justice will continue to build on the**

**extensive supports already provided to mitigate the impacts of the pandemic on children, families and other vulnerable groups and maximise the impact of funding resources to areas of highest need.**

## 1.8 RESTORING PUBLIC SERVICE PROVISION

Public service delivery, including all critical services, continued throughout the pandemic within the limitations of public health restrictions. However, due to these restrictions including remote working, some services were curtailed or delivered through alternative, and in certain cases sub-optimal, delivery channels and pathways. This has resulted in unavoidable delays, back-logs and pent up demand in some cases.

Some of the areas affected, at different levels and to different degrees, include, inter alia, delays in non-urgent cases in justice system, immigration services, on-site audits and inspections, surveying, in-person services at public offices, in person RSA services and testing and delivery of retro-fit schemes.

Curtailed services have been resuming on a phased basis adhering to strict protocols and guidelines, and monitoring.

Many public service organisations, including An Garda Síochána & the Defence Forces have been involved in specific COVID related activity to support the public health effort or have been redeployed to support colleagues in the health sector. Those demands are easing and they are allowing the beginning of a return to normal substantive duties. It is recognised that a number of organisations have an ongoing commitment to providing enhanced support to the public health effort.

As the public health restrictions are further eased and enhanced service provision is restored in line with public health advice and the return to workplaces, public service delivery will return in full, taking account of innovations and learnings from the pandemic such as use of online and virtual channels.

Public transport is currently operating at 75% capacity since 19th July. While public transport operators have reported little change in passenger demand over the past few weeks, this will change over the coming days with the imminent return of schools, colleges and the beginnings of a return to work. In parallel with the restrictions on public transport, we have also seen increased traffic congestion in our cities. Traffic volumes on the M50 are above pre-COVID levels while traffic volumes as measured by the canal cordon count are growing faster than public transport numbers.

- (xx) Civil Service Departments / Offices will finalise and progressively roll out their long-term blended working policies and implementation plans over the period from September 2021 in line with the Policy Statement on blended working in the Civil Service. From week beginning the 20<sup>th</sup> of September, a gradual return to the office may commence - having regard to their individual operational requirements.**
- (xxi) Public Service organisations will develop their long-term blended working and return to work policy and plans having regard to their operational requirements in line with the public health advice.**

- (xxii) In the context of the easing of restrictions agreed by Government, public transport will return to 100% capacity from 1<sup>st</sup> September with other protective measures including a statutory requirement for mask wearing remaining in place.**

## 1.9 RECONNECTING AS INDIVIDUALS, COMMUNITIES, SOCIETY AND AN ECONOMY:

Finally, we need to ensure we have a focused effort on those areas where we will need to support everyone, both individually and at a community level to reconnect.

There are more than 5,000 who lost their lives during the pandemic and many more are living with the impact of the disease both physically and mentally.

The pleasures of social life impact on our well-being and CSO survey data reflects the curtailment of our ability to communicate and connect on a face-to-face basis with work and social settings. Many of these simple interactions and milestone life events have been limited or entirely restricted since March 2020 and the effect is intense.

### 1.9.1 Social Impact of COVID-19 Survey

The Social Impact of COVID-19 Survey was undertaken by the Central Statistics Office throughout the pandemic to measure the affects the pandemic was having on society and to identify types of individuals and households that were being most impacted by the crisis. The topics covered in the five iterations of the survey included personal satisfaction; well-being; impact of school closures; change in behaviours; experiences in a pandemic; expectations for the future; holiday and travel plans; and attitudes towards restriction, compliance and vaccinations.

#### *1.9.1.1 Satisfaction and Well-being*

In February 2021, during the third wave of COVID-19 in Ireland, respondents were asked to rate on a scale from 0 ('Not at all satisfied') to 10 ('Completely satisfied') their satisfaction level with their overall lives. The overall life satisfaction of people was the lowest since this indicator was first collected in 2013, with a mean overall life satisfaction score of 5.8 down from a high of 8.1 in 2018 and from 7.5 in 2013.

When respondents' overall life satisfaction scores were categorised into Low (0-5), Medium (6-8) and High (9-10) more than four in ten (41.7%) respondents rated their overall life satisfaction as Low in February 2021. This was the highest rating of Low overall life satisfaction captured in the Social Impact of COVID-19 surveys to date. In April 2020, when COVID-19 related restrictions were first implemented, three in ten (29.6%) respondents rated their overall life satisfaction as Low. After restrictions were eased in August 2020 this rate dropped to just over two in ten (21.6%). In November 2020, during the second wave of COVID-19 and when the people of Ireland were living under Level 5 restrictions the rate increased to 35.6%. The comparable rate in 2018, a time when the Irish economy was growing strongly was 8.7% and in 2013, a time when Irish society was recovering from the 2008 global financial crisis the rate was 15.3%.

In February 2021, almost six in ten (57.1%) people reported that their mental health/well-being has been negatively affected by the COVID-19 pandemic, while 4.2% reported a positive effect. Other measures illustrated the scale of the impact the pandemic was having on peoples' well-being and how it changed throughout the crisis. In November 2020, 11.5% of respondents reported that they felt downhearted or depressed All or Most of the time, double the equivalent rate in April 2020 (5.5%). In February 2021, this rate had increased to 15.1% (almost three times the April 2020 rate).

The percentage of respondents that felt lonely All or Most of the time doubled between April and November 2020, from 6.8% to 13.7%. The rate reporting feeling lonely All or Most of the time in February 2021 is 13.1%, relatively unchanged from the November 2020 rate.

#### *1.9.1.2 Age*

In all rounds of the Social Impact of COVID-19 survey where well-being statistics were collected, younger adults (those aged 18-34) were more likely to report lower well-being scores compared with older age groups. For example, in February 2021, over four in ten (42.1%) respondents aged 18-34 rated their overall life satisfaction as Low, compared with 25.6% of those aged 70 and over. In 2018, younger adults (aged 18-34) were least likely (6.2%) to report overall life satisfaction as Low while those aged 70 and over were most likely (10.2%). In February 2021, almost three in four (74.4%) younger adults believe that the COVID-19 pandemic had negatively affected their mental health, compared to 32.4% of respondents aged 70 and over. Higher percentages of younger adults also reported feeling 'lonely' or 'downhearted and depressed' All or Most of the time when compared to older adults throughout all rounds of the Social Impact of COVID-19 survey where these statistics were collected.

**(xxiii) A Cross-Government Health and Well-being Programme will be developed to proactively support people to “reconnect” socially with family and their communities, to ensure individuals have the confidence and support to recommence old habits or continue new positive habits and that the solidarity shown during restrictions persists through the transition.**

## 2. IMMEDIATE TERM EASING OF PUBLIC HEALTH RESTRICTIONS

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Our overall approach to the management of the pandemic continues to be one that is cautious and sustainable over the immediate, medium and longer term. In consideration of the progress with the vaccination programme, and pending the transition in approach to public health management as outlined above, there will be further easing of measures in the immediate term.

**We continue to have a high level of disease in the community.**

**We need in the coming weeks to fully achieve the benefits of the vaccination programme for all those remaining groups currently being vaccinated.**

### 2.1 ONGOING GENERAL REQUIREMENTS

#### **Self-Isolation/Restricted Movements**

- Continuing requirement for:
  - Those with symptoms to immediately self-isolate and seek a test
  - Those with a positive test result to self-isolate for 10 days
  - Close contacts of a confirmed case to restrict movements unless fully vaccinated
- Increasing proportion of those identified as close contacts (with no symptoms) will not have to restrict movements as fully vaccinated rates increase.

#### **Physical Distancing**

- Maintenance of physical distancing requirements for all people in all public settings in line with agreed capacity limits.
- Those awaiting full vaccination should continue to maintain physical distancing in private settings and should avoid mixing indoors with more than one other household at a time.
- No requirement for physical distancing between fully vaccinated people in private settings.

#### **Masks**

- Continued application of current mask wearing requirements.
- No requirement for mask wearing between fully vaccinated people in private settings

**Ventilation:** Ventilation will remain a core component of our COVID-19 response.

- The HSA has published a new COVID-19 Work Safely Protocol employer checklist on ventilation
- HSE/HPSC have updated guidance, including for non-healthcare settings, to include appropriate references to ventilation and extensive work is taking place with IPC teams on implementation and stakeholder engagement.
- While existing guidelines for healthcare facility buildings emphasise the need for adequate space and the move to single-occupancy patient rooms, temporary risk mitigation measures to ensure adequate ventilation to the greatest degree practical may be required in high-risk environments pending new building or refurbishments.
- In healthcare facilities, there is a need for a greater emphasis on capacity for adequate ventilation in design and building refurbishment throughout all areas of healthcare facilities including patient-care and nonpatient care areas.
- Departments/Agencies should continue to review communications on ventilation to ensure appropriate messaging, advice and guidance in relation to ventilation is available and accessible
- Non-healthcare facilities that serve as a base for critical services that must operate through a public health emergency will need to consider design and build for adequate space and ventilation and segregation of indoor air space. This will be less critical for facilities that house

services that do not need to operate during a public health emergency or that can operate remote from their core facility during a public health emergency.

## 2.2 ORGANISED INDOOR AND OUTDOOR EVENTS / MASS GATHERINGS

Currently organised indoor events cannot take place. A number of exceptions are in place in respect of indoor organised events (i.e. arrangements for hospitality, religious ceremonies, cinemas and theatres) in addition to a range of pilot events.

For organised outdoor events, a maximum of 200 attendees can attend the majority of venues, with a limit of 500 people for venues with capacity greater than 5,000 (with appropriate protective measures in place - including social distancing requirements).

In advance of meeting transitioning criteria in mid-October, it is proposed that organised indoor and outdoor events (concerts, shows, fairs, exhibitions, etc) can take place with capacity limits depending on the venue and vaccinated status of patrons, in line with sectoral guidance, as follows:

<b>From 6<sup>th</sup> September organised indoor and outdoor events / mass gatherings</b>		
	<b>Patrons with proof of immunity (vaccinated or recovered)</b>	<b>Mixed Patrons (with and without proof of immunity)</b>
<b>Indoor</b>	Up to 60% capacity with appropriate protective measures	No change <sup>1</sup>
<b>Outdoor</b>	Up to 75% capacity with appropriate protective measures	Up to 50% (subject to appropriate protective measures including social distancing between groups, face masks etc)
<b>Religious Services</b>	Attendance at religious services up to 50% (subject to appropriate protective measures including social distancing between groups, face masks etc).	
<b>Coach Tours</b>	Coach tour activity can recommence at 50% capacity with protective factors.	
<b><u>Explanatory Notes:</u></b>		
<ul style="list-style-type: none"> <li>✓ <i>Indoor Events/Mass Gatherings includes Conferences, Trade Fairs and Exhibitions &amp; large scale business events involving external audiences, Cinemas, Theatres, and Bingo venues. Specific arrangements in respect of cinema and theatre attendance for mixed patrons will continue to apply i.e. up to 50 people with appropriate social distancing.</i></li> <li>✓ <i>For indoor live music, drama, live entertainment and sporting events audience/spectators should be fully seated.</i></li> <li>✓ <i>Easing of capacity limit restrictions does not apply to large privately organised social events. Specific arrangements in respect of Weddings continue to apply (i.e. up to 100 guests can attend a wedding).</i></li> <li>✓ <i>No further changes are proposed to the current arrangements in respect of the hospitality sector until the final transition point is reached. However, live music in these settings and at weddings may commence having regard to appropriate protective factors including social distancing, ventilation and volume levels. Arrangements must have regard to the risk of shouting, singing and loud noise all of which have been shown to significantly aid the spread of the Covid-19 disease.</i></li> <li>✓ <i>In line with arrangements for the hospitality sector, children under 18 who are accompanying adults in these venues do not need proof of vaccination or recovery.</i></li> </ul>		

<sup>1</sup> See explanatory notes



✓ *In all sectors, organisers should demonstrate full understanding of and adherence to best practice protective measures which should continue to apply, within these capacity limits and have COVID plans for events.*

## 2.3 ORGANISED INDOOR AND OUTDOOR GROUP ACTIVITIES

Currently the following is permitted:

- outdoor training in pods of a maximum of 15 people
- gyms, swimming pools, leisure centres are permitted to open for individual training only with protective measures
- swim lessons and classes can take place
- other indoor sporting activities including matches, group/team training and exercise/dance classes are not permitted
- outdoor sports matches are permitted, with attendance in line with the regulations for organised outdoor events

Other indoor activities including matchers, group/team training and exercise/dance classes/art classes are not permitted.

From 20<sup>th</sup> September Organised indoor and outdoor group activities (sports, arts, culture, dance classes etc) can take place with capacity limits depending on the venue and vaccinated status of patrons, in line with sectoral guidance, as follows:

<b><i>From 20<sup>th</sup> September indoor and outdoor group activities (sports, arts, culture, dance classes etc)</i></b>		
	<b>Patrons with proof of immunity (vaccinated or recovered)</b>	<b>Mixed Patrons (with and without proof of immunity)</b>
<b>Indoor</b>	Up to 100 (with appropriate protective measures)	Pods of up to 6 participants will be permitted (excluding adult leaders/teachers).  Multiple pods will be permissible subject to protective measures. Number of pods will have regard to the size of venue and <u>substantial</u> social distance between individual pods or 2m distancing between individual participants in classes, face masks where appropriate, well ventilated spaces etc).
<b>Outdoor</b>	Restrictions on outdoor activities included below are removed	

### **Explanatory Notes:**

*Social Activities includes:*

- ✓ *Sports – exercise classes, competitive training and matches – capacity limits refer to participants. Spectator attendance in line with the regulations for organised outdoor events*
- ✓ *Arts, culture, drama, music and dance classes and group activities Choirs/Bands/Music Groups.*
- ✓ *Business training and meetings.*
- ✓ *Adult education classes and activities in libraries*
- ✓ *Community activities e.g. men’s sheds, other children and youth activities, parent/toddler groups, chess/bridge clubs, resident association activities*
- ✓ *Leisure facilities where patrons have defined areas which are pre-booked (bowling, snooker halls, indoor play centres) amusement arcades*

***HPSC “Checklist” for reopening provides useful guidance for indoor activities and for performance and practice by choirs and musical ensembles given specific risks associated with spread of COVID-19 of some of these activities.***

**As referred to in 1.3 above, Government Departments will work with relevant sectors to review and align sector-specific guidance, protocols and plans such that they are appropriate to the transition in approach to the public health management of COVID-19.**

## **2.4 RETURN TO WORKPLACES**

Employers should develop or finalise their long-term blended working and return to work policy and plans having regard to their operational requirements in line with the public health advice.

Attendance at work for specific business requirements may commence on a phased and staggered attendance basis from 20<sup>th</sup> of September.

As outlined in Section 1.4, the Government will also continue to work closely with Employers and Trade Unions, building on the collaborative approach to developing the LEEF Return to Work Safely Protocol, to ensure appropriate guidance is provided for the next phase of reopening including the return to offices. The Protocol will be further updated to support this transition back to the workplace in advance of the 20<sup>th</sup> of September.

## **2.5 PUBLIC TRANSPORT**

Return to 100% capacity from 1<sup>st</sup> September.

Persons using public transport must wear a face covering, unless exempt.

Businesses should facilitate staggered working arrangements to allow staff change their travel patterns to less busy times where possible.

### 3. REMOVING RESTRICTIONS & STAYING SAFE FROM 22<sup>ND</sup> OCTOBER

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As outlined above, based on the recent public health advice and the rates of uptake being achieved by the Vaccination Programme, Government have agreed that the transition to the future state of managing COVID-19 should make a final significant shift in approach in October.

**Based on the criteria of at or close to 90% of people 16 or over being fully vaccinated in the coming weeks, and having regard to the incidence and behaviour of the disease at that time, the Government will remove further statutory restrictions in respect of events and activities from 22<sup>nd</sup> of October.**

While vaccination is now our most important and effective measure, there will continue to be a need for some measures and a layered approach to the application of these measures to reduce the risk of transmission.

#### 3.1 ONGOING REQUIREMENTS FOR NON-PHARMACEUTICAL INTERVENTIONS

Throughout the pandemic we have relied on a combination of measures, including mask wearing, physical distancing, hand and respiratory hygiene, improved ventilation, self-isolation, infection prevention and control, an emphasis on outdoors over indoors, testing and contact tracing, border controls and a range of domestic restrictive measures to suppress transmission. Measures that will remain in place will include:

##### **Self-Isolation/Restricted Movements**

- Appropriate self-isolation of anyone with symptoms and anyone receiving a positive test result will remain an essential component of our response
- Ongoing review of guidance in relation to close contacts.

##### **Physical Distancing**

- Appropriate physical distancing requirements and visiting guidance in individual healthcare institutions and facilities based on local risk assessment and advice from infection prevention and control teams

##### **Masks**

- Individual efforts to wear masks based on individual risk assessment will remain an important component of our collective response to COVID-19
- Continued application of current mask wearing requirements will continue in healthcare settings, indoor retail and on public transport.
- Facemasks may continue to be needed to be worn in certain environments as part of sector-specific measures to ensure a safe environment.
- Formal requirements for mask wearing outdoors and in indoor private settings will be removed.

#### 3.2 REMOVAL OF RESTRICTIONS FROM 22<sup>ND</sup> OCTOBER

While those who have not been fully vaccinated should avoid or exercise very high levels of caution in high-risk environments, the following measures will be removed;

- Formal requirements/mandates for physical distancing
- Formal requirements/mandates for mask wearing outdoors and in indoor private settings
- Limits on numbers that can meet in private homes/gardens
- Limits on numbers at outdoor events and engaging in sporting activities outdoors

- Restrictions on indoor sports activities and other indoor leisure/community activities
- Restrictions on religious or civil ceremonies
- Certification of immunity or testing as a prerequisite for access to, or engagement in, any activities or events (with exception of international travel)
- Restrictions on high-risk activities (i.e. nightclubs)
- Requirement to work from home allowing a return to physical attendance in workplaces on a phased and cautious basis appropriate to each sector

**In addition, each sector should review and align sector-specific guidance and protocols such that they are appropriate to the transition in approach to the public health management of COVID-19.**

### 3.3 EXPIRATION OF STATUTORY REGIME

The statutory regime in place to support the protection of public health will be wound down in line with agreed removal of restrictions outlined above.

**Health and Criminal Justice (Covid 19)(Amendment) Act 2021** set a sunset date of **9 November 2021** (with a possible single extension of up to 3 months by Resolutions of both Houses) on the following Acts:

- Part 2 of the Health (Preservation and Protection and other Emergency Measures in the Public Interest) Act 2020 – this includes Section 31A of the Health Act 1947 under which the Regulations for a range of temporary restrictions have been made.

Section 31A Regulations current expiry dates:

- Temporary Restrictions (restrictions on events, weddings, funerals, sports, businesses etc.) – 1 September
- Face coverings (retail and transport) – 9 November
- Passenger Locator Form – 31 October
- Restrictions on travel into the State – 31 October
- EU Digital Covid Cert (issuing to third country nationals) – 9 November

*The main Regulations for the EU Digital Covid Cert were made under the European Communities Act 1972 and are not timebound.*

- Part 5 of the Emergency Measures in the Public Interest (Covid-19) Act 2020 [concerns restrictions on the operation of mental health tribunals].
- Criminal Justice (Enforcement Powers) (Covid-19) Act 2020 [Provides Garda powers of entry to licensed premises for enforcement of Covid regulations and powers to object to the renewal of a liquor licence for breaches].
- Health (Amendment) Act 2020 [Penal provisions/FPNs for S31A Regs; Garda powers re. ‘dwelling events’].
- The **Health (Amendment) Act 2021** provides for mandatory hotel quarantine and is currently in force until **31 October 2021**. It can be extended by Resolutions of both Houses for periods not exceeding 3 months. Regulations made under the relevant sections primarily concern provisions

defining exempted travellers who are not subject to MHQ. These Regulations are co-terminus with the Act.

- **Health (Amendment)(No. 2) Act 2021** makes provision regarding indoor hospitality for vaccinated/recovered persons; amendments re. pre-travel Covid tests for MHQ and is in force until **9 October 2021** (with a possible single extension of up to 3 months by Resolutions of both Houses).
- Regulations have been made under the relevant sections providing for the operation of certain indoor premises for indoor dining for vaccinated/recovered persons and these will expire on 1 September (consistent with the general temporary restrictions Regulations).

**The Government will bring forward proposals in October in line with the Plan.**

## 4. ECONOMIC STRATEGY

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A key part of Economic Recovery Plan is the new Pathways to Work Strategy, 2021-2025, published on 12 July, which outlines extensive supports to help people get back working again in new areas of opportunity and growth, through upskilling in their area of expertise or training for an entirely new career path.

The Summer Economic Statement, published on 14 July, outlines the medium-term fiscal framework in which we will operate, consistent with substantial investment in public services and infrastructure to meet long-term needs, while setting out a path to returning the public finances to a sustainable position.

Further important steps to support recovery in economic activity and employment over the coming weeks will include:

- publication of a new housing policy, Housing for All, setting out the Government's ambitious plans to substantially increase housing output in the coming years;
- the refreshed National Development Plan, which will set out the Government's unprecedented plans for investment in infrastructure over the coming decade;
- an updated Climate Action Plan, outlining the steps we will take to begin the path to meeting our climate targets under the new Climate Action Act
- Budget 2022, in October, which will outline further specific measures to drive economic recovery and job creation within the fiscal parameters of the Summer Economic Statement.

### 4.1 RECENT ECONOMIC DEVELOPMENTS

The significant progress in reopening the economy can be seen most clearly in the reduced numbers of people in receipt of the Pandemic Unemployment Payment, currently just under 150,000, a decline of nearly 70% from the peak in mid-February. Of those returning to work in recent months, the largest number relate to those working in the accommodation and food services sector in line with the amended public health restrictions. Since it was introduced in March 2020, the Pandemic Unemployment Payment has provided over €8.3 billion in support to workers.

Real time indicators of economic activity have also shown a return to strong growth, with the level of consumer spending based on card payments returning to pre-pandemic levels in mid-May and now standing at over 10% above pre-pandemic levels. The Department of Finance anticipate Modified Domestic Demand, a key indicator of the health of the domestic Irish economy, to grow by 2.5% in 2021 and 7.5% in 2022. Short-term indicators of business confidence, such as Manufacturing, Construction and Services PMIs have also rebounded strongly in recent months, while the reopening to date has also seen a significant fall in the unemployment rate, with the CSO reporting a COVID-19 adjusted unemployment rate of 13.5% in July, down from 25.5% in March 2021.

Underpinning this, the Government continues to provide significant supports to businesses. This includes through the Employment Wage Subsidy Scheme, with over €5.1 billion provided in support to date while in July alone, the scheme supported 359,800 employees working for over 33,000 businesses; the COVID Restrictions Support Scheme, which has provided support totalling almost €700m, and the continued availability of loan schemes such as the €2 billion COVID-19 Credit Guarantee Scheme.

## 4.2 ECONOMIC SUPPORTS FOR THE NEXT PHASE

With the continued successful roll-out of our vaccination programme, we are now in a position to move forward with the next phase of reopening. During this phase, Government will continue to provide supports to workers and businesses in line with the Economic Recovery Plan.

These supports will include:

- The Employment Wage Subsidy Scheme (EWSS), which will continue to be made available to businesses until the end of the year, encouraging employment and helping maintain the link between employees and employers. The current, enhanced, payment rates will be maintained for Quarter 3 at existing turnover thresholds. Specific details of the approach to be taken in Quarter 4 will be outlined in early September.
- Eligible businesses will also continue to be able to avail of the COVID Restrictions Support Scheme (CRSS) until the end of the year. The CRSS provides a cash payment of up to €5,000 a week to qualifying businesses which have been closed or substantially restricted in operating due to COVID-19 restrictions.
- In September, a new Business Resumption Support Scheme will be introduced to support businesses which have had reduced turnover as a result of public health restrictions. This new scheme will be targeted at vulnerable but viable businesses whose trade is significantly impacted by the pandemic. Qualifying businesses will be able to apply to Revenue for support up to a maximum of €15,000 in an Advance Credit for Trading Expenses based on turnover.
- Tax debt warehousing will continue to be made available, allowing businesses to warehouse VAT, PAYE (Employer) liabilities, including income tax, PRSI, USC, Income Tax for self-assessed individuals and excess payments under the Temporary Wage Subsidy Scheme (TWSS). All tax debts arising up to 31 December 2021 can be warehoused. No interest will be due in 2022 and a lower rate of 3% will apply thereafter.
- The Pandemic Unemployment Payment (PUP) will continue to be available until February 2022. In line with the Economic Recovery Plan, the Payment is now closed to new entrants and will be gradually reduced on a tapered basis in the coming months to align it with the standard jobseekers payments. This transition commences in September 2021.
- For self-employed people who close their PUP payment, the €1,000 Enterprise Support Grant remains in place for the rest of the year. Those who claimed the grant in 2020 but who found themselves back on PUP in 2021, will be able to access the grant for a second time. Self-employed workers in receipt of PUP can also continue to earn up to €960 per month while in receipt of the payment.
- The Part-Time Job Incentive Scheme for the Self-Employed (PTSE) will also remain available until the end of the year. This scheme for self-employed people provides income support to self-employed people who are no longer eligible for PUP and who are in receipt of a jobseekers payment due to COVID-19, allowing a person to take up limited self-employment and retain a weekly payment of €128.60.
- As Part of Pathways to Work, the Government is significantly stepping up the availability of training and supports for those who have lost their jobs, including the provision of 50,000 new education and training places, 10,000 new work placement opportunities and 10,000 apprenticeships each year between now and 2025, targeted at new areas of economic opportunity and growth.
- In addition, Government will continue to provide low-cost loan schemes to businesses, such as the COVID-19 Credit Guarantee Scheme, mentoring programmes, and direct grant programmes.

## 5. HEALTH SERVICE

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### 5.1 PUBLIC HEALTH

Public Health plays a critical role in the individual and collective health of the population. The past year has highlighted the global threat to population health posed by novel infectious agents and the critical importance of a public health workforce sufficient to provide a robust, resilient, and responsive health protection response to those threats. Public Health has been at the forefront of our COVID-19 pandemic response, demonstrating considerable leadership, commitment, and professionalism in protecting our communities.

#### 5.1.1 Strengthening Public Health

In 2020 permanent resources within Public Health were determined to be insufficient at all levels to respond to the challenges posed by COVID-19 in 2020 and beyond. To help protect our communities and strengthen Departments of Public Health (DPHs), the HSE developed a Public Health Pandemic Workforce Plan to deliver 254 new WTE permanent resources. To date, a significant volume of permanent and temporary resources has been provided to support core teams and surge teams nationally. The core team requirements are in place in each regional department, with additional surge capacity in all DPHs. To complete the recruitment of the remaining permanent multi-disciplinary team resources over 60 campaigns are currently live.

As Ireland emerges from the current set of protective measures and seeks to prevent future escalation in cases, a fast, dynamic, and agile, integrated and intelligence-led public health response, organised at a local level, will be critical to preventing a further resurgence in cases in the medium and long-term. Therefore, we are now implementing an enhanced service delivery model which radically changes the governance and operating structure within Public Health, introducing a more fit-for-purpose National and Regional management structure across the four pillars of Public Health: (1) Health Protection (2) Health and Wellness (3) Health services improvement and (4) Health intelligence.

This will allow the implementation of a consultant led 'hub-and-spoke' structure as envisaged by the Crowe Horwath Report. Implementation of the new model is being progressed on a phased basis and includes the establishment of the grade of Consultant in Public Health Medicine to provide the strategic leadership for this reformed Public Health Model. 84 Consultants in Public Health Medicine will be recruited by the end of December 2023, with 34 priority posts in place by the end of June 2022. The Phase 1 priority posts will be in the Health Protection pillar and will be allocated to the 6 new areas based on a data driven analysis of population need for each area. The reformed Public Health Model will help to ensure that as Ireland emerges from the pandemic, we have a significantly enhanced and resourced Public Health service, aligned to International best practice.

#### 5.1.2 Testing and Tracing

National standing capacity for Testing and Tracing has been significantly increased over the past year. Standing capacity for swabbing is 25,000 across community and acute, while standing laboratory capacity is 25,000 tests per day. Surge capacity is in place to provide additional capacity across each of these pillars.

The short-term focus of the Testing and Tracing function is to manage the surge in demand resulting from the Delta variant. The Testing and Tracing Surge Strategy (July 2021) is currently activated, with a number of escalation initiatives in place to increase capacity and control demand across the four



pillars. Ongoing demand forecasting is taking place, with the service adapting to changes in demand projections as required. It is anticipated that the impact of the delta wave on Testing and Tracing demand will peak in September and continue into October 2021, taking into account the projected impact of education settings resuming.

In the short- to medium-term, the current Testing and Tracing model and standing capacity will be maintained through to the end of 2021. A transition to scaled back operating model for COVID-19 will be required in 2022, in line with clinical direction and the COVID-19 disease profile/ level of harm, with operations beginning to scale back from Q1 2022. A number of scenarios are being assessed regarding the medium-term operating model, with planning driven by clinical direction and projected demand. A key priority in planning the scaled back Testing and Tracing model is ensuring that the service can be scaled up again as required to manage new variants or future pandemics.

A further priority is ensuring that the enduring Testing and Tracing function is efficient and sustainable. A number of initiatives are in train to support this, including using antigen as a core component of the testing strategy (e.g. in education settings and for close contact testing), increased use of automation and technology (e.g. test booking portals, contact tracing portal, antigen portal), and prioritisation of testing in line with clinical direction. Genomic sequencing will also play a key role as a risk management tool in identifying and responding to variants of concern. As the model for Testing and Tracing evolves and testing requirements change, clear and effective communication with the public regarding any changes will be key.

### 5.1.3 Vaccination Programme

Since the rollout of the vaccination programme began on December 29th 2020 significant achievements have been made by the HSE. We are now moving into the final phase of the vaccination programme and are completing the vaccination of 12 to 15 year olds. Based on the current demand for vaccines, we expect to substantially complete the vaccination programme by late September/early October.

Preliminary planning has commenced in relation to a potential COVID-19 booster campaign. Based on the most recent CMO correspondence, the booster programme will be targeted initially. Contingency arrangements are being developed to enable a more broad-based booster vaccination programme during the autumn. Operational plans are being developed to ensure there is adequate capacity to scale up the vaccination workforce as required.

The vaccination centres are currently being reconfigured to facilitate the administration of both COVID booster vaccines & Flu vaccines. Further NIAC advice on the requirements for booster vaccines is awaited.

## 5.2 HOSPITAL SERVICES

As set out earlier, COVID 19 has and continues to challenge the overall capacity and capability of the health service. The immediate task will include managing the longer term impact of COVID and associated restrictions on health service provision and ensure Health System preparedness to sustain management of COVID and Winter impacts. The Winter Plan and Service Planning processes will include the following elements.

### 5.2.1 Acute Services Unscheduled Care

Levels of Emergency Department (ED) attendances and subsequent admissions are not only reaching pre-pandemic levels but exceeding them. While COVID-19 hospitalisations have increased, the total increase in ED presentations is not attributable solely to COVID-19. Pressures typically observed

during the Winter period are now being experienced during the summer months. It is likely that the reasons for this increase in unscheduled care is multifactorial including patients delaying accessing acute care in previous waves and presenting with increased acuity, patients not accessing routine or scheduled care due to health service reconfiguration or service reduction and difficulty accessing alternative care pathways such as GPs and mental health services.

### 5.2.2 Bed Capacity

There has been a steady increase in demands for both general acute beds and critical care beds since early summer as COVID-19 cases increase. The rise in bed demands related to COVID-19 patients has the potential to impact non-COVID care because of the requirement to offer separate streams for COVID and non-COVID care. There is a provision for an increase of adult critical care beds, from 255 to 321 by end of 2021. In terms of acute general care beds, there is provision for a total of 1,152 general acute beds to be delivered by the end of 2021 under the current forecasts. Taking lessons learned from the pandemic, continued investment will be sought to increase and upgrade our acute bed capacity in line with the Bed Capacity Review.

### 5.2.3 Ongoing Utilisation of Private Hospital Capacity

The Safety Net 2 Agreement enables the HSE to acquire up to 30% of the capacity of any individual private hospital site in the event that one or more surge events occur during the term. This continued access to private hospitals has insulated the public system from the sustained challenges posed by COVID, increased ED attendances and more recently the impact of the cyber-attack. The SafetyNet2 Agreement includes access to radiotherapy and chemotherapy services for urgent cancer cases, time dependent elective care, diagnostic outpatient and scope services. The use of private hospitals will continue to form part of the HSE overall response to meeting the demands of scheduled and unscheduled care within a COVID context and as the HSE approaches the Winter months.

### 5.2.4 Scheduled Care Waiting Lists

The HSE Service Plan 2021 set lower targets for elective care than those set for 2020 to take account of the potential ongoing adverse impact of COVID-19 surges. The third COVID surge (January- March 2021) and the Cyber attack further curtailed elective activity in order to manage urgent and emergency patient care needs safely.

### 5.2.5 National Ambulance Service

NAS is focusing on a suite of proposed measures which are intended to reduce demand on the wider acute system, reduce the need for conveyance and maximise the capacity available to respond to 999 emergencies. In order to leverage existing emergency ambulance and intermediate capacity, a revised minimum crewing model will be temporarily implemented. Planning will commence to reduce and return redeployed NAS staff from COVID-19 testing and vaccination to core emergency service delivery. NAS will also engage with Hospital Groups to achieve a reduction in the impact of Arrival to Handover Delays on emergency ambulance capacity. Community paramedics will also be deployed to work in partnership with primary care to increase ED avoidance. Physician led triage in the NAS Clinical Hub will continue to be implemented. The Pathfinder Frailty model will be scaled up and provided at the most challenged hospital sites to increase ED avoidance. The Alternative Care Pathway will also be deployed in Cork and Kerry to increase ED avoidance.

### 5.2.6 Waiting Lists

While steady progress had been made on addressing waiting lists prior to COVID-19, the pandemic and laterally the cyber-attack in May 2021 have had a profoundly adverse impact on the delivery of

timely scheduled care. As of March 2021, there were a total of c. 629,000 patients waiting for a first outpatient appointment, c. 80,000 patients waiting for an inpatient/daycase procedure and c. 36,000 patients waiting for gastroscopy (GI Scope).

**The Department of Health and the HSE will take the following initiatives to support our acute services to provide dual COVID and COVID-91 care and address the backlog of care including:**

- Maintain non COVID-19 care pathways to enable effective and safe patient flow.
- Alternative and formalised pathways for ED and strengthened links between our EDs, the National Ambulance Service (NAS), primary care teams and the Integrated Care Programme for Older Persons (ICPOP).
- Continue to deliver on target acute and critical care bed capacity
- Seek further investment in acute general and critical care beds in line with the Bed Capacity Review.
- Maintain and enhance IPC measures aimed at reducing transmission within and between health care settings.
- Timely discharges within acute hospitals through ongoing delivery of home supports and homefirst pathways and strong links with primary care teams.
- Continue to monitor the full impact of delayed diagnosis on health outcomes across a range of health conditions so that effective mitigation strategies can be designed and implemented.

### 5.3 COMMUNITY SERVICES

Many people, of all ages, living in our communities depend upon the support that they receive from community healthcare services to live well within their communities. As with other services within the HSE, Community Services have faced challenges in delivering care whilst managing successive COVID surges and the cyber attack. Community services whilst continuing to tackle the issues associated with ageing populations and chronic disease are also now faced with the emerging health and well-being impacts of the COVID-19 pandemic. Such impacts include those living with long COVID, increasing numbers of people presenting with mental health difficulties such as eating disorders and the impact of prolonged periods of isolation for people, their carers and families.

Additional challenges in addressing these issues include workforce availability, workforce health-being, the potential for additional COVID-19 surges, seasonal Winter system pressures and the stability and structure of external delivery partners including the home care, voluntary and nursing home sectors.

The Health Service Executive is continuing existing COVID initiatives and potential areas for prioritisation and investment within community services to tackle the longer term issues will be identified in the context of both Winter Planning and the 2022 Service Plan.

### 5.4 MENTAL HEALTH AND WELL-BEING

Mental health continues to be a priority for the Government and HSE mental health services have continued to deliver services during the pandemic.

Emerging health and well-being impacts of the COVID-19 pandemic include increasing numbers of people presenting with mental health difficulties such as eating disorders and the impact of prolonged periods of isolation for people, their carers and families. The HSE and the Department of Health continue to plan for any surge in demand for mental health services and supports as it arises. The HSE have service surge capacity plans in place, including access to acute beds in the private sector. This additional capacity includes the purchase of acute beds, as well as longer term care beds to free up capacity in the public sector. Over €7.5 million of revenue funding and €6 million of once-off funding has been allocated to purchasing additional capacity.

More generally, further developments in mental health services continue in line with the national mental health policy, *Sharing the Vision* and commitments set out in the *HSE National Service Plan 2021*.