



Safer Travel Guidelines Review Panel

Rise in COVID-19 cases

Witnesses: The Chief Minister and The Minister for Health and Social Services

Thursday, 15th July 2021

Panel:

Deputy R.J. Ward of St. Helier (Chair)

Deputy I. Gardiner of St. Helier

Senator K.L. Moore

Deputy D. Johnson of St. Mary

Deputy M.R. Higgins of St. Helier

Witnesses:

Senator J.A.N. Le Fondré, The Chief Minister

Deputy S.M. Wickenden of St. Helier, The Minister for Children and Education

Deputy R.J. Renouf of St. Ouen, The Minister for Health and Social Services

Dr. I. Muscat, Deputy Medical Officer of Health

Mr. M. Rogers, Director General, Children, Young People, Education and Skills

Mr. R. Sainsbury, Group Managing Director, Health and Community Services

Ms. C. Landon, Director General, Health and Community Services

Ms. L. Perez, Acting Director of Communications

Ms. C. Maffia, Assistant Director, Planning and Environment

Mr. J. Lynch, Policy Officer, Department for Strategic Policy, Planning and Performance

[18:00]

Deputy R.J. Ward of St. Helier (Chair):

Good evening to everyone and thank you for your time for this hearing with the Safer Guidelines Review Panel and members of S.L.C. (Scrutiny Liaison Committee) and Health because obviously

the topics branch across different panels. We have quite a few questions. I am not sure if we all want to go and just very quickly introduce ourselves, because there are a lot of people here. I will start very quickly. Deputy Rob Ward, and I chair the Safer Travel Guidelines Panel.

Deputy M.R. Higgins of St. Helier:

Mike Higgins, member of the panel.

Deputy I. Gardiner of St. Helier:

Deputy Inna Gardiner, member of the panel.

Senator K.L. Moore:

Senator Kristina Moore, member of the panel.

Deputy D. Johnson of St. Mary:

David Johnson, member of the panel.

Deputy R.J. Ward:

Are there any other panel members here? Chief Minister, you can introduce yourself, people probably know who you are.

The Chief Minister:

Senator John Le Fondré, Chief Minister.

The Minister for Children and Education:

Deputy Scott Wickenden, the Minister for Children and Education.

The Minister for Health and Social Services:

Deputy Richard Renouf, the Minister for Health and Social Services.

Deputy R.J. Ward:

What we will do with the officers, if they speak they can just quickly introduce themselves just to push this along a little. I would ask you to try to keep your answers as succinct as possible because this is quite a big topic and we want to try to focus it. I will start. As of today there were 1,876 active cases of COVID-19 in Jersey and 6 weeks ago on 1st June there were a total number of 5 active cases. Chief Minister, do you consider the recent increase in positive cases to be exponential growth of cases?

The Chief Minister:

We have also had significant growth; we can see that. We have to remember, which I have said earlier this week, we have obviously seen an acceleration, but we also have to remember that one of the factors in that increase is the volume of testing that we are doing as well. The analogy I was using pre-Christmas is that in March of last year for every single positive we were finding there were probably 10 cases out there. Now in November/December of last year when we were testing between 10,000 and 13,000 a week, the rule of thumb, as a guide, for every positive case we were finding there were probably 2 or 3 out there. Obviously, what we are doing now is that we are testing, including lateral flow, about 19,000 tests a week. That is significantly higher than what we were testing in November/December. It is roughly double the (U.K.) United Kingdom, fractionally less than double but not far off, and roughly 3 times the amount of testing we are seeing in France. Apologies that is a lot of stats, but the reason I cannot tell you exponentially, it is obviously a significant increase, but it is also a factor of the testing that we are doing. The other deliberation that makes a difference to where we were in November/December is the very high rate of vaccination, which also then guides the fact and the reason we have said previously we are moving away from a direct consideration of just the numbers. If you want more on that I will happily hand over to Ivan.

Deputy R.J. Ward:

I would just ask you then what is your estimate of the number of cases on the Island then? If it was one in 10 before and we are finding one in 3 after that in December, is it one in 2, is it one in 3, where we are at the moment? Do you have an estimate of that?

The Chief Minister:

I will hand over to Ivan and then possibly Peter on that.

Deputy Medical Officer of Health:

It is probably closer to one in 2 or less.

Deputy R.J. Ward:

So it could be around 3,742 cases that are active on the Island, which is a significant number. Minister, could I ask you, what has the strategy been over the last month in terms of that increase in numbers? How would you characterise the strategy that has led to a significant increase in numbers? Perhaps you can also address the issue, is the increase partly due to the Delta variant coming into the Island?

The Chief Minister:

Sorry, we lost you there. Can you repeat your question?

Deputy R.J. Ward:

I was asking what your strategy has been, how you would characterise the strategy with that increase in numbers? Is that increase in numbers partly due to the Delta variant?

Deputy Medical Officer of Health:

The increase in numbers that we saw in November/December and January was due to the Alpha variant and that was obviously more transmissible than the types of variant before. The Delta variant is now even more transmissible than the Alpha variant and has a raw R. (reproduction) rate of about 7, which is about twice that of the Alpha variant.

Deputy R.J. Ward:

Sorry to interrupt. Are you absolutely certain then then you say that it is probably one in 2? Are you comparing like with like with a variant that was not as transmissible with one that is far more transmissible? Even though you are performing more tests, are you absolutely certain that the likely number is one in 2 that are being found and not one in 3 and not one in 10?

Deputy Medical Officer of Health:

We cannot be absolutely certain. We cannot even use the old way of calculating what is happening in the community based on hospitalisation rates. Because the hospitalisation rates have now decreased significantly compared with what we have seen hitherto. That decrease of course is as a result of vaccination. The vaccination has reduced the hospitalisation rates from 15 per cent to 0.5 per cent. So we need to start working on how much we are missing. What we do know is that, of the cases that do present to us, two-thirds are symptomatic. So, if symptomatic individuals are coming forward to be tested, then we are getting a reasonable estimate of what is going on out there and saying that perhaps we are missing 50 per cent of cases is a rough estimate. We need to try to confirm what that is, based on the new picture that we are facing.

Deputy R.J. Ward:

Just quickly, when will you have clarity on that new picture? Obviously, we cannot compare it with what has happened before. It is very important to have the idea of the number of cases.

Deputy Medical Officer of Health:

We are working on it, is what I can say. We are also working on the generic approach to the metrics we need to use in this current new situation that we find ourselves in with a lot of viral activity but a significantly reduced impact on the health of individuals apart from a flu-like illness.

Deputy R.J. Ward:

Yes, it is not a very nice flu-like illness, and I can vouch for that because I tested positive yesterday and I have been feeling terrible over the last few days. I would characterise it as more than just a normal cold, certainly something that is difficult. It was noted in S.T.A.C. (Scientific and Technical Advisory Cell) on 7th June that Dr. Patrick Armstrong considered 1st July too soon: "... to declare victory in the context of fully loosening of our on-Island mitigation and boarder policy." The minutes show that S.T.A.C. hoped that the point would be reaching either August and September but said that Jersey was not yet sufficiently secure in its position and the date needed confirming. Minister, can you advise how the decision-making process for the last month, for example this decision to remove amber ratings for the U.K. on 10th June, was made, given that it does not seem that S.T.A.C. was comfortable with that?

The Chief Minister:

We are conflating 2 things there. The travel side of things and the amber, we have moved to the principle of moving away from these red, amber, green status to recognising the benefits of vaccination. That is obviously where we have got to. That is about really trying to simplify that process as much as we can. From that perspective, and bearing in mind the overall level of infection coming in through travel is significantly low compared to what we are seeing in the community. But equally recognising, and we have always gone back to that balance of harms in the overall context that we operate in, the Island is very significantly connected to other jurisdictions, European as well as the U.K. Therefore the restrictions in the context of huge and very high vaccination rates, particularly here and the U.K., it was appropriate to move to recognising the benefit of vaccination rather than working on a red, amber, green status. Other than what the U.K. call their high-risk list of countries, which are obviously treated differently.

Deputy R.J. Ward:

Do you think that relaxation did increase the movement of the Delta variant into the Island? What was the advice of the medical professionals in relation to the relaxation of restrictions within the community and the timing, which did seem to coincide with that relaxation of border control as well? What was the advice of the medical community regards those relaxing of restrictions?

The Chief Minister:

The difficulty I have is trying to go back to my records at that point. Certainly when C.A.M. (Competent Authorities Ministers) make their decisions, it is based on the information that is provided by the Public Health side of things. It is based on the options that are given through Public Health and do come out of S.T.A.C. It depends on the individual decision as to whether it is a Public Health recommendation or if it is a S.T.A.C. recommendation, depending what the matter is. It will depend sometimes, is it a specific recommendation or if some options are given. I do believe that the removal of amber was considered by S.T.A.C. in early June, if that helps, but I would have to go

back and look at the records. In terms of the transmission through, so from memory Delta was already on the Island, but that is from memory.

Senator K.L. Moore:

If I may assist the Chief Minister, I can read from the S.T.A.C. minutes from 7th June, which is the latest that we have access to at the moment: "The chairman concluded that, following discussion, most members were not comfortable to remove the amber classification at the present time. There followed further discussion around the ongoing requirement for amber thresholds." So, Chief Minister, it was clear that the decision was a political one that was at odds with the advice that was provided to you by S.T.A.C.

The Chief Minister:

I would have to go back to the minutes and the meeting of the time and the presentations that we were given and the timing of the event. Obviously, if I had advance warning of that, I could have provided that in more detail. But that is about 5 weeks ago and an awful lot has happened since then. We do not see the S.T.A.C. minutes for some time. But, as I said ...

Senator K.L. Moore:

That is the reason for us calling you to this hearing, Chief Minister, because the public wish to understand what actions have led to the situation that we find ourselves in today.

[18:15]

Therefore, it would be anticipated that we might ask questions of this nature.

The Minister for Health and Social Services:

The Chief Minister suggested I might contribute here. It is not incoming travel that has contributed to the situation that we are in. We are clearly seeing transmission within our community of the Delta variant. There is very little infection coming in through the ports.

Deputy R.J. Ward:

Can I ask you then, from that, there is another point from the S.T.A.C. minutes, which is really relevant here? On the 7th it was clear that S.T.A.C. said that you had not turned the corner and the current situation seemed to have been both predictable and avoidable. It is stated that: "Without mitigation, there was a risk of a third wave, which could result in higher numbers of hospitalisations." Why, if you knew that this was on-Island and it was the Delta variant, were mitigations not put in place sooner to try to curb numbers? We have a semi return to mask-wearing at the moment. But

why is that the case? I just need to ask, a lot of people are asking: what is an acceptable level of infection now for Government? What is the number that you are happy with?

The Minister for Health and Social Services:

There is no number. To deal with your first point, we have continued mitigations and restrictions and all sorts of measures to keep numbers as low as possible. But clearly Islanders wanted to reconnect. Islanders did not want to live under heavy restrictions. It was very clear to us as Ministers. There was that call for that relaxation, which was perfectly understandable and was justifiable. But that does mean that infection will spread, it is inevitable. The difference we are seeing today is that infection is so very different to what we saw during the first and second waves. The effects of it mean that people are not at significant risk of hospitalisation or even death. The job Ministers have needed to do over these past few weeks is to try to balance those risks, the risks of a sickness spreading in the community against the other harms that were caused by the continued imposition of restrictions. Also economic harms, part of which was related to keeping the borders controlled and difficult for people to travel through.

The Chief Minister:

If I can also add on the numbers side, it is quite important to hear from Dr. Muscat on how the numbers have changed. Ivan, can I hand over to you in terms of the significance of where we are?

Deputy Medical Officer of Health:

We are facing a new situation. The new situation is completely secondary to the effect of vaccination on this disease. As you know, rolled out from those most at risk to the younger age groups, those most at risk therefore are largely significantly protected against COVID. The younger age groups tend to get very mild disease, whether it is due to Delta or any other COVID that we are aware of to date. The mild disease that is seen manifests, as discussed earlier, as a flu-like illness, not a cold I agree, but a flu-like illness, which goes away after 14 days or thereabouts. The burden of disease no longer equates simply to the number of cases that you are seeing. It equates to the smaller number of severe disease that is seen within what is a large milieu of mild disease. What we need to do of course, and what we are aiming to do, is to ensure that the number of cases does not expand unduly; that society is not unduly affected by the number of cases that we see; and that the number of severe cases, although limited, are limited yet further.

Deputy R.J. Ward:

Can I just ask, and I will ask Senator Moore if she has a question she wants to ask, then Deputy Gardiner, but just as you say that, there are larger numbers of people who are showing what you would classify as mild illness, others might not, but they are also therefore isolating and not being at work for 14 days. Where is the balance of harm for our economy there where businesses cannot

open because people are isolating because they are ill in large numbers? I understand the idea of low hospitalisations and deaths, and I hope you are right. But where is that balance there? At what point are there too many cases, too many people getting ill, that is having exactly the effect on our economy and our education, for example, because lots of children are off school? What is that point where it is exactly the same issue that we wanted to avoid in the first place?

Deputy Medical Officer of Health:

I cannot give you an exact number or date for that. But I can tell you that we are already making moves to rein in numbers as demonstrated by the mitigations that have been announced over the last few days. We are approaching this cautiously even though we do not have a concrete number against which to work.

Deputy R.J. Ward:

This is the issue and this is a really good discussion. But what we have announced today is that people will not have to isolate even if they are a close contact until they get a test. Has the notion that asymptomatic people pass on the virus, particularly the Delta virus, been lost? Is that now not the case anymore? I believe that those arriving without double vaccination will also only have to have a day one test that will be negative. Have we forgotten the notion of incubation periods? People just need to know that you are on top of this spread and that is one of the reasons it is growing, would you not agree? What is the medical point here? Are you considering that only symptomatic people will spread the disease, whereas before it was clear that was not the case?

Deputy Medical Officer of Health:

Because Delta is more transmissible, because it attaches more avidly to the lining of the respiratory system, and so as a result of that it is also more likely to cause symptoms. About two-thirds or more of people with COVID that we are picking up have symptoms of largely an upper respiratory tract infection, but including headache, fatigue and so on. So the asymptomatic infections still occur, of course, and spread from asymptomatic individuals still occurs. But the bulk of people have symptomatic infection and they are the more transmissible individuals. Given the numbers, we are focusing our resource primarily on them. But we are also, through our various screening programmes, trying to pick up asymptomatic individuals. In terms of testing at the border, 82 per cent of case picked up at the border are picked up on the day zero test.

The Chief Minister:

Can I just add 2 or 3 points on what you just said, Deputy, as well? Number one is obviously the testing regime that we have in place at the moment is still stronger than what was in place this time last year and that was without a vaccination programme in place last year. Because last year you came in and you did not wait for your test results in the summer, you were just tested and were able

to roam free. The second point is, I mean this in the nicest possible way, you are an example of someone who is continuing to work while testing positive.

Deputy R.J. Ward:

To be polite to you, Chief Minister, that is because I can work from home. But there is a large section of our community who cannot do that.

The Chief Minister:

I accept that there are people who cannot do that, which is why we have talked about people who are symptomatic, et cetera, but I am saying there will also be people who can. The other point is you make reference to the education. I am sure you will come on to that later. But we do have some figures, if you want, about attendance in the last few days. Hopefully we can give you a comparison to the November/December time as well. But I suspect we will wait for that bit.

Deputy R.J. Ward:

Deputy Gardiner, do you want to ask your question now before I ask one more, and then we will move on to you anyway?

Deputy I. Gardiner:

We will move later to mine. That is fine.

Deputy R.J. Ward:

Can I ask, one of the things that is of concern is the emergence of new variants. We do seem to have a selective advantage that we are creating by having a large proportion of the population vaccinated but then letting the variant run through the other parts of the population. Is there not a risk that we are becoming a perfect seeding ground for those variants to develop here, given the ones that will be resistant to vaccination will have a large section of the population to run into because they will come in contact with it?

Deputy Medical Officer of Health:

Proportionately, the contribution to the development of significant variants from Jersey is extremely low. As you know, mutations occur all the time. Some become significant. Those are what we call variants. The successful significant ones become variants of concern. Those mutations are occurring globally all the time. The chances are by far and away that if variants arise that can bypass the vaccine that will happen somewhere else, simply on a numerical basis, rather than on the basis of 100,000 or so people.

Deputy R.J. Ward:

Therefore, we would not be testing for new variants in any way?

Deputy Medical Officer of Health:

We are indeed testing for new variants. We do sequence all incoming positives and also sequence 10 to 20 positives on Island every day, picked at random. So, yes, we are keeping an eye on variants through sequencing and genotyping.

Deputy R.J. Ward:

I am conscious of the time. Deputy Gardiner, do you want to lead with your section of questioning on contact tracing?

Deputy I. Gardiner:

Yes, thank you. Chief Minister, from 4th July 2021, updated isolation guidance was provided by the Government of Jersey including that there is no isolation requirement for anyone identified as a direct contact as long as they are participating in the testing programme and do not have COVID-19 symptoms. Why was this approach adopted when there was evidence of increasing community transmission?

The Chief Minister:

The point is that we know our system was becoming stretched and we did therefore, as suggested more recently as well, adopt a more risk-based approach. That is essentially recognising the low risk from the asymptomatic people versus symptomatic people. Ivan, do you want to add to that?

Deputy Medical Officer of Health:

As the balance of risks has shifted, the distribution of our testing regime has also started to shift. The aim has been to reduce the burdens of mitigation towards lesser versions and focusing on positives and isolating as part of that concept, isolating positives primarily rather than their contacts. We are in the game of trying to pick up as many positives as possible as soon as possible and isolating them. But still testing direct contacts.

[18:30]

Again, many of the direct contacts who are positive tend to be positive on their first test, so limiting the testing in that way is reasonable as well.

Deputy I. Gardiner:

Can I please follow up quickly? The direct contacts and people who I would describe as a major direct contact, why is there no difference made between someone in the same office or sitting in the

same restaurant and, for example, people like a husband, wife and children, that live in the same household?

The Chief Minister:

Caroline Maffia, would you like to comment on that?

Assistant Director, Planning and Environment:

Yes, sure. In terms of the principles, that 2 metres for 15 minutes or more, is quite a well-proven principle for that. I am very conscious that if you are in a restaurant for that period of time you are also meeting that same trigger factor. So that is the basis on which the updated advice came through. That and the medical support and advice. We do not create the situation. We respond to the advice from experts that is the acceptable way forward.

Deputy I. Gardiner:

It is debatable advice. But was the decision taken solely to reduce the pressure on overwhelming services? Because, at the end of the day, with all answers, we have heard the bottom line that it was a pressure on the services and we can test quicker if we will not test everyone.

The Chief Minister:

The other point to bear in mind, and there were discussions happening at the time, was the impact for example on children. Because what was happening, particularly within the schools, was the wider impact of individuals who were, in a number of cases, asymptomatic, were not showing symptoms, but were then cooped up in their houses for a long period of time. That in itself was giving rise to concerns around other harms other than those of COVID. That takes us back to the whole balance of risk issues that we have had to take into consideration all the way through this process.

Deputy I. Gardiner:

Yes, but at the same time we could see increased numbers of cases of the school children that was sent from the families with confirmed positive cases to the school, brought it to the schools, and infected other children. The new policy I understand tries to encourage us to get to normality and reduce the stress. At the same time, would the Minister agree that the people that might have needed to isolate as a direct contact ended up in the similar situation just now isolating because they definitely have COVID?

The Chief Minister:

There are 2 things to say there: one is there was a significant pressure arising on, for example, businesses in terms of the impact of direct contacts. The other point, which I have also said publicly,

and I do not have today the final figures from today, but as of 2 or 3 days ago the number of active cases in the schools at that point in time, Monday or Tuesday of this week, was 300. The reason I say that, although that is a large increase in numbers, you still have to remember there are about 11,000 pupils out there, so it is about proportionality. In other words, it is again this point about balance of harms of the impact of the relatively low number of positive cases in the context of the overall school cohort versus the number of direct contacts generated and the interruption to their education and the potential harms of them having to isolate at home. That has been a balance all the way through. I am sure others can comment more eloquently on that than me.

Deputy I. Gardiner:

But what about the staffing, Chief Minister? We see several changes during the last several weeks, how is now staffing and the resources? Have they been adequately addressed?

The Chief Minister:

Sorry, is this on contact tracing?

Deputy I. Gardiner:

Yes. But yesterday you ask people to wait for a text before calling to the helpline. People contacted me personally saying that they have not been asked about direct contacts for 4 days since they have been notified that they are positive. So there is still big question mark about resources in the test and trace.

The Chief Minister:

It is Caroline Maffia still who can give the updates on the resources. As we said, we are putting more resources in. Caroline, can you give the details?

Assistant Director, Planning and Environment:

Yes, of course. It would be helpful to have names of examples like that because, from our database, we are not missing people that late and what we do find is that when we cannot get through to somebody via phone or email we are still going out and visiting individuals to try to get that conversation occurring that way. So if you have that example I would be keen to look at what they have experienced. With regard to staffing, we always designed COVID Safe to cover more than just contact tracing. It was also the monitoring and enforcement of the isolation, but also the support and guidance that we gave to businesses to get them as business-continuity ready as they could be. We brought everybody back into the core needs of contact tracing, which is always our critical number one priority. But we have introduced other elements as well. The triggers that we saw back in mid to late-June suggested that we would start to see increased numbers of cases. Therefore, we looked to require a surge capacity, which was built into the business case to accommodate that.

So that has started and within 2 weeks that introduced an additional 30 members of staff to cover individuals who were leaving for permanent jobs as well as the surge capacity. On top of that, we are very conscious that we do not stop in terms of changing and efficiencies, but also in terms of recruitment. Recruitment is still open. We have another 17 full-time equivalents coming in this weekend to assist us, who are people who have previously worked with us from across Government. We also have a commitment to recruit another additional 40 individuals due to start on the 26th but we are going to see if we can try to bring them forward so that we have a more phased approach in that respect. So there is a huge amount of work in terms of recruitment.

Deputy I. Gardiner:

Yes, I can see Robert Ward would like to ask a question, but I would like Caroline to follow up very quickly. How long does it take to do one call to the positive, to the person who got tested positive, and to go with him through all contacts? How long does it take to do the one call?

Assistant Director, Planning and Environment:

We have worked on the efficiencies of that as well. So now we get in touch with positive individuals by email at the beginning to give them a walkthrough document to get them thinking about who their direct contacts were for the 72 hours prior to testing positive. So by the time we ring them, and this is quite new so we are pushing it as well to try to improve the standards, is to be able to just take the details of who the direct contacts are rather than starting the initial conversation. The team normally work on the ability to do about 10 positive cases a day, which, compared to when we first started when we were less experienced, they would probably get through about 3 individual cases in a day. There has been a huge uptick in terms of being able to focus on the information and get through the noise of the interview into who the direct contacts are. Using that defined measure of the 2 metres for 15 minutes, it has become quite common in that respect and understood by the public better.

Deputy R.J. Ward:

Are you saying there is an email that is sent to walk people through what they are going to be asked? Because I have to say I did not have that today.

Assistant Director, Planning and Environment:

There should be a letter with the notification saying that you tested positive for it.

Deputy R.J. Ward:

No, I did not get that. That is one of the concerns that we have, that from the top level these things are in place but at ground level they are not working. It is because people are so overwhelmed in terms of the work they are doing, the person who contacted me, I really felt for them, they were

doing a huge amount of work. But I knew what they wanted to know, so I should, because I do chair this panel. So it was a bit easier for them. But I just wanted to understand that. Can I just ask a quick question, and sorry, Deputy Gardiner if I am treading on your toes with a question, but I really want to ask about the alert app. Because I have been asked so many. The recent changes to isolation policy have not been updated on the COVID alert app. Because, when I got my number, I put it into the alert app and people got alerts that were linked to me. But they were told to immediately isolate and do nothing else. Is that going to be updated, because it is out of date?

Assistant Director, Planning and Environment:

It is. The service that is responsible for the app is not ourselves, so I cannot give you knowledge of when that will occur. But I do know that they are looking to change the wording. It is slightly complicated in that it has the isolation start date and the isolation end date built into it. That is the feedback and information I have received from that department. But I do know that they are looking to resolve it.

Deputy R.J. Ward:

Which department is that, do you know?

Assistant Director, Planning and Environment:

I do not know if it is M. and D. (Modernisation and Digital) or if it is the elements. I have the individual's name, so I do not want to push his name forward, but it is somebody who links in with the hospital digital side of things.

Deputy R.J. Ward:

So we do not have a set date for that, because I know that is going to create the same problem that you were trying to avoid with people not isolating by having them isolate if they take that into account. That is all. Deputy Gardiner, do you want to finish those off? I just wanted to get that in before we move forward because we have so much to go through. Vaccination certificate, because you had a really good question on that.

Deputy I. Gardiner:

Yes, very swiftly. In order to access a vaccination certificate, if vaccinated in the United Kingdom, you require a login to N.H.S. (National Health Service) app. Are Islanders able to create an N.H.S. app account?

The Chief Minister:

Is that one for James?

Policy Officer, Department for Strategic Policy, Planning and Performance:

Thank you, Chief Minister, yes, it is James Lynch here from S.P.P.P. (Strategic Policy, Planning and Performance). I believe there is no obstacle to Islanders creating or downloading the app, the N.H.S. app, to access a certificate that they have been vaccinated in the U.K. But I can confirm that for you, Deputy Gardiner, and respond to you.

Deputy I. Gardiner:

Thank you. Another very quick question, I have been reported there is an issue with accepting YK social security numbers when they are filling forms when administering vaccinations and the vaccinations will be adopted when you are coming back from the U.K. because apparently the system does not accept YK social security numbers.

Policy Officer, Department for Strategic Policy, Planning and Performance:

Similarly, please let me pick that up with the behind-the-scenes people.

Deputy I. Gardiner:

Yes, just letting you know that people have been advised by the helpline to tell they have been vaccinated in England, which is not entirely true. It is important to put it correct.

Deputy R.J. Ward:

Can I add to that, Deputy Gardiner? I do not think the question is about whether you can download the N.H.S. app, it is a question of whether you can get an account in order to get your certification. That is the issue. So that really does need to be checked. I have had a couple of people contact me to say that is not working. So I do not know if you can look into that, but that seems to be quite urgent in terms of people getting vaccinated and then wanting to travel.

Policy Officer, Department for Strategic Policy, Planning and Performance:

Let me pick that up this evening and I will respond to you.

The Minister for Children and Education:

Deputy Ward, do they go into more detail about is it because they do not have a U.K. National Insurance Number that the N.H.S. uses?

Deputy R.J. Ward:

It may well be, yes.

The Minister for Children and Education:

Do they explain where the blockage is at all? That would help us move forward.

Deputy R.J. Ward:

Yes, I think it is because they do not have a National Insurance Number or they may have been in one of the drop-in clinics or at university or something, although they should have a National Insurance Number. I think it is a question of them having a health number as well or something. But, yes, I can put them in touch with you, but that would be very important.

The Minister for Children and Education:

That would be really helpful, thank you.

Deputy R.J. Ward:

If we move to Senator Moore, your next section of questions is yourself, so do you want to carry on?

Senator K.L. Moore:

I will start this section by asking a question about issues with vaccines also. There have been press statements put out about the Indian vaccine and that obviously curtails some travel plans for people who have received it. I am told that today a statement has gone out, which suggests that nobody in the Island has received one of those Indian vaccines. However, I have been contacted by a number of people who have those codes on their vaccine certificates and are therefore concerned about their inability to travel. Could you please advise them what they should do and why the statement was put out today to say that nobody had received that vaccine strain in the Island?

The Minister for Health and Social Services:

Yes, Senator, this has created some confusion. It is the case that nobody in the U.K. or in the Crown Dependencies has received the vaccination, which has not been recognised.

[18:45]

It may be that people have those numbers on their certificates, but it refers to a different brand of AstraZeneca and not the brand that is causing the problems by being unrecognised. So we are not aware of any problems that people are receiving travelling into the E.U. (European Union). But I will ask Dr. Muscat to give further detail.

Deputy Medical Officer of Health:

AstraZeneca manufactured its vaccine, its one and only vaccine, both in the U.K. and in India. It is exactly the same vaccine in both plants. The vaccine that was manufactured in the U.K. was branded Vaxzevria and that was authorised by the M.H.R.A. (Medicines and Healthcare products Regulatory Agency), the European Medicines Agency, and that is what was distributed in the U.K.

The vaccine that was made in India, which was exactly the same, was partially exported to the U.K. under the brand Vaxzevria and that had been, like that manufactured in the U.K., authorised by the M.H.R.A. and E.M.A. (European Medicines Agency). The vaccine manufactured in India and distributed outside the E.U. and outside the U.K. was branded Covishield and that is not authorised in the U.K. or in the E.U. Covishield has not been used in the U.K. or Jersey. It is a matter of untangling the clerical miscommunication about this rather than anything else.

Senator K.L. Moore:

What do you propose that people ought to do if they do have those numbers on their certificate and therefore are concerned that they may be denied travel? How do they untangle that administrative problem?

The Minister for Health and Social Services:

I understand that today people have been able to enter France with our Jersey certificates with those numbers. Because the branding is Vaxzevria, there is no branding of Covishield on any of our certificates.

Senator K.L. Moore:

Thank you, Minister. We will move on if we could. The director of communicable diseases mentioned earlier that hospitalisation rates this year, as with the significant level of double vaccination in the Island, is now expected to be 1 per cent as opposed to 15 per cent last year. We know of course today sadly 7 people are in hospital with the virus. What is the capacity now for the General Hospital to cope with COVID patients before that starts to impact on the day-to-day work and ability to treat others with other conditions?

Group Managing Director, Health and Community Services:

Hi, I am Rob Sainsbury, group managing director for the Department of Health. In terms of preparedness for COVID capacity, we monitor our bed position every day. At General, throughout the whole of July, we have been between 60 and 70 per cent of occupancy. Today, for example, we have had 78 empty beds out of a total of 207 available. Our standard that we set is to be below 85 per cent occupancy within the General Hospital. In terms of COVID capacity, our primary area for beds is within one of our wards at the moment, which is called Bartlett Ward. They have 5 cubicles there, which are our phase one COVID beds. When they are full, we move to the next bay within Bartlett, which is an additional 6 beds. Then we have an additional 7 beds within that bay. Effectively, we are able to then move to additional wards within the General. We have 35 empty beds at this moment, which are available for expansion should we need them. So looking at the modelling and the requirement that seems to be a more than sufficient number of beds that would be required. As Dr. Muscat mentioned, the nature of severity of patients presenting and their

requirements is more suited now to ward-based environments. So we are able to manage it within that medical bed complement.

Senator K.L. Moore:

Thank you. Could you confirm that there are adequate staff available also to look after those patients? We are all very aware that elective surgery has already been cancelled this month because of staff shortages.

Group Managing Director, Health and Community Services:

Yes, I can. We monitor staffing on a daily basis. Theatre staffing has been a particular area where we have been impacted recently. As of today, we have 29 staff who are off work related to COVID. But that is not impacting on our General Hospital capacity. Where that is impacting is within our theatre area because we have some staff there who are isolating as a result of COVID. In terms of ward-based bed requirements, that is where the majority of our nursing and medical staff are deployed, so we have much more ability to move staff across those settings. Within specialist areas like theatres you need staff who are obviously more specialist and so they are more difficult to replace if they become absent from work. But in terms of bed capacity, we do not have any issues at the moment.

Senator K.L. Moore:

Now obviously the Nightingale hospital is currently being dismantled. That was the insurance policy. It appears from what the managing director of the hospital has explained that there is no concern at the present time in relation to capacity at the hospital. What is happening to the facilities and the equipment that was within Nightingale hospital? Are any of those being retained in the Island for use if needed, such as the beds and ventilation equipment?

Director General, Health and Community Services:

Yes, I am happy to take that. We are reusing some of the equipment from the Nightingale, not all of it because the beds that we had in the Nightingale are not ones that we particularly want to use within the hospital. But we do have them in case we need to use them in an emergency.

Senator K.L. Moore:

Do you have a contingency plan for where would they go if there was an emergency?

Director General, Health and Community Services:

Yes, we have. As Rob has alluded to, we have significant available capacity and once we have used that capacity, which I cannot envisage given that it is a vaccinated population, so we are not going to have as many patients admitted in hospital. But we would be able to open up additional

areas and put beds there if we had to, in the same way that we planned to do around the previous response.

Deputy R.J. Ward:

Deputy Johnson has a question and he has been waiting. Do you want to ask that now?

The Deputy of St. Mary:

Yes, thank you. Just to go back to the question of empty beds, and forgive me if my guess is not quite right, but reference has been made to there being 78 empty beds at the moment. As I understood it, 35 of those might have been allocated for possible extension of COVID. Does that mean that there are another 40-plus beds lying idle and, if they are being or not being used, is that due to lack of staff availability at the moment or for some other reason, or have I got it completely wrong?

Group Managing Director, Health and Community Services:

I can clarify that point. Every day we look at our bed state at 10.00 a.m. That is a good indication to look at our occupancy because all of our elective patients have been accommodated and we do not have many discharges before 10.00 a.m., so it gives us a good position of the hospital capacity. Today, out of 207 beds that we have available, there were 78 empty beds within the hospital. That excludes the 35 additional expansion beds that we are able to open. Some of that bed state will be influenced by an element of reduced elective activity this week, which is slightly lower than we would ordinarily have. But we must note that within the secondary care system we are seeing much fewer admissions and much fewer attendances to our Emergency Department this year than we have since the pandemic. So 18,000 attendances to E.D. (Emergency Department) this year to date. Ordinarily, we would see 40,000-plus attendances in a full year. We are not going to see that level. So that is consistent with most health and care jurisdictions at this time. As the director general described, we have significant capacity within the normal bed base and we have additional capacity that we can open up should we need to.

The Deputy of St. Mary:

Thank you for that. I am sorry to pursue it but I am still concerned that there are empty beds and I am aware that there are elective operations not being taking place. Is that the case? Is that due to lack of staff generally or basically to the fact that, because of COVID, people are being kept away or are keeping themselves away?

Group Managing Director, Health and Community Services:

In terms of the elective activity and the disruption to our surgical capacity, that related to our theatre position. So that is related to staffing deficits at the moment. We are continuing to provide elective

surgical activity for our urgent and our soon patients. We have had activity go through the hospital this week and last week for those categories. Where we are reducing some of our scheduled caseload is within those routine patients that are of low risk that we are able to reschedule. This week that affected around 48 patients. Last week we had 87 patients in total who had their surgery postponed. We envisage that we will return to normal staffing levels once we have got over the period of absence that we have had from both COVID and staff sickness and we have recruited additional agency, and we will be back to our normal operating levels by 31st August.

The Deputy of St. Mary:

Thank you for that. But I am right in saying then that the beds are free mainly due to staff levels rather than anything else?

Group Managing Director, Health and Community Services:

The beds within our surgical bed complement are free because we have fewer surgical patients coming through at this moment, marginally. The medical beds that we have are based on the demand. So that is based on patients presenting to the hospital and, as described, we are experiencing lower levels of presentations to our Emergency Department. That translates to fewer admissions to the hospital as well. That has been a symptom within secondary care since the beginning of the pandemic and is consistent with most other areas.

The Deputy of St. Mary:

Thank you. Sorry, could you repeat the date by which you expect to get back to normal?

Group Managing Director, Health and Community Services:

31st August we anticipate we will be back to normal.

Deputy R.J. Ward:

I will go on with some questions about young people. Can you be clear what the strategy has been in terms of allowing transmission through schools and then into the wider population?

The Chief Minister:

I will hand over to Scott initially and then Mark Rogers. I would not like you to use the word "allow" but I will just make the point, which I am sure many people will, we know that the whole principle has been - and as was outlined very clearly in the November/December period - to try to keep as many children at school for as long as possible.

The Minister for Children and Education:

Thank you, Deputy, for your question. There was a real concern that was going on about children isolating and school bubbles having to isolate as direct contacts and about mental health issues for children having 10 days of isolation in school, waiting for tests to be able to come back. The loss of education plus the mental health issues. I received many, many submissions about that issue from the Children's Commissioner and many parents. So we agreed that this was not the right outcome. I want to have children in schools learning as much as possible. We changed the rules on isolation so that we can get children into schools and learning for as long as possible, knowing that any time away from school has serious detrimental effects on education outcomes. So that is where we were looking to make sure that we did the best we could.

Deputy R.J. Ward:

So how many children are currently out of school and have been recorded as having COVID-19 in total? I note that it is end of term today.

The Minister for Children and Education:

As I say, there have been 523 confirmed cases since half-term.

[17:00]

Deputy R.J. Ward:

Prior to the change, how many teachers were unable to work as a result of illness or isolation through direct contact tracing?

The Minister for Children and Education:

I could hand over to Mark Rogers to be able to answer that question. He will have all the figures somewhere.

Director General, Children, Young People, Education and Skills:

Good evening, thank you. Mark Rogers, director general for Children, Education, Young People and Skills. I do not have the total number of direct contacts in front of me, Deputy Ward. What I do know is that, of the 523 confirmed cases in schools and early years settings since half-term, 64 of those were staff. But I do not know whether a colleague on the call does, but I do not have the details of the associated direct contacts in front of me.

Deputy R.J. Ward:

Let me ask a couple of questions on that then. First of all, what is the current understanding of the impacts of long COVID on the under-18 age group? Given that there are a significant number of children who have been infected that we know of anyway.

Deputy Medical Officer of Health:

The precise characteristics of long COVID across the different age groups is being defined at the moment. It is, like COVID, still a new entity. We do know that long COVID affects all ages. We do know it is however more common in 40 to 60 year-olds and appears to be more common in women. It is true to say that long COVID can occur, irrespective of the severity of illness seen and that vaccination prevents COVID infection, it would prevent long COVID of course. The major manifestations of long COVID, which are defined as either symptoms lasting for more than 4 weeks, which is prolonged symptoms due to COVID, or symptoms lasting more than 12 weeks, which is a post-COVID syndrome, usually manifest as fatigue, headache and shortness of breath and can also manifest as arthritis. But the severity and spectrum seen is very variable and some simply have a feeling of fatigue, which gradually abates. It is anticipated that most people, given the rate at which they improve with long COVID, that symptoms will clear in most individuals within a year at the very most. The majority will clear before that. Not all of them, but the majority. So we are learning and we have not defined exactly if there is any difference between young children, adolescents and older people, in terms of long COVID.

Deputy R.J. Ward:

Is there any local information being kept on the level of serious illness among children who may have COVID in Jersey who are not hospitalised? Because I know of - and they are private so I would not talk about individuals here - children who have had very high temperatures who have had some serious issues at home. Are you keeping a record of that? What is being followed up when a child shows symptoms? Because there is no data here and would it not be sensible to be collecting some information on that for the future?

Deputy Medical Officer of Health:

Certainly one source of information is the electronic G.P. (General Practitioner) records system, which informs us, since 11th March, some 50 long COVID cases have been diagnosed within that system. Of those, 10 have had prolonged symptoms, in other words within 4 to 12 weeks and 40 symptoms beyond 12 weeks. I cannot offhand tell you the age distribution of those people diagnosed with long COVID within that system. But I am sure that is available to us. The management of long COVID at the moment is through the existing systems, which is what you would expect. We have a primary care system to look at community-based disease. They have the full wherewithal to refer to the secondary care system. Secondary care has the wherewithal to refer to tertiary systems if appropriate. That system manages all the disease essentially that we see on the Island and is well-adapted to deal with long COVID as well.

Deputy R.J. Ward:

Thank you. A question now for the Minister or the Chief Minister. What direct communication have you had with teachers on the front line over the last couple of weeks? Because the feedback we have been getting from the panel, and that a number of States Members have had, is that teachers have really felt under enormous pressure, and head teachers in particular. Many are facing, at the beginning of their holidays, in isolation because they have COVID. I suppose I would tag on the end, if they lost 2 weeks of their holiday will they get that holiday back?

The Minister for Children and Education:

Deputy, I met with all of the heads in a meeting last week, pretty much this time last week, so I had a meeting with all of the heads and I gave them an opportunity to grill me as much as possible on many questions. Of course a lot of it was about isolation; it was about COVID. We also had Becky, the head of the vaccination programme, there to answer questions directly to all the heads as well. So this time last week I met with all of the heads and probably other members as well to speak to them and answer their questions directly.

Deputy R.J. Ward:

So how many teachers, particularly young teachers who have felt really exposed during the current situation, have you communicated with so that you have an understanding of what they are going through and the concerns they have? Particularly those very young teachers who are there every day but may not have been vaccinated yet.

The Minister for Children and Education:

I have been in contact with a number of young, normally early-years teachers, have contacted me directly. As soon as they have contacted me about being single vaccinated or the issues that are there, I raised the issue directly and immediately with the team and the Health team to get them to urgently look into it. I will say that the vaccination for over-18s was available since 14th June and anyone who would have put themselves forward for a vaccination would have been double-vaccinated by now. But I ...

Deputy R.J. Ward:

So are you saying that those young teachers should have got themselves vaccinated by now then, is that what you are saying?

The Minister for Children and Education:

I am saying it was available to them. What I have done is I have banged the drum about getting vaccinations for teachers, the second vaccination done as a priority. I have been in C.A.M., I have written to the vaccination team. I know that Deputy Maçon has written to the vaccination team before

me, a while ago. That has been done. I have been fighting for this. But I do not get to make that decision, Deputy Ward.

Deputy R.J. Ward:

So they have not been prioritised. The decision to close particular year groups or schools was left to head teachers last month. Do you think that put added pressure on to head teachers and was that not a decision that needed to be made by yourself, Minister, or by the head of C.Y.P.E.S. (Children, Young People, Education and Skills)? It puts head teachers in a really difficult position.

The Minister for Children and Education:

This was a request. Head teachers know their classrooms better than I ever will to be able to make that decision for them. We gave them the power and the autonomy to look at what is happening in their schools, knowing their classrooms better than anyone else, and request up to the head of Education and C.Y.P.E.S. to be able to - and it is normally early in the morning - close that classroom down and do remote learning, so that the children are put at less risk because that is where they felt the risk was and the educational outcomes can still happen for those children. So maybe was it added pressure? There is probably more added pressure than having not given them the authority and then ...

Deputy R.J. Ward:

I did not get the last bit of that.

The Minister for Children and Education:

It was less pressure on them than if they did not have the authority to be able to go and make those decisions and be worried about what was happening in their schools and a spread throughout the whole area and a teacher catching COVID.

Deputy R.J. Ward:

I do not quite get that last bit. That is fair enough. I am conscious of time. We have some extra questions. Perhaps I will start mine and if anyone wants to come in from the panel. What is the rationale for the communications strategy to inform Islanders? Chief Minister, do you accept that we have a real division on the Island at the moment? Increasingly divided towards the ongoing pandemic between those who believe in: "Let us just let it run through and it is just flu and do not worry about it" and those who are really concerned about their health. What are you going to do to bring those different factions of our community together?

The Chief Minister:

What I am going to do in terms of the communications strategy is Laura Perez is on the call and she can give you the overview of what we are doing. Can I just state, we absolutely recognise that and we have always said there are differing groups on the Island with differing concerns. We have tried to balance all those concerns in terms of the balance of harms for the good of the overall community. As we go through different phases of the pandemic there have been different levels of harm or different areas of harm that we take into account when arriving at the decisions. Laura, do you want to talk about the overall strategy?

Acting Director of Communications:

Yes, of course. I am currently acting director of Communications. Our strategy is based on 4 core objectives. We look at the policy that has been set and we try to communicate that clearly. That is obviously complex and often changing, but that is the core principle of trying to make sure that people understand that. At the same time, we look at the position of the Island, so trying to inform people where we are as an Island and the state of COVID within the Island. We also try to give people an idea of what to expect, so Islanders are informed. At the same time reassure them.

Deputy R.J. Ward:

I do understand the process. What we are trying to get, and perhaps I am a little more impatient when I am not feeling too good, I do apologise for that. But really it is about some of the strategies, the objectives. For example, the increase in infection, the communication on why that is happening and what your maximum numbers are, even from today's hearing we do not have clarity on. Do you have a number where you think this is very worrying or is just going to let that number increase and increase and take its run through the population and we are certain that we will not have hospitalisations and if people get ill just deal with it? Those are the sort of communications, straight-line communication, not communication strategy in those terms. But what is the message that you are going to get across? That is to the Chief Minister as much as anything.

Acting Director of Communications:

I will have to hand that back because obviously we can communicate what we know, but that is not a communications strategy issue necessarily.

Senator K.L. Moore:

I thought it might assist if I can provide an example so that the Chief Minister could answer your question. This last week there have been 2 statements about changes to contact tracing and the processes that people should follow. That follows one statement following changes the previous week. In today's statement it gives a number of bullet points telling people what they should do. It says: "They do not need to isolate until they receive a negative test but should remain cautious in the activities they carry out for the following 10 days. The question is, this statement comes out,

Chief Minister, in the context that yesterday you told people to work from home. Today you have also talked again about balance of harms, but also about taking more of a risk-based approach. Could you explain to the public what you mean by: “Remaining cautious in the activities you carry out in the following 10 days after being in direct contact” balanced with your risk-based approach and your direction to people to work from home when they can?

The Chief Minister:

Being cautious means, if you think you are a direct contact do not go and give your nearest and dearest friend a hug. It means just keeping your distance, it is that 2 metres. It is remembering to wash your hands, et cetera, and being even more careful on all those areas that we have talked about for so long.

[19:15]

It is also making the point, when we said they do not need to isolate, there is a distinction between the isolation, which at its extreme end is in a room in your house for 14 days, which has lots of consequences, versus going into work and so we are encouraging working from home where we can. That is just a general form. If you are a direct contact, we are saying: “You do not need to isolate.” That means in your room but you can go out and about but we are saying the remaining cautious bit is what I am saying. It is keeping your distance and, ideally, spending more of your time outdoors, and we have put references in about masks and things like that. We have tried to take that balance in the context of where we are in the vaccination programme and the context of risks that keeps that caution in there but is also then balancing off the other negative impacts of having to isolate for 14 days.

Senator K.L. Moore:

Thank you. So why, in that context, do people have to work from home when they can at the moment?

The Chief Minister:

Well, again, it is advice and, again, what we are saying is we are trying to gently apply a brake to the acceleration in numbers and that is why we are encouraging people to work from home as part of that message around: “Let us act responsibly” and it is recognised that the numbers are going up. With all the things we have talked about earlier, including the volume and testing and the vaccination rates, it is just gently applying those measures to say: “If we can help each other, some of that is if you are capable of it, you do work from home.” In generic terms, that means it does slow the spread and that starts just reducing that acceleration. It does all correlate, I would say, absolutely with encouragement to work from home where possible.

Deputy R.J. Ward:

Can I just interrupt a second? Deputy Higgins, I do apologise. The chat went forward and I had it closed but you had a question that you wanted to ask and then, Deputy Johnson, you have one too. Sorry.

Deputy M.R. Higgins:

Thank you, Chairman. Obviously, we are talking about the number of hospital beds that are available and it obviously depends on the severity of the disease of the people coming in. We are being advised that the vaccine is reducing the severity of the disease and, therefore, many of them are going into general wards. Well, I say "general wards" but wards that have been designated for this. Can I ask the question, how many I.C.U. (Intensive Care Unit) beds are being used and what the availability is of ventilators and C.P.A.P. (Continuous Positive Airway Pressure) for the most seriously infected people?

Director General, Health and Community Services:

Hi, Deputy Higgins. So we have 7 I.C.U. beds. Two of those are cubicles. We have 20 invasive ventilators and we have 18 anaesthetic machines that can be used as standalone machines or can also be used for C.P.A.P.

Deputy M.R. Higgins:

Thank you for that. I know we have relatively small numbers of people in the hospital and there is always a concern about affecting their privacy but can you tell us how many people are on ventilators or C.P.A.P.? Is that possible?

Director General, Health and Community Services:

Rob, do you have that exact detail because I do not want to get it wrong?

Group Managing Director, Health and Community Services:

Yes, I can answer that, Caroline. We do not have any patients on mechanical ventilation at the moment. We have one patient on non-invasive ventilate, so C.P.A.P. that we would refer to, and we have another patient who is on oxygen but they are the only 2 patients requiring support with breathing at this time and they do not require ventilation.

Deputy M.R. Higgins:

Thank you for that because, again, that might help the public and encourage them to get vaccinated as soon as possible. Thank you.

Deputy R.J. Ward:

Thank you. Deputy Johnson, do you want to ask your question?

The Deputy of St. Mary:

Yes, a very minor comment going back to Senator Moore's question about isolation. I do accept that there is now a non-isolation requirement, which is matched against going to work, but there are lots of other activities in-between. The question I have is: should the Government be spelling out more vociferously and vigorously such matters as: "Do not go shopping" et cetera, which, as I understand at the moment, is something that the individual is allowed to take a decision on and one they probably should not be allowed to take a decision on? Could the advice be more forceful?

The Minister for Health and Social Services:

Well, Deputy, it could be more forceful. I am not sure I would want to enter into that realm of telling Islanders exactly what they can and cannot do because everyone has different circumstances. Some people have no one else to go shopping for them. We are asking Islanders to take responsibility at this time to act sensibly, recognising that there is a wave of illness in the Island which they can help mitigate by just taking sensible precautions. We hope all Islanders will seize that and understand what they need to do, and I think we can. We have seen Islanders respond so well over this past 18 months and we can begin to look after each other and help each other through this. I do not think we need impose draconian restrictions and I would not want to unless it became wholly necessary. Thank you.

Deputy R.J. Ward:

Deputy Gardiner, you have a question. Well, I just have something to throw up. Can I just step in there, Deputy, just for one second? Minister, the answer you gave then does seem a little bit like we are getting to: "Stay at home. Do not stay at home. Go out. Do not go out. You are safe but you are not safe." Do you not think that because we have such a divided community on the outcomes of COVID and what it means in the long term, there does need to be something more definite rather than: "Do what you think is right for society" because we have a huge split and it needs to be more directive? It may not be popular but it may be necessary if you are going to bring down numbers. Do you not see that? It is a genuine question. I am not trying to catch anybody out. It is something that has been in my mind and I know how difficult this must be.

The Minister for Health and Social Services:

I do understand why you might be asking that question but we are trying to find that balance between the 2 views in the community. We are not seeking popularity. We are trying to find an appropriate balance to meet the risk that we face, which is very different to ones we have faced previously which were far more serious. So we are directing in the sense that we are issuing guidance and we are

saying: "Well, for a time we said there was really no recommendation to wear masks but we are now strongly recommending masks in indoor public places." That is about thinking about the people we are mixing with close by because we are trying to slow this spread of infection that we are seeing to a point where it does the least harms that we can achieve.

Deputy R.J. Ward:

Deputy Gardiner, do you want to ask your question?

The Deputy of St. Mary:

No, I perhaps take issue with the comment about my suggestion being draconian but I hope the Minister is right in the amount of commonsense he credits to the general public. Thank you.

The Minister for Health and Social Services:

If it does not work, we will have to try and think about other means but we are asking people to think of their actions and act responsibly.

Deputy I. Gardiner:

Minister, what message of reassurance can you give to vulnerable people of all age groups and to those who cannot be vaccinated or have not yet been vaccinated in relation to their safety? There is increased concern in the community, including 9 cases in the care homes.

The Minister for Health and Social Services:

Yes, vulnerable people are still able to access the Connect Me service which Government put in place, which can offer them advice and practical assistance and I hope they will take advantage of that. I think also vulnerable people can be assured that they are at a very different level of risk than they were previously. We know what the vaccine has been able to do and for those who are vaccinated they will have good protection.

Deputy I. Gardiner:

Sorry, I would like to continue because I realise what the time is. Currently, we have 10 per cent of the population in direct contact. It is approximately 10,000 people were reported. We have just under 2 per cent of the people with COVID. Now with the test and trace unfolded, it is slowly gaining back its strengths but it is on the edge. We have some capacity in the hospital but, as numbers will increase, we might experience more problems with the staff. At what stage do we decide we are overwhelmed and we have to make changes in public behaviour and will introduce new measures and you will have the policy or you decided cases will continue to rise as a result and rip through the community?

The Minister for Health and Social Services:

Can I just take issue with the wording “rip through the community”? That is not what we are seeking to do or allow. We are trying to approach this in as controlled a manner as possible having regard to the risks that we face.

Deputy R.J. Ward:

Minister, can I just ask you and I think this is a real crux of a question - and it was a great question from Deputy Gardiner - what would you define it as then? How would you describe the move of cases through the community with 200-and-something per day? We have 1,800 at the moment. We could be over 2,000 by the end of the week. What words would you use because I think it is important that the public know?

The Minister for Health and Social Services:

Yes, well, this has come upon us. How do we know 6 weeks ago exactly what we are going to face? We need to respond to these things as they arise. We believe we are responding proportionately because the vaccination programme has been successful in protecting large numbers of the population and we are seeing really a race to the finishing line. We know that the vaccine will win because everybody will receive it and be fully vaccinated but until we reach that mid-August date, we are seeing that flow through the younger members of our population. We are trying to stem that by our guidance in asking people to wear their masks in public places, to act responsibly and avoid crowded areas perhaps in an effort to keep down the effects within our community, which are not as serious or consequential as they were during the first and second waves.

The Chief Minister:

If I can add, I think we are also seeing quite large sections of the public are also getting to that stage of not wanting to see restrictions and most particularly of that focus shifting across to what I would call civil liberties, et cetera. So as we keep saying, it is this balance all the way through of the overall harm to the community and I would have said certainly last week the position is - and it does still remain the case from the correspondence we get - that people are recognising the benefits of the vaccination programme and the low level of hospitalisations. Therefore, I think quite a number of people are also recognising the difficult position we are in. Again, I would handover to Dr. Muscat to reinforce that message.

Deputy Medical Officer of Health:

Thank you. Yes, the complexion of COVID has changed as a result of vaccination so we need to think about a new balance of harms. That is also recognised, as the Chief Minister, the Minister for Health and Social Services and Deputy Ward have all said, in that there is a split in recognition that restrictions may be unduly burdensome, if we are not careful, given the change in the behaviour of

COVID. So the mitigation factors that are put in place need to be proportionate to the current significance of COVID starting with the non-draconian steps that have been announced. Looking at various metrics including not just numbers of cases but the significance of those cases, the potential for a long COVID, where we are with the vaccination programme, the effect on the workforce and what the projections are will help to determine whether we need to introduce further measures or stick with what we have or, indeed, lessen them as we go forward.

[19:30]

I think Deputy Gardiner asked a question about what happens with those who cannot be vaccinated and are vulnerable and, of course, the vaccination programme around those individuals will help them significantly. I would urge those who have particular close contact with vulnerable individuals to ensure that they are vaccinated, if you like. Those low-risk activities that had been published in the past do need to be reinforced for such individuals such that they avoid, if you like, indoor public places as much as is possible, undertake activities outside, limit the number of people they mix with and so forth. All this is on the website and people can then pick and choose what is suitable for the way they want to live.

Deputy R.J. Ward:

Senator Moore, I recognise the time but if you want to ask your question, and then Deputy Johnson has a question as well. I know we have run over a little bit but it is an important point so I appreciate people's time. Senator Moore, do you want to just quickly jump in with your question?

Senator K.L. Moore:

Thank you. If I may, I wanted really to point the Minister for Health and Social Services back to the S.T.A.C. minute from 7th June, about 6 weeks ago. The Minister for Health and Social Services said: "How do we know what is going to happen in 6 weeks' time?" Well, S.T.A.C. were thinking about 6 weeks ahead or some time ahead when they did meet on 7th June. It is clear here in the minute that they gave consideration to that and that they were concerned that, unless mitigating factors were put in place, then there would be another outbreak and they talked about what could be done. So the frustration of the public today is that this could have been avoided if different decisions had been taken. Now I am not trying to use the benefit of hindsight and my position as not being a decision maker, because we all recognise that it is hard to be a decision maker. What we are trying to say is it is very difficult to understand the difficulties and the consideration that is given to people who have experienced prolonged periods of isolation, who have had to close their businesses because of contact tracing and illness or who have had to send back supplies to the suppliers because they do not have an operating business. People invest money, time and effort into their daily lives and a failure to take decisions in a timely fashion ... it has happened before in

autumn last year which led to the circuit breaker that closed down hospitality over one of the busiest times of the year at Christmas and, frankly, we are, once again, in a similar position. This is the peak summer season that we are entering into now and businesses are finding that they either do not have enough staff to operate or that they are closed. There is also concern that people will not visit the Island because of the high case numbers that we have. So, Minister, that is a very long question but the question is that there is an opportunity to look ahead, you were given advice 6 weeks ago and so will you take responsibility for the situation that we are in today?

The Minister for Health and Social Services:

Well, I think, Senator, all that you have said and the length of your question just demonstrates the complexity that we all face in the Island. My experience of this, as I am sure yours is, is that it is a very fast-moving situation which changes week by week and we have to adapt sometimes almost daily, as you have seen this week.

Senator K.L. Moore:

Minister, if mitigating factors were avoided, so with masks being used, restrictions could have been placed on travel or there could have been a slower easing of those travel restrictions.

The Minister for Health and Social Services:

We could have done lots. We could have been much stricter. The point was that we are trying to find the balance. The Island, I do not believe, wished to continue severe restrictions with the harms that we were seeing and about which States Members were writing to me furiously about, about people being isolated unnecessarily, they were saying, that we had low cases in the Island at the time, we were imposing harms, harms were greater than the threat we were trying to deal with and therefore we ought to release the restrictions. So we have tried at all times to balance the harms and we have done our level best to do so but we cannot do that without creating some harm somewhere. We must accept we are still in the pandemic. Harms are being caused because of a virus. We are trying to mitigate those harms in a balanced way in the very best way we can. Thank you.

Senator K.L. Moore:

Could I just ask: with the situation that we are in today, who and which group is being protected in your balance of harms?

The Minister for Health and Social Services:

Did you hear? I was saying we are trying to protect all Islanders.

Senator K.L. Moore:

Thank you. I will hand back to the chair.

Deputy R.J. Ward:

Okay, thank you. We are really short of time. Deputy Johnson, do you want to ask your question quickly because I do not want to miss anyone out?

The Deputy of St. Mary:

Well, thank you, and I apologise for keeping everyone. A very quick question if the panel or the Minister are able to answer it.

Deputy R.J. Ward:

Sorry, you have muted yourself there, Deputy. We are not hearing you, I am afraid. Deputy Johnson, can you unmute yourself because we are missing your question? Okay, he seems to have dropped out there. I recognise that we are over the time we allocated. Perhaps, Chief Minister, if we could just ask you what is the final message that you can give to reassure people given all the questions that we have had and the worrying division that we see in terms of attitude to this pandemic and the increasing numbers? What do you want to say to people that will reassure them in the coming weeks and months? Yes, as simple as that.

The Chief Minister:

I think the overall position is that there is no basis for panic or alarm. What we are saying is we are acting cautiously but, in the context that the Minister for Health and Social Services and others have previously referenced about the overall balance of harm, the balance of harm is a combination, as we have said, of the health impacts of COVID, the wider health and then well-being impacts on the community including mental health and the economic impacts. Those are all the factors. In fact, I think what Senator Moore said earlier very much describes the balanced risk which we have had to weigh up, which is why we have not, for example, closed the borders or taken extreme action. Just to pick up on a couple of points there. The feedback we are getting at the moment is certainly in particular, by the way, that most travel is Islander-related and I think I said that earlier, i.e. it is either family members coming in to see residents or it is Islanders going off to see close family members who they have not seen for a long time. That is why we do not take extreme action. We are trying to apply a gentle brake and the complexity, if you like, or the extra layer of complexity we have at the moment is what has been a fantastic programme on vaccination. We are ahead of schedule, only by a few days, but the aim was, by close of play today, to have 80 per cent of the adult population first vaccinated and we were at 83 per cent on Tuesday or thereabouts. That in itself then impacts upon, as we have said, the significant changes in the impact of the virus on the population even compared to where we were in November and December. So we will continue working exceptionally hard on this. I would really like, if I am allowed to, at the very end just say

thank you to Islanders for all we have achieved working together. That is a real fundamental. Thank you not only to all the team who were with us on both the Scrutiny side and on the executive side tonight but the entire teams of people including teachers, including contact tracing, including M. and D., you name it, across the public sector and others as a whole who have got us to this position today. We are 5 weeks away I think it is, or perhaps probably less than that, from our targets of having 80 per cent of the adult population double vaccinated. So I believe that is somewhere between the 5th and 9th August and then obviously a period after that to allow the vaccination to take place. So we are very, very close to being in, as I said, one of the best positions in terms of vaccination pretty well anywhere on the planet. So, yes, I understand the numbers are accelerating. We have been here before. We have heard the advice, for example, from Dr. Muscat today on the relationship between numbers having changed and that is why we are looking at hospitalisation rates and the overall balance of risk. We will continue to do so and we will monitor this daily and, if we need to change, we will make alternative decisions. We absolutely will do. We are in a good position and it is a cautious position even though the numbers are going up because it is a different position to what we have seen previously.

Deputy R.J. Ward:

Okay, thank you. I am aware of time and I suppose I will finish off by saying: “Thank you to science for getting us out of this” and I will take my pounding headache and 14-day isolation as one of the balances of harms. Thank you to everyone for being involved tonight and I will call the hearing to an end. Thank you very much.

The Chief Minister:

Thank you very much.

[19:41]