

**UK COVID-19 INQUIRY, MODULE 2C**  
**PRELIMINARY HEARING: 2 OCTOBER 2022**

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**WRITTEN SUBMISSIONS ON BEHALF OF THE  
COMMISSIONER FOR OLDER PEOPLE IN NORTHERN IRELAND**

**THE COMMISSIONER’S CONSTITUENCY AND ROLE**

1. As of March 2021, Northern Ireland had an over-60s older population of approximately 439,600<sup>i</sup> representing some 23% of its total population. Northern Ireland has some 473 residential care homes<sup>ii</sup> catering for that population through about 11,400 care packages<sup>iii</sup>, not including those for domiciliary care. Nearly all of those care packages are commissioned from the private sector.
2. The disproportionate adverse impact of Covid-19 on that population is accepted by Northern Ireland’s Minister for Health: *“The COVID-19 pandemic has had a huge impact on older people: 90% of COVID-19 deaths in the first wave of the pandemic were in people aged over 65. Around half of COVID-19 deaths in Northern Ireland occurred in a care home”*<sup>iv</sup>.
3. The Commissioner for Older People in Northern Ireland was established in accordance with the Commissioner for Older People Act (Northern Ireland) 2011 (**“the Act”**) with the principal aim, as enshrined in section 2(1), being to safeguard and promote the interests of older people in Northern Ireland. The mandatory duties of the Commissioner are outlined in section 3:
  - (1) *The Commissioner must promote an awareness of matters relating to the interests of older persons<sup>v</sup> and of the need to safeguard those interests<sup>vi</sup>.*
  - (2) *The Commissioner must keep under review the adequacy and effectiveness of law and practice relating to the interests of older persons.*
  - (3) *The Commissioner must keep under review the adequacy and effectiveness of services provided for older persons by relevant authorities.*
  - (4) *The Commissioner must promote the provision of opportunities for, and the elimination of discrimination against, older persons.*
  - (5) *The Commissioner must encourage best practice in the treatment of older persons.*
  - (6) *The Commissioner must promote positive attitudes towards older persons and encourage participation by older persons in public life.*
  - (7) *The Commissioner must advise the Secretary of State, the Executive Committee of the Assembly and a relevant authority on matters concerning the interests of older persons —*
    - (a) *as soon as reasonably practicable after receipt of a request for advice; and*
    - (b) *on such other occasions as the Commissioner thinks appropriate.*

4. The Commissioner represents the interests of potentially over 600,000<sup>vii</sup> older people and their families in Northern Ireland. This includes people experiencing a broad spectrum of personal circumstances. The Commissioner deals with and represents individuals living in their own homes, those living at home but reliant on domiciliary care, those living in supported living or in residential care homes as well as those in hospitals and hospices and even some constituents confined to prison establishments. Statistics and lived experience would suggest that the Commissioner's constituents are uniquely vulnerable to experiencing long term physical or mental health conditions<sup>viii</sup>, loneliness<sup>ix</sup> and to feel more significant physical impacts of being required to shield<sup>x</sup>.
5. The Commissioner has sought throughout to deliver for them pursuant to his mandatory duties. Some of those duties are particularly pertinent to his actions in relation to Covid-19 and this Inquiry.
6. Pursuant to sections 3(2) and 3(3) of the Act, the Commissioner is required to keep under review the adequacy and effectiveness of law and practice relating to the interests of older persons and the adequacy and effectiveness of services provided for older persons by relevant authorities. This necessitated the acquisition of a detailed knowledge of the law and practice of the health and social care sector and the experience of older persons in the Northern Ireland regulatory and operational context. This is significantly different from the other jurisdictions as the Equality Act 2010 does not apply and the health and social care systems are integrated, with both limbs being under the responsibility and control of the Department of Health<sup>xi</sup>. The Commissioner's particular concern about the preparation for and management of the pandemic, is the extent to which Northern Ireland may have been squandered the advantages that should have accrued from its integrated system.
7. The Commissioner acknowledges and welcomes the Chair's assurance in her comments during the Preliminary Hearing on 4 October 2022: *"As far as many of the unique aspects of Northern Ireland are concerned, if I didn't know about some of them before, I certainly do now, and I can promise the people of Northern Ireland that, for as long as I am the only Inquiry into Northern Ireland, we will ensure that all the aspects that your lay clients' [NI bereaved families] wish to be considered and, indeed, the public in Northern Ireland wish to be considered, if they are of course what we in the end determine are relevant, then they will be."* (pgs.81-82, Transcript)
8. The Commissioner's publications demonstrate the depth of knowledge in his office of the regulatory and operational context prior to the pandemic, such as its 2014 report to the Minister 'Changing the culture of care provision in NI', its 2015 report 'Prepared to Care? Modernising Adult Social Care in NI' and its 2017 report on the 'CMA Care Homes Market Study'<sup>xii</sup>. These highlighted serious concerns over the

provision of care to older people pre-pandemic and identified recommendations for reform. The Commissioner's office was also in regular communication with the Health and Social Care Trusts, senior members of the Department of Health, the Chief Social Work Officer and the Director of Mental Health, Disability and Older People on issues relevant to his constituents. His office also regularly submitted responses to Government consultations in respect of proposed policy and legislative reform.

9. The Commissioner's intimate knowledge of the delivery of care in care homes, including its failings comes from his considerable experience. Approximately 60% of the requests for individual assistance to the Commissioner relate to health and social care, including issues in respect of care homes. It is well reflected in, for example, his 2018 'Home Truths' report and the follow-up in 2019<sup>xiii</sup>. This report arose from the first ever statutory investigation to be conducted under the Act and utilized the expertise of nursing, social care, and legal experts to examine all aspects of care provision in Dunmurry Manor Care Home. The Commissioner's knowledge and experience made him particularly well-placed to identify the problems that Covid-19 was presenting in care homes,
10. Pursuant to section 3(1) of the Act, the Commissioner must promote an awareness of matters relating to the interests of older persons and of the need to safeguard those interests. Fundamental to the Commissioner's role of promoting awareness of matters relating to the interests of older persons, is staying connected with his constituency. This has included engagement in the following ways: his website, surveys issued by his office, engagement with and interviews to local and regional media outlets, social media, PR campaigns and by way of his Newsletter. Virtual engagements took on a new significance during the pandemic as an essential way for the Commissioner to maintain his direct liaison with his constituents while respecting public health guidelines and legal regulations. The Commissioner has engaged with literally hundreds of people in this group.
11. From the earliest days of the pandemic the Commissioner played a direct and significant role in relaying concerns to the responsible decision-making bodies at the highest level and regularly communicating updates to the older population on key developments throughout the pandemic by his website and dedicated staff on the ground with the first publication being on 12 March 2020<sup>xiv</sup>. There was also regular media engagement with over 300 recorded in the first year of the pandemic alone. The Commissioner stayed connected with the concerns of older people and their families by in-person engagements, social media groups, surveys, and tracking responses to the website. Meetings with Age NI also took place to develop the 'Check in and Chat' telephone service for over 60's who felt isolated and lonely. COPNI was also actively engaged with the ScamwiseNI partnership. This involved regular engagement with the public by way of social media, keeping them abreast of current 'scams' to be aware of. Meetings also took place during the pandemic

with the Independent Care Home Providers group. The Commissioner also considered it vitally important to meet with campaign groups such as 'Care Home Advice and Support Northern Ireland' and 'Covid-19 Bereaved Families for Justice' throughout the pandemic.

12. Additionally, the Commissioner took part in weekly meetings of the 'Older People UK Network' during the pandemic. This provided a forum for representatives of statutory and charitable organisations from the four nations of the UK to share information, co-ordinate public comment, and keep track of the frequently changing regulations in each region. This engagement highlighted not just the actions in all four nations of the UK but the particular position of Northern Ireland, which alone has an integrated health and social care system.
13. The Commissioner continues to engage with his constituents on a daily basis through the various means outlined above and, therefore, he is well-placed to reflect their views and concerns to the Inquiry.

#### **THE COMMISSIONER'S CONCERNS AND OBJECTIVE**

14. Pursuant to sections 3(7) of the Act the Commissioner is required to advise the Secretary of State, the Executive Committee of the Assembly and a relevant authority on matters concerning the interests of older persons either upon receipt of a specific request or on any such other occasion as he considered it appropriate. In service of this duty, the Commissioner took on an extremely pro-active role during the pandemic. For example, the Commissioner was publicly calling for universal testing in care homes from as early as 23 April 2020. Throughout the pandemic he actively participated in and made recommendations at frequent pandemic response meetings with the Department of Health, the Public Health Agency and the Regulation and Quality Improvement Authority. On 4 June 2020, the Commissioner and his senior team gave a briefing to the Committee for Health by invitation<sup>xv</sup>. Throughout the pandemic the Commissioner had direct engagement on Covid-19 issues with the Minister for Health, the Chief Medical Officer, Department of Health officials, The Office of the First and Deputy First Minister, Department for Communities, Age NI, RQIA, the Northern Ireland Human Rights Commission, Public Health Agency, Patient and Client Council and Independent Health and Care Providers.<sup>xvi</sup> The purpose of this was to use the information he had from older people and their families, together with his own knowledge and experience of the weaknesses in the health and social care sector for older people, to contribute to formulating and improving the response of decision-makers to the pandemic. The Commissioner's experience is considerable having been in post for two consecutive terms.

15. The Commissioner published various statements in Northern Ireland throughout the course of the pandemic on issues of relevance to the Terms of Reference of the Inquiry including his concerns regarding:
- a. Impact of lockdown on the older population and adverse impact on Human Rights, influencing public health policies such as the ‘Care Partner Scheme’ and ‘Visiting with Care – A Pathway’<sup>xvii</sup>
  - b. Lack of sufficient PPE in care homes<sup>xviii</sup>
  - c. Ageist decisions taken by medical professionals regarding the entitlement of ventilators<sup>xix</sup>
  - d. The discriminatory and ageist practice of ‘Do not resuscitate forms’ on older patients without consulting the patient or their families<sup>xx</sup>
  - e. Government failure to record care home deaths which, following advice from the Commissioner, was implemented<sup>xxi</sup>
  - f. Importance of testing staff and residents regularly in care home settings<sup>xxii</sup>
  - g. Vaccination programme roll out for older people<sup>xxiii</sup>
  - h. The disproportionate deaths in care home settings compared to the community, particularly compared to other areas of UK<sup>xxiv</sup>
  - i. Importance of wearing face coverings to help protect the elderly following the loosening of lockdown restrictions<sup>xxv</sup>
  - j. Deaths in care homes caused by the discharge of hospital patients to care homes<sup>xxvi</sup>
  - k. Public calls for a Northern Ireland Covid Inquiry<sup>xxvii</sup>
16. The Commissioner’s particular concern in the preparation for and management of the pandemic, is the extent to which Northern Ireland may have been squandered the advantages that should have accrued from its integrated system.
17. From 19 March 2020 to 14 October 2022, there were 4,892 Covid-related deaths recorded in Northern Ireland. The figures show that the majority of these deaths were amongst older persons<sup>xxviii</sup>. In addition, the Commissioner is acutely conscious of the many and often undocumented people who continue to suffer the effects of Covid-19, either by way of ‘long Covid’ or due to delays in surgeries and other health care services. The Commissioner has formally intervened in a Judicial Review challenge in Northern Ireland respect of hospital waiting lists to highlight the disproportionate impact of waiting lists for elective surgeries on older people and the exacerbation of this problem due to the pandemic.
18. The Commissioner’s main objective for his participation in the Inquiry is to assist the Inquiry in arriving at a clear understanding of what went wrong during the pandemic from which to produce effective recommendations to ensure, insofar as possible, that any mistakes identified are not repeated. Whatever happens with Covid-19 and mutating variants, there remains a risk of a pandemic in the future if the lessons are not learned. Should that happen it is likely to again have a

disproportionately adverse effect on the most vulnerable, which includes older people. From as early as the end of what became known as the ‘first wave’, the Commissioner was keen that there should be an investigation, particularly into what happened in care homes, so that lessons could be learned quickly to ensure that proper measures could be put in place. This was his primary objective in providing written submissions to the Northern Ireland Assembly Health Committee Inquiry on 13 October 2020<sup>xxx</sup> and subsequently participating by invitation. In both his written and oral evidence, he raised specific concerns on the government’s preparedness and response to the pandemic and made recommendations to senior politicians based on the lived experiences of the older population<sup>xxx</sup>. The Commissioner’s evidence and recommendations were factored into over one-third of the Health Committee’s Inquiry recommendations<sup>xxxi</sup>. This included crucial issues such as provision of free PPE to care homes, the training of care home staff on the appropriate use of PPE and on the issue of testing of care home staff.

19. The Commissioner is grateful to the Chair for having granted him Core Participant status by way of the decision dated 13 October 2022. The Commissioner notes the emphasis placed by that decision on the fact that he *“represents the interests of potentially over 600,000 older people and their families in Northern Ireland, which would give them a voice and allow their views and experiences to be considered by the Inquiry”*, together with the Commissioner’s *“statutory role in safeguarding and promoting the interests of older people in Northern Ireland”*, and the Commissioner being *“well placed, within the context of Module 2C, to represent the interests of a cross section of older people in Northern Ireland”* and the significance of that for the Inquiry’s consideration of *“the extent to which equality considerations informed decision making”*.

20. The Core Participant protocol of July 2022 provides that Core Participants will:

- “a. be provided with electronic **disclosure of evidence** relevant to the particular subject matter of the Inquiry in respect of which they are so designated, subject to any restrictions made under section 19 of the Inquiries Act 2005;*
- b. have the right to make **opening and closing statements** at any hearing;*
- c. have the right to **suggest lines of questioning** to be pursued by Counsel;*
- d. have the right to **apply to the Inquiry to ask questions of witnesses** during a hearing.” (§2)*

21. Commissioner takes seriously the opportunities those entitlements provide for him to represent the interests of his constituency of older people through assisting the Inquiry. Consistent with his main objective of achieving a clear understanding of what happened from which to produce effective recommendations to ensure, so far as possible, that it does not happen again, the Commissioner intends to do all he can as a Core Participant in this Module to assist the Inquiry from his expertise, experience, and network. To that end he is prepared to meet with the Inquiry team

as early as possible and engage with them in whatever way they consider productive.

22. Finally, the Commissioner welcomes the Chair's desire to progress as expeditiously as possible without compromising on receiving the important material and evidence that will inform those recommendations: *"I am also determined that this Inquiry will not drag on for decades, producing reports when it is too late for them to do any good."* (p.2, L.23-25, Transcript). That too is his aim. The Commissioner also notes the Chair's reference to the delivery of the Inquiry's ambitious timetable will require the *"the full co-operation of the Core Participants, witnesses, holders of documents and information and experts."* (p.2, L.11-13, Transcript). He confirms that he will do all he can, within his own remit, to further that. This includes welcoming the opportunity to provide relevant documents and evidence, including a written witness statement, and comment on the evidence, as well as early recommendations where appropriate.

#### COMMENTS ON THE 'NOTE FOR THE PRELIMINARY HEARING IN MODULE 2C OF THE UK COVID-19 INQUIRY'

23. Turning now to the specifics of Module 2C and the matters set out in CT1 Note dated 21 October 2022 ("**the Note**"). This was provided to set out the nature of the Inquiry's work so far, to enable Core Participants to file written submissions in advance of the Preliminary Hearing on 2 November 2022. We are grateful for it and intend to respond constructively, primarily in relation to four of its ten sections: (i) Scope of Module 2C; (ii) Rule 9 Requests; (iii) Disclosure to Core Participants; and (iv) Expert material and the instruction of expert witnesses.
24. To make best use of this opportunity to make written submissions, the CT1 Note for Module 1 dated 22 September 2022, various written submissions of the Core Participants for that Module, and the Chair's ruling on Module 1 that was published on 20 October 2022, have all been read. In addition, the video of the hearing itself has been watched. Accordingly, in making these comments the Commissioner will seek to avoid repeating any earlier submissions.
25. However, before addressing those four issues, the Commissioner wishes to refer to a point made by Henry Bermingham for the Association of Directors of Public Health during his oral submissions at the Preliminary Hearing for Module 1. He referred to his client not being able to communicate the fact that they were a Core Participant until after the Preliminary Hearing and submitted that it was an important issue going to the perception of openness (p.97, L.1-12, Transcript). The Chair undertook to reflect on the point, which was also raised by Caoilfhionn Gallagher KC, senior counsel for the TUC, in her oral submissions (p.118, L.2-12, Transcript). The Commissioner would welcome clarity on this point as he would

like to refer to his Core Participant status as part of his continuing dialogue with his constituency of older people and his network.

### *SCOPE OF MODULE 2C*

26. The Note sets out six areas to be examined in Module 2C. They are now well known and there is no need to repeat them, save to say (without prejudice to his contribution more generally to the other areas) that the Commissioner anticipates being of greatest assistance to the work of the Inquiry in relation to the third area. In particular, the Commissioner refers to the following highlighted areas:

*“3. Decision-making by the government in Northern Ireland relating to the imposition or non-imposition of non-pharmaceutical interventions (NPIs) including lockdowns, local restrictions, working from home, reduction of person to person contact, social distancing, the use of face coverings and border controls in Northern Ireland; the degree of and rationale behind differences in approach between the government in Northern Ireland and other governments in the UK; the timeliness and reasonableness of such NPIs, including the likely effects had decisions to intervene been taken earlier or differently; the development of the approach to NPIs in light of the government in Northern Ireland’s understanding of their impact on transmission, infection and death; the identification of at risk and other vulnerable groups in Northern Ireland and the assessment of the likely impact of the contemplated NPIs on such groups in light of existing inequalities; the impact of the absence of Ministers and the Executive in Northern Ireland from early 2017 to 11 January 2020; the extent to which decisions were informed by the response of the government of the Republic of Ireland; and the impact, if any, of the funding of the Northern Ireland pandemic response on such decision-making, including funding received from the UK Government.”*

27. The Note refers to the Module 2 Provisional Outline of Scope of August 2022: *“Provisional scope provides a framework to include all the issues and matters that the Inquiry is likely to inquire into, and a sufficient indication for Core Participants, to be able to commence their preparations. They will be further developed once the responses to most of the Rule 9 requests are received”* (§38) and *“If there are other broad matters or areas of inquiry relating to core political and administrative decision making that the Core Participants would wish the Inquiry to consider as part of the provisional scope, these will be considered”* (§39). The Chair’s ruling at para.3 provides that the submissions received on scope would be considered, whilst assuring the Module 1 Core Participants that the majority of the evidential areas raised are already reflected in the Rule 9 requests that are being sent out.

28. The Commissioner welcomes willingness of the Inquiry to consider other areas as part of the scope. He is cognizant that these are broad areas, and the Inquiry is seeking to progress its work on Module 2C expeditiously. Accordingly, the

Commissioner will only suggest a development of the scope that he considers is necessary to further the ends of the Terms of Reference and is proportionate.

29. The Commissioner would also seek to engage with the Inquiry's team before making any such suggestion to avoid any duplication of the Inquiry's own efforts. He will also seek to work with the Inquiry team and the other Core Participants to ensure that so far as possible there is constructive 'dove-tailing' of issues in the other Modules, e.g., Module 2A and 2B and, in due course Module 3 on the Healthcare system. The Commissioner is aware of the value of the information he obtained from the sharing of experiences and approaches to addressing pandemic-related issues during the weekly meetings of the four nations 'Older People UK Network'.

### ***RULE 9 REQUESTS***

30. The Note sets out that "*Rule 9 Requests will also be sent to statutory bodies responsible for safeguarding and promoting the rights and interests of vulnerable groups*" (§41). The Chair's ruling on the equivalent for Module 1 is that "*each document provider has been asked, or will be asked, to provide an account setting out details of the nature of the review carried out, how the documents were originally stored and the search terms used or other processes used to locate documents*" (§16). The Commissioner in general sees no benefit in him seeking to interrogate or otherwise comment upon the quality of Rule 9 Request responses, recognizing from the confirmation at para.17, that Inquiry team will be doing that. However, he notes the Chair's ruling on Module 1 that she will ensure the "*lead solicitor provides monthly updates to Core Participants on the progress of Rule 9 work. Such updates would, in general terms, include details of what requests have been made, whether documents have been received, when further documents are expected and when further Rule 9 requests have been made.*" (§20) He regards that as affording him an opportunity to assist the Inquiry with ensuring that relevant documents are obtained. He will seek to do that in the first instance through liaising with the Inquiry team.

31. The Commissioner notes from para.41 of the Note that the Inquiry expects to send him a Rule 9 Request and confirms that he will respond as soon as possible. He also notes the other statutory bodies and government departments that the Inquiry intends to send such Requests. The Commissioner would welcome the opportunity to discuss and identify to the Inquiry team, any other potential candidates for Rule 9 Requests arising out of his experience.

### ***DISCLOSURE TO CORE PARTICIPANTS***

32. The Note sets out that "*Where the Inquiry has any queries or concerns about a provider's processes for locating relevant documents, it will raise and pursue them and, of course, as documents are reviewed and gaps identified, further documents will be sought*" (§57). "*The*

*Inquiry is working to begin the process of disclosing materials to Core Participants as soon as possible” (§61). The Chair’s ruling on Module 1 confirms at para.10 that the “purpose of disclosure is to enable the Core Participants to **participate effectively in the public hearings** and [she is] determined that they should be able to do so.” (§10). The Chair also ruled that: “All Core Participants in the same module will receive all the disclosable documents **for that module.**” (§13).*

33. The Commissioner would appreciate the opportunity to seek, where appropriate, documents provided for other Modules given the potential for some overlap in issues and to that end would welcome the development of some system whereby Core Participants (all of whom will have provided Undertakings to the Inquiry) can be informed of the documents disclosed in other Modules. The Commissioner is happy to liaise with the Inquiry team on this issue.

#### *INSTRUCTION OF EXPERT WITNESSES*

34. The Note refers to: *“The **identity of the expert witnesses and the questions and issues that they will be asked to address will be disclosed to the Core Participants before the expert reports are finalised.** These will include Northern Irish issues, where appropriate. Core Participants will therefore be provided with an opportunity to provide observations” (§66). The Note also states that the “Inquiry has provisionally identified a number of specialist areas in relation to which both lay and expert witnesses are likely to be giving evidence in Module 2 and potentially also Modules 2A, 2B and 2C (a significant number of experts have already been conditionally approached). **Additional suggestions from Core Participants are welcome**” (§68). The Commissioner notes the Chair’s confirmation of that in her ruling on Module 1 that “the Inquiry will consider suggestions as to whom should be appointed” (§21) and that the ““issues that they will be asked to address will be disclosed to the Core Participants **before the expert reports are finalized** [who] will therefore be provided with an opportunity to provide observations.” (§22).*

35. The Note discloses the following likely areas in Module 2 for experts:

- “a. **Public policy and governance: structures for decision-making, coordination of strategy and crisis management in central government, and their effectiveness; governance and accountability of, and coordination between, government departments; reliance upon scientific and other evidence in policy and decision-making; coordination with Devolution Administrations.***
- b. **Systems for measuring and estimation of infections and deaths, and registration of deaths; overall figures for infection and death.***
- c. **Statistical methods in infectious disease epidemiology; mathematical modelling of the spread of virus, transmission, infection, mutation, re-infection and death; international comparison of modelling systems; data sharing in government, and with regional and devolved administrations; counter-factual modelling;***

- d. *Government and public communications, and behavioural science: the impact of messaging and the maintenance of public behaviour; the impact of behavioural, social and environmental factors on infectious disease transmission; compliance.”*  
(§69)

36. The Commissioner notes the Department of Health has already made suggestions for Module 1 in its written submissions of 29 September 2022.
37. The Inquiry team has not yet set out its position for Module 2C. However, the Commissioner would welcome the opportunity to engage with the Inquiry on both the specialist areas and the identity of experts and, in due course, on any draft expert reports. If the areas identified for Module 2 will also apply to Module 2C, then his focus, borne out of his experience, is likely to be on areas a. and b.

## CONCLUSION

38. The statistics for the Commissioner’s main constituency are stark:

*“90% of COVID-19 deaths in the first wave of the pandemic were in people aged over 65. Around half of COVID-19 deaths in Northern Ireland occurred in a care home”.*

39. The percentage of deaths would be even higher were those of 60 years and over included. Many of those who died in care homes, died isolated from their loved ones and a significant number of those with mental health issues would have found what was happening to them quite incomprehensible. For some of those whose mental powers were in decline, the opportunity to have any appreciable contact with someone they recognised was lost before any such contact could be reinstated. So, the Commissioner is not only concerned about the sheer number of older people that suffered and/or died, but the extent to which it was avoidable.
40. It will therefore be appreciated that the Commissioner’s absolute priority is to work with the Inquiry in what he hopes is a shared objective to, within the scope of Module 2C, find out how that happened, what lessons might be learned for the future and move as quickly as reasonably possible to the issuing of effective recommendations.

28 October 2022

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- i Census 2021 population and household estimates for Northern Ireland | Northern Ireland Statistics and Research Agency (nisra.gov.uk)
- ii Regulation and Quality Improvement Authority - Social & Healthcare Services Directory Northern Ireland | Regulation and Quality Improvement Authority (rqia.org.uk)
- iii Statistics on community care for adults in Northern Ireland 2020/21 | Department of Health (health-ni.gov.uk)
- iv <https://www.bgs.org.uk/sites/default/files/content/attachment/2020-11-02/Letter%20to%20Robin%20Swann%20from%20British%20Geriatrics%20Society%20Nov%202020%20for%20website.pdf>
- v The meaning of “older person” is defined in section 25 as meaning aged 60 years or over, or aged 50 years or over if the Commissioner is of the opinion that a matter raises a question of principle
- vi All emphasis in this written submission is added, save where it appears to the contrary
- vii Including his statutory power under Section 25 of the Act to raise issues in respect of the over-50 population.
- viii <https://www.health-ni.gov.uk/sites/default/files/publications/health/hsni-first-results-20-21.pdf>
- ix [https://www.nisra.gov.uk/sites/nisra.gov.uk/files/publications/Loneliness%20in%20Northern%20Ireland%20201920\\_0.pdf](https://www.nisra.gov.uk/sites/nisra.gov.uk/files/publications/Loneliness%20in%20Northern%20Ireland%20201920_0.pdf)
- x <https://www.ageuk.org.uk/globalassets/age-ni/documents/policy/lived-experiences-brochure-final.pdf>
- xi This was through a complex structure that included 5 regional Health and Social Care Trusts, Health and Social Care Board (now closed) and the Department of Health. Pursuant to the Health and Social Care Act 2022 (Northern Ireland), the functions of the Health and Social Care Board transferred to the Strategic Planning and Performance Group of the Department of Health
- xii [https://www.copni.org/media/1122/changing\\_the\\_culture\\_of\\_care\\_provision\\_in\\_northern\\_ireland\\_pdf.pdf](https://www.copni.org/media/1122/changing_the_culture_of_care_provision_in_northern_ireland_pdf.pdf)  
[https://www.copni.org/media/1121/prepared\\_to\\_care\\_modernising\\_adult\\_social\\_care\\_in\\_northern\\_ireland.pdf](https://www.copni.org/media/1121/prepared_to_care_modernising_adult_social_care_in_northern_ireland.pdf)  
[https://assets.publishing.service.gov.uk/media/5981ebe8ed915d0228000048/the\\_commissioner\\_for\\_older\\_people\\_ni\\_response\\_to\\_update\\_paper.pdf](https://assets.publishing.service.gov.uk/media/5981ebe8ed915d0228000048/the_commissioner_for_older_people_ni_response_to_update_paper.pdf)
- xiii <https://www.copni.org/media/1478/copni-home-truths-report-web-version.pdf> and  
<https://www.copni.org/media/1604/207625-home-truths-one-year-on-update.pdf>
- xiv [Coronavirus: Information for older people | COPNI | ...](#)
- xv [aims.niassembly.gov.uk/officialreport/minutesofevidencereport.aspx?AgendaId=22527&eveID=11931](https://www.niassembly.gov.uk/officialreport/minutesofevidencereport.aspx?AgendaId=22527&eveID=11931)
- xvi ‘Timeline of Engagement with Key Actors’, Internal COPNI Document
- xvii <https://www.copni.org/news/2020/april/age-ni-and-the-commissioner-for-older-people-for-northern-ireland-are-reaching-out-to-the-over-60s-with-their-check-in-and-chat-service>,  
<https://www.copni.org/news/2021/march/commissioner-says-denial-of-care-home-visits-a-breach-of-human-rights>, <https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-care-partner-leaf-leaflet.pdf>,  
<https://www.copni.org/news/2020/march/novel-coronavirus-statement-from-the-commissioner>,  
<https://www.copni.org/news/2020/september/commissioner-highlights-importance-of-family-visits-to-care-homes>, <https://www.copni.org/news/2021/may/commissioner-welcomes-new-care-home-visiting-guidance>,  
<https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-visit-with-care-pathway-summary-version.pdf>, <https://www.copni.org/news/2020/november/joint-statement-relentless-focus-on-protecting-older-people-s-rights-needed-as-we-deal-with-the-next-phase-of-the-pandemic>,  
<https://www.copni.org/news/2021/march/commissioner-says-denial-of-care-home-visits-a-breach-of-human-rights>,  
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