



**STANDING COMMITTEE
OF
TYNWALD COURT
OFFICIAL REPORT**

**RECORTYS OIKOIL
BING VEAYN TINVAAL**

**PROCEEDINGS
DAALTYN**

PUBLIC ACCOUNTS COMMITTEE

EMERGENCY SCRUTINY

HANSARD

Douglas, Friday, 22nd May 2020

PP2020/0111

PAC-ES, No. 4/2020

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Members Present:

Chairman: Hon. J P Watterson SHK

Mr C R Robertshaw

Mr R E Callister

Mrs J P Poole-Wilson

Clerk:

Mrs J Corkish

Assistant Clerks:

Ms F Gale

Mr S Wright

Contents

Procedural.....	61
EVIDENCE OF Hon. Howard Quayle MHK, Chief Minister; Mr Will Greenhow, Chief Secretary; Mrs Kathryn Magson, Interim Chief Executive, Department of Health and Social Care; Dr Henrietta Ewart, Director of Public Health; and Dr Rosalind Ranson, Medical Director, Department of Health and Social Care	61
<i>The Committee sat in private at 12.03 p.m.</i>	76

Standing Committee of Tynwald on Public Accounts

Emergency Scrutiny (Balancing risks)

*The Court met virtually at 11 a.m.
Proceedings were conducted and broadcast live
from the Legislative Council Chamber.*

[MR SPEAKER *in the Chair*]

Procedural

The Chairman (Mr Speaker): Good morning everybody and welcome to this public meeting of the Public Accounts Committee. As you know, this is one of a series of meetings in which aspects of the response to the State of Emergency, first declared on 16th March 2020, are being examined.

5 I am Juan Watterson, Speaker of the House of Keys and I chair this Committee; and with me are Rob Callister MHK, Julie Edge MHK, Mrs Jane Poole-Wilson MLC and Mr Chris Robertshaw MHK. The topic today is how the risks are being balanced as we move forward with the medium-term strategy and the exit out of the emergency situation.

EVIDENCE OF

**Hon. Howard Quayle MHK, Chief Minister;
Mr Will Greenhow, Chief Secretary;**

**Mrs Kathryn Magson, Interim Chief Executive, Department of Health and Social Care;
Dr Henrietta Ewart, Director of Public Health; and**

Dr Rosalind Ranson, Medical Director, Department of Health and Social Care

10 **Q115. The Chairman:** I would like to welcome you all and would ask that before I invite the Chief Minister to make an opening statement you all introduce yourselves, and if I could just call on Mr Greenhow.

Mr Greenhow: Will Greenhow, Chief Secretary.

15 **Mrs Magson:** Kathryn Magson, Interim Chief Executive, Department of Health and Social Care.

Dr Ewart: Dr Henrietta Ewart, Director of Public Health.

20 **Dr Ranson:** Dr Rosalind Ranson, Medical Director, Department of Health and Social Care.

Q116. The Chairman: Thank you very much.

Now, if I could hand over to the Chief Minister for a brief opening statement.

25 **The Chief Minister (Mr Quayle):** Thank you, Mr Speaker and Members of the Committee.

Many thanks for your invitation to give evidence to the Committee this morning. The independent parliamentary scrutiny offered by the PAC during this health emergency is valued by us all.

30 The invitation to attend today is to discuss balancing our health system, our society and our economy. As we outline in our Stay Safe medium-term strategy we have had four key objectives throughout responding to the pandemic emergency. To reiterate, these have been and remain: (1) preservation of life; (2) maintain critical national infrastructure; (3) maintain public safety and confidence; and (4) support a controlled return to normality.

35 As the emergency unfolded our overriding priority was the preservation of life. We sought to do this by flattening the infection rate, the curve which has been mentioned so often. This informed all other objectives.

As a proud Manxman, the loss of a single life is a tragedy. These are our people, not just statistics, and I want to take this opportunity on behalf of the Council of Ministers to offer my sincere condolences to everyone who has lost a loved one to this evil disease.

40 Whilst we have been protecting lives by staying home and protecting our health and care services we have been acutely aware that this comes at a cost. People have lost their jobs and income and our businesses have struggled. The protective lockdown preserved lives but had an impact on our economy, on people's freedoms and ultimately for some affected their mental health and well-being. The Stay Safe strategy which Tynwald approved outlined the phases of
45 our strategy and, as I have said at the foreword of the strategy, as we move to a more medium-term outlook we need to balance the protection of life with the various other risks we face. Our society and economy are critical to ensuring we are in a strong position to recover when this invisible enemy loosens its grip on our Island.

50 I am pleased to be joined today by two of our health professionals, in addition to the Chief Secretary and the interim Chief Executive of the Department of Health and Social Care: Dr Ewart, who can provide the Public Health perspective and Dr Ranson who can provide the clinical perspective.

Your Committee has also taken evidence previously from the Treasury and the Department for Enterprise on the economic response and support provided to our people and our
55 businesses. The Stay Safe document details our decision framework as the Committee has indicated its interest in the balance of priorities, and the suite of indicators we will monitor to review the implications of any changes we make to the strategy. Our approach here is incremental. We will continue to make changes in a steady and ordered manner and review their impact to the infection rates, to our healthcare system, to our economy, and on our
60 society.

Mr Speaker, as you are acutely aware this pandemic is a global crisis. We cannot influence how other nations or even the United Kingdom will respond to the challenges proposed by coronavirus. Many of their decisions may affect us all. We have always said we want Manx decisions for the Manx people. Our strategy ensures the Isle of Man is positioned as well as it
65 can be to respond swiftly and flexibly to changing events.

An apt quote attributed to many people here is: 'We cannot direct the wind, but we can adjust our sails accordingly'.

Thank you, Mr Speaker.

70 **The Chairman:** Thank you very much, I will hand over to Miss Edge to start with some questions.

Q117. Ms Edge: Thank you, Chair.

75 My first question is for the Chief Minister. If he could explain the decision-making process especially in terms of whether all CoMin decisions mirror the clinical recommendations, or do they provide options or a framework for CoMin to make that decision?

The Chairman: Chief Minister.

80 **The Chief Minister:** Okay, Mr Speaker; and thank you, Ms Edge.

In the Council of Ministers we get a number of papers from various Departments, so Health and Social Care will give us advice from the clinical members, and the Home Affairs Minister is there and he will give the comments from the Chief Constable if that is relevant to the area that we are discussing, and the same with Minister Harmer with Infrastructure. We get all the latest thinking.

85 In the papers sometimes we get recommendations with a specific point with a specific recommendation. I know yesterday, for example, we had a number of options given to us where Council of Ministers was presented with options 1 or 2, say, and Council of Ministers then made the decision. So there is a balance, really, there is no one-size-fits-all. But what I can assure all Hon. Members is that everything we do is always with the best interests of the people of the Isle of Man with the latest thinking at our disposal.

Q118. Ms Edge: Thank you.

90 So can you just confirm that the medical advice is not the start point or end point, it is a number of documents and the Council of Ministers then makes that ultimate decision?

The Chief Minister: Yes, I can confirm that the medical advice is part of the decision-making process, and obviously we respect and value their input. This is a health battle that we are fighting, but at the end of the day it is the Council of Ministers that makes the final decision. It does not often deviate, but it is the Council of Ministers that does make the decision.

100 Obviously we have the chain of command: we have got the Silver Group who feed up to the Gold Group, who feed up to the National Strategy Group (NSG), who then feed up to the Council of Ministers. We have three Council of Ministers' meetings a week and we have three National Strategy Group meetings a week. I am delighted to say that we have been able to have no meetings on a Sunday now for a few weeks.

Q119. Ms Edge: Okay, so in the Stay Safe document, page 12 highlights the decision framework and you briefly talked about that and the data that is driving the key decisions. Why isn't this data routinely published?

110 **The Chief Minister:** I was under the impression from a medical point of view that we publish all the data: the number of cases and how many cases are active. So anything to do with the virus is published. We do not publish Council of Ministers' documents, they are not public documents. They are there for the Council of Ministers to take the decisions but, once we have made a decision, in a pretty fast turnaround we make the announcements.

115 Today is Friday, yesterday was Thursday and we had a lengthy, lengthy Council of Ministers that went on until one o'clock. Then it was a case of spending two or three hours preparing statements and doing documentation, and I think five minutes before we had the meeting I had published all those documents that we had, to all Tynwald Members, and then we try and give updates to the public.

120 So we try and get as much information out there as possible. If you think there is an area that can be expanded on then I am more than happy for your feedback. Obviously papers from CoMin are confidential but if there is an area where you feel that we could be giving more information then I am more than happy to look into that.

125 **Q120. Ms Edge:** I think bearing in mind the Stay Safe document and the decision that is
reached around the key indicators for you to then make the actual decision, that would be
helpful.

Can I move on to Dr Ranson now please? I would like to ask Dr Ranson, are the medics using
the same key indicators?

130

Dr Ranson: Yes, it is not just medics it is the Senior Clinical Advisory team, so it includes other
professionals. We take into account a number of indicators, it depends on the questions that we
are being asked to consider. But obviously we are considering the operational issues in terms of
Health and Social Care issues as they arise, but we are also considering those particular
135 questions that relate more to advising up the chain of command, as it were, to Silver and then
Gold and then NSG. So we use a number of issues to consider our decisions.

Q121. Ms Edge: Okay, so as the policy is so critical to these key indicators, you just indicated
there that you feed into the Silver team: you are not actually part of any of these teams?

140

Dr Ranson: No, I am part of these teams. As Medical Director I am ... *[Inaudible]* so that the
clinical group, the Senior Clinical and Public Health Advisory Group which makes
recommendations feeds into the Bronze Group and I am a member of that, and then Silver of
which I am a member as Medical Director, but there is also the executive team of DHSC. So
145 these decisions go through those various processes.

Q122. Ms Edge: So do you feel the decisions are being made on a consistent approach using
the key indicators?

150

Dr Ranson: Yes, I do feel that we consider all issues *very* carefully, we take all relevant issues
into consideration, we take relevant evidence, we look around the world to see what
information can be gathered from elsewhere and all of these matters are taken into account
when we make our recommendations.

155

Q123. Ms Edge: Is there any reason why the minutes and recommendations from the clinical
group cannot be published?

Dr Ranson: Well, they are not public documents, they are internal documents. They are
recommendations and they are minutes showing the debate and the discussion that we have to
160 inform our recommendations, but they are only part of the picture. As I say, those
recommendations then pass through other groups and areas of command, where they then get
further discussion and so they feed up through the system.

So there are many other contributions to them.

165

Q124. Ms Edge: So how do you weigh the risk factors in different decisions made?

Dr Ranson: There are a number of ways that we look at risk in Health and Social Care. As
health and social care professionals we are used to taking a risk-based approach to decision
making. In our normal day-to-day work we assess risk using a numerical risk matrix where we
170 consider, for example, the likelihood of a particular risk occurring and we try to rate that against
the severity of the consequences if that risk were to materialise.

Another way we look at risk is through clinical decision-making where clinicians make risk-
based decisions, gathering information, looking at available evidence. We take expert and
colleague views and we consider the likely outcomes of different possible decision options, and
175 then risk-benefit analysis ultimately guides the decision. So we are therefore used to making
recommendations usually using different risk-based approaches, but it is a balancing of the risks

and it is a balancing of the consequences of taking one course of action against the consequences of taking another course of action.

180 Sometimes this is a binary choice between one choice and another, but at other times this is a middle-ground approach. So there is some subjectivity to it although we approach it from an objective and evidence-based background; but also we are always balancing obviously the wider picture, particularly in relation to COVID, because we are obviously focused on health and social care. But all the while we are cognisant and it is important that we bear in mind the wider determinants of health, which is the social and economic factors which not only influence
185 health; but obviously the decisions that we are making have a significant impact as the Chief Minister mentioned in his introduction. They have a significant impact on society and the economy of the Isle of Man as a whole and we are very conscious of that.

So that is part of our decision-making; that is an influencing factor.

190 **Q125. Ms Edge:** Okay the Chief Minister would like to come in.
Chief Minister?

The Chief Minister: Yes, thank you very much, Ms Edge; I just wanted to add on to my earlier statements really.

195 First and foremost we do publish open data all the time in a usable format. But I am always looking to broaden that and I am committed to transparency. I will seek to publish as much of our coronavirus indicators as possible out there. We will continue to add datasets with explanatory notes where necessary. So this is something I will commit to.

200 Obviously the sharing of information is incredibly important, it reassures the public, it shows them where and why we are basing our decisions. Obviously papers prepared for Council of Ministers are confidential, it gives officers a chance to express various views, and then the Council of Ministers makes its decisions.

205 But I am more than happy to get as much information out there as possible and as many of the indicators with the details I am happy to publish. I just wanted to reassure the Hon. Member.

Q126. The Chairman: Thank you much; and thank you, Miss Edge.

210 Just coming back to the questions about why the minutes and recommendations from the groups that sit below Council of Ministers cannot be published. Perhaps I could just pick the brains of the Chief Secretary on that one as to whether there was any reason why those could not be made available?

The Chief Secretary: Thank you, Chair.

215 I think we have just got to go back to the requirement to have some space, I suppose, to discuss things in confidence so that people can share wide views. I suppose that is why the policy is that we do not publish the minutes wider from sub-groups, etc., as decisions may not have been taken that are relevant to the final decision.

220 **Q127. The Chairman:** So perhaps would the risk assessments that have been prepared by the medics, be something that could be available, because obviously I think an awful lot of reliance is being placed by the politicians on this medical advice? I think it would just give the public more confidence if they could actually see it and understand it.

225 **The Chief Secretary:** I am happy to take that away, Chair. I cannot make that decision without taking it through the Council of Ministers, as you would expect.

Q128. The Chairman: Dr Ranson, if I could just ask you about if things started to get worse and the infection numbers crept up again, do we just backtrack down the same journey that we have come down, or is there a regression plan here?

230 **Dr Ranson:** The Stay Safe document outlines our approach and we are in a very different
position to where we were before, because obviously the initial lockdown that occurred was in
order to continue – we had already started our preparations before our first case, but actually
we had been building capacity within the Department of Health and Social Care to create new
services. There are so many changes that have taken place in order to develop the capacity
235 within the system.

So we are in a different position DHSC-wise than we were previously and we are prepared
and ready. The Stay Safe document – obviously it is the economic and social aspects as well, but
it has the section in it on the Department of Health and Social Care and our plans. So it is looking
forward and it is looking to put things back through a very structured approach which I think is
240 articulated in that document which is put in the levels 1, 2 and 3.

Q129. The Chairman: Sorry, I think it was more about if things got worse do we just go back
along the same path that we have come down, or is there a different path if things got worse?

245 **Dr Ranson:** We have different controls in place now. It is about mitigating risks. So with the
testing that we now have – I have alluded to the capacity that we have built now within the
system and that we now have our own testing which we did not have previously. We have
tracing in place, a very sophisticated system. So we have all sorts of measures now in place. We
have our own information, we have an information centre and we have our own data. So we are
250 in a much better position to inform ourselves and keep control of the situation.

The public themselves have learned over this time about social distancing and actually it is
the public's response that has delivered us to the position we are in now, where we have very,
very few cases.

It is a combination of all of these things that actually have got us to this position; and going
255 forward I think we are confident that this approach, which is this step-wise approach, articulated
in the Stay Safe document and our plans for putting back services within DHSC. We are confident
that we should be able to do that.

The Chairman: Thank you.

260 Mr Callister.

Q130. Mr Callister: Thank you, Mr Chairman.

On 18th May, the new guidelines were published in which two people could visit you inside
your home with no time restrictions. Can I possibly ask Dr Ewart how, at the time, the limit of
265 two people from the same household visiting another household was determined?

Dr Ewart: It is purely pragmatic. What drives risk for the spread of coronavirus is bringing
together people from different households. So this is about restricting the number of
interactions. This is a starting place. It is not perfect science because there is no science to base
270 it on.

Q131. Mr Callister: Can I just add on that, then ...? Can I ask what the different risk would be
if two people visited a household of four people, and *vice versa*?

275 **Dr Ewart:** That is impossible to quantify; it would depend on the risk that any of them were
actually infectious. So long as you have got infectious people and susceptible people you will

have spread. We cannot quantify that with any degree of accuracy, neither here nor anywhere else. So it really is start slow and see what happens.

280 Testing and tracking and tracing will enable us to respond very quickly to any increase in infections but it would be risky to open the valve too wide, too soon and risk generating a large number of new infections.

Purely pragmatic.

Mr Callister: Thank you for that.

285 Mr Chairman, you want to come in?

Q132. The Chairman: Thank you. Could I just chip in there and ask what the difference is between, for example, my family of four going round to my parents' house where there is just the two of them, and them coming to my house? I do not understand the difference in risk, but
290 one is legal and one is illegal.

Dr Ewart: Right. The expansion of the household bubble should actually be fine. I am not aware that it is illegal for reciprocal visits – if it is, it is not something that I have advised on.

295 **Q133. The Chairman:** Only that four people cannot go into a two-person household, but two people can go into a four-person household and surely the risks are the same either way?

Dr Ewart: Yes, they would be.

300 **The Chairman:** Yes. Thank you very much.
Mr Callister.

Q134. Mr Callister: Thank you, Mr Chairman.

305 Dr Ewart, you mentioned a couple of words there which brought the next question to the forefront. You mentioned 'spread' and you mentioned 'bubble'. At the same time, on 18th May, it was announced that groups of up to 10 individuals from different households can meet up.

Therefore can I ask you, have we actually made the right system or have we made the system more difficult by the approach taken by the Isle of Man? Should we maybe have considered the model used by Guernsey in which up to four households can meet up inside and out, but only
310 from the same households and thereby creating one bubble which could be traced far more easily and obviously prevent the spread in due course?

Dr Ewart: That is certainly a proposal. Guernsey of course has effectively followed the New Zealand approach. So it is not just Guernsey, other places have done that as well.

315 I certainly had discussions as we were developing this policy, bearing in mind that I do not set the policy, I purely advise, and all of those options were looked at. There is always a balance between how much can you restrict people, how much restriction will they continue to put up with, and how much can you relax.

320 In terms of outdoor interactions, the evidence is that very little transmission happens outdoors. It happens indoors and it happens within household groups mainly. So relaxing on outdoor gatherings in that way is in line with the evidence that we currently have.

Q135. Mr Callister: Thank you. Can I possibly ask you what your advice was then? Do you agree with the Island's group of up to 10? Or did you prefer the Guernsey/New Zealand model?
325 What was your advice to the Council of Ministers or to the groups?

Dr Ewart: None of it is based on evidence. It is all purely pragmatic. So to that end it is not my role to say which I prefer to any other. It is my role to make sure that all models have been

330 looked at and people are aware of them. But the evidence does not take you to one or the other.

Q136. Mr Callister: No, Dr Ewart, I asked what was your advice. What was your professional opinion? Which model did you prefer yourself, personally?

335 **Dr Ewart:** No, I have said quite clearly, please listen, that I do not prefer any one model over another because the evidence does not take you to one model over another.

Q137. Mr Callister: Okay, so you did not give any advice either way, then, on either that sort of scheme or any other scheme. No?

340

Dr Ewart: No, not to that extent. Well I gave advice, as in making sure people were aware of the options. I did *not* go beyond that to say 'I recommend this option' because there would have been no evidence to take me to do that.

345 **Q138. Mr Callister:** Excellent. Thank you for clarifying that.

I would just like to carry on with another question with Dr Ewart if possible? As we approach the end of the first 12-month period, can I ask you what advice we can give to the elderly and the most vulnerable in our society who have been advised over the last 12 weeks to stay at home?

350 What does the new normal look like for them in the coming weeks and months?

Dr Ewart: I think just to clarify, because you initially said coming to the end of the first 12 months, and it is 12 weeks.

355 **Mr Callister:** Twelve weeks, apologies. That is my fault.

Dr Ewart: So it is 12 weeks. And this again links to what is the level of risk, and what would individuals see as the balance of risks and benefits to them?

360 We cannot be prescriptive. We cannot say to people 'You are to self-isolate'. There are two groups here that we are looking at particularly in your question: one is the vulnerable group which is people over 70, people who would be eligible for an NHS flu vac, and pregnant women, basically; and then there is the extremely vulnerable group who are largely people who are immuno-suppressed. Those two groups are categorised because both have an increased risk of severe disease, severe complications and indeed mortality if they contract COVID. The extremely
365 vulnerable are obviously at greater risk than the vulnerable and that is why there are the two categorisations.

For both of those, the risk has to take into account the level of circulating virus in the community. If there is no virus, there is no increased risk for either group. If there is some virus the risk goes up; and if there is a lot of virus the risk goes up significantly.

370 So there is something about communicating that message to people; and, bearing in mind that the vast majority of them will be adults with capacity to understand guidance and make their own decision, it is only guidance, it is not prescriptive. The guidance would be framed as 'advice' for the vulnerable group and as 'strong advice' for the extremely vulnerable group. But within that they have to make their own decisions.

375 For the vulnerable group that might include looking at whether they are able to return to a workplace if sufficient mitigation can be put in place by their employer to enable them to do so, and they can also of course call on guidance from their GP or occupational health services if there is one to help guide that. For the extremely vulnerable one would have to say that while there is any circulating virus the risk is higher to them. But again they have to balance that

380 against the ability to live the kind of confined life that would go with guaranteeing, or almost
guaranteeing, because nothing is a complete guarantee of safety, from exposure to the virus.

If we all stay in solitary confinement any of us have a very, very, very low risk of contracting
COVID. But it is the balance of how one can live one's life against the risk of contracting the
virus.

385

Q139. Mr Callister: Wonderful, thank you so much for that.

I was wondering if I could just ask my final question to the Chief Minister, relating to the 'co-
ordinisation' that has been undertaken. By way of example, I mean it would have seemed
sensible if we were to open up certain sectors, such as construction, to have the schools ready
390 to actually take in students from those particular sectors, as certain sectors come back on line.

Therefore could I just ask the Chief Minister: how do they look at the co-ordination of these
particular sectors and the auxiliary services such as infrastructure and schools, etc.?

The Chief Minister: Thank you, Mr Callister.

395

Mr Speaker, are you happy for me to respond now?

The Chairman: Yes, please take your cue from the Members asking the question; but thank
you.

400

The Chief Minister: Okay, thank you.

I was liking the word 'co-ordinisation', I think we will have to have that in *Tynwald Balls*.
(**The Chairman:** Absolutely!)

405

I was thinking that the answer simply I suppose, Mr Callister, is that we do not live in a
perfect world. If we had waited until we had got the schools opened before we had brought in
the construction workers and other sectors in large numbers, we would be waiting until the
middle of next month.

410

So it was important that we had a pragmatic approach to this, that we worked with the
teachers' unions and with the teacher representatives, and the teachers and the workers in the
schools, and that we obviously had the hubs and that we agreed to expand the hubs. But it was
not done exactly at the same time because we do not live in a perfect world.

415

We felt it was important to get those in the construction industry that *could* get back to work,
back as soon as possible. If some could not because of childcare issues, then obviously that was
something that we were working on and we *did* work on it. But we did not want to slow down
the return where people could get back to work. No child was turned away. As I said, unlike
some jurisdictions, we kept our hubs open to ensure vulnerable children got the support, and
obviously key workers' children were able to be looked after so that the key workers could go
and deliver.

420

So you are never going to get a perfect, utopian world especially when you are dealing with
something like this. We just felt it was logical to allow those that could get back to work straight
away, whilst we were working with the unions and the representatives from all of those that
look after our young people. I am delighted that we have now been able to come up with a more
specific date. Obviously with the year groups, that is going to be announced by Dr Allinson when
he has worked out that final detail with the teacher representatives.

425

Q140. Mr Callister: Thank you, Chief Minister.

Would you not agree that the supporting services such as the bus timetable and such as
schools and nursery care, these all go hand in hand? And when we are actually releasing some of
the restrictions on certain sectors that these do need to be brought into line at the same time?

430

The Chief Minister: Absolutely. We are juggling so many plates here, it is unbelievable. And
when we are making decisions, please be assured that we are looking at things like buses and

what can we do? We started off with a reduced service. I think it was what is known as the 'Sunday timetable'.

435 As we started to get feedback from the Department of Infrastructure that there were increases in the numbers of passengers on these buses, then we made changes. We even made changes to certain restrictions with our transport and with our regulations to enable the managers at DOI in transport to alter bus routes without giving notice and going through all the channels that would have taken weeks, if not a month or two to do, so that we could alter the time of a bus that left from Noble's Hospital that was able to give our nurses the time to shower
440 before they got on the bus, because they had been missing the bus previously.

So we have been as reactive and as quick as possible. But as I said we are not living in a perfect world all the time; and having everything perfectly dovetailed at this moment in time I am afraid, as much as I would love it, it is not practical; but where possible of course we want to deliver those things in a uniformed manner.
445

The Speaker: Right, I hand over now to Mrs Poole-Wilson.

Q141. Mrs Poole-Wilson: Thank you, Chair.

450 I would like to move on to look at the emergency powers, please. So can I ask the Chief Minister: when are emergency powers going to end? The medium-term strategy document is silent on this. So if you could say a little about the criteria that will help you to decide, please?

The Chief Minister: Well, obviously nobody wants to have emergency powers. It is not a situation I ever wanted to find myself in. But we are where we are. We are reviewing now and we have asked our Attorney General to see if there is a different way forward regarding our emergency powers. We are not unique. I am speaking to my colleagues in Jersey and Guernsey and they are in exactly the same position as ourselves and they have not got a solution themselves.
455

We need these powers because of the borders and gatherings. Without them we would be open to all sorts of legal challenge. So I am more than happy if this Committee ... I know I asked Mr Robertshaw, who felt that it could be done quite simply, to come up with a strategy. We are more than happy to listen.
460

But at this moment in time without the emergency powers we would be in real trouble; if a health emergency existed ... that comes with a significant threat. And, as I say, without these emergency powers we would be in serious trouble on defending some of the actions that we have been forced to take to protect the overall population. But obviously when we can, we will seek to do away with them.
465

I do not want to have to be staying up until midnight every night reading the latest emergency powers from officers and then having to debate it in the Council of Ministers and take it on to Tynwald. We are doing horrendous hours at the moment and any back to normality would be fantastic. But we have to do what is right for now.
470

It would be wrong of me to give you an exact date when we feel we can do away with it. But when we feel the time is right, please be assured that we will stop the emergency powers and using the 1936 Act. We have asked the Attorney General to see if there is a way forward and that is going on at the moment. But I am more than happy to work with anyone if they have a better way or a way that they would like explored. It might not work but I am more than happy to take a Member's views on board and have it investigated and come back to you.
475

Q142. Mrs Poole-Wilson: Thank you, Chief Minister. I think we would all like a return to normal; emergency powers certainly are not sustainable for the medium-to-longer term.
480

So I wonder if I can ask Dr Ewart when the Public Health Act might be sufficient to manage COVID-19?

485 **Dr Ewart:** The Public Health Act, for those who may not be aware, does include a range of provisions for Communicable Disease Control, including a list of notifiable diseases to which COVID – SARS-CoV-2 – has now been added so it will give us continued ability to manage persons and places in order to reduce risk of contagion from COVID along with other notifiable diseases.

490 **Q143. Mrs Poole-Wilson:** Thank you.

So as we are in the Stay Safe phase and the main issues we may need to contend with, including our borders and self-isolation and so on ... do you think we are almost at a point when we could make use of those provisions?

495 **Dr Ewart:** I think we have to give time for the changes we have so far made to actually work through the system, get beyond the incubation stage for the condition, and enable us to see what impact the changes we have made so far have had.

But I think this is something that needs to be kept under ongoing review.

500 **Q144. Mrs Poole-Wilson:** Yes, and I noticed earlier on you made very good points about how there must be some personal responsibility; and in fact the medium-term strategy states on page 17 that it recognises the need for *some* restrictions to remain but also that people should be trusted to make the right choices for themselves and their families.

505 So I suppose to the Chief Minister again: when will it be time to remove the vast range of legal prohibitions and rely on more straightforward guidance around what we expect of businesses and individuals, and behaviour codes for the new normal?

510 **The Chief Minister:** Well, I would love to have a crystal ball. Obviously I will be looking from a borders point of view, for example, to see what the infection rate is in the United Kingdom. If there is a significant reduction down in the infection rate then that will obviously impact on our decision.

If we go, say, a good period – we were two days without coronavirus, I think we had six days before we had an individual case. If we have a lengthy period of no coronavirus cases on the Isle of Man, post the incubation period of 14 days, then we can start to make other changes.

515 We are making a raft of changes on a regular basis. On Thursday I announced a considerable amount of loosening of restrictions. I am more than happy to get back to some sort of normality as soon as possible, but it has to be done in a safe way that protects the public and that does not make too big a change because we need to review.

520 I am all about making steps, waiting and looking at the data, and if the data shows that it has impacted on the spread of the virus around the Isle of Man then we can make further changes. That is what I said we would do from day one. That is what we have done and, touching wood, so far the restrictions seem to be working very well for us. We are leading in some areas on the changes that we are making on the Isle of Man.

525 **Q145. Mrs Poole-Wilson:** Thank you.

And in terms of the changes that are now being made on a regular basis, how are you dealing with the increasing inconsistency in the current approach? For example, allowing 10 people from 10 different households to gather outside, but at the moment only immediate family members are able to attend a funeral?

530 **The Chief Minister:** Well, it is all on the latest data.

We get a report in telling us what can be recommended. Ten people meeting in gatherings. I would hope that we can review funeral gatherings and say 'Right, well that can go up to 10 people in total now because that is what we are allowing elsewhere'.

535 So it is getting the balance right. And when we make decisions there are changes that have to be made. For example, tennis: you can have singles now, you can have doubles – but we have to get the sports authorities to come up with the guidance for their sectors or for their sports to advise people on how to do it safely.

Obviously outside there is less risk. I get the point that at a funeral ... you are not holding the funeral outside, are you? You are going into a church where the spread of the virus is significantly riskier. It is a greater threat when you are in a building rather than outside.

So it is looking at all that evidence. I think Dr Ewart mentioned the difference in risk: in a building, greater risk; outside, a significant reduction in risk. So it is getting this all the time ...

545 You mentioned a funeral. I went to a funeral but I was outside and socially distanced as the hearse drove past. But that was outside and I did not join the family inside because there was a restriction on numbers because they were going into a building.

Q146. Mrs Poole-Wilson: And I suppose the other area that I just wanted to ask about is whether you think the general public are following and understanding the regulations and the difference between ‘guidance’ and ‘regulation’? So, for example, do you think that people understand that currently they can exercise and pursue recreation on the beach but not on a large sports field?

The Chief Minister: Yesterday we announced that you can go on to a sports field from tomorrow. The data is published on a regular basis on our website advising people. We obviously liaise directly with the Department of Education, Sport and Culture regarding sports with all the regulatory bodies from that. We are always trying to work to simplify what is out there.

560 We do publish the data. I know sometimes it can be complex; but I know I had reports of a debate on the local radio station about what I call the ‘10-out, two-in’ rule. And people were saying, ‘Yes, we get it, it is straightforward’ – they cannot understand what the fuss is about.

565 So we do our best to communicate with the public. Yes, there will always be some individuals who want clarification and I know my inbox gets questions all the time from members of the public. The advice is always out there on our website. But we are never going to get a utopian world on this. We are always looking at ways of improving; and improving the experience of the public who are having to go through this.

570 But opening up is much tougher than locking down things. When you open up something you have got to follow the ripples, the consequences of those actions; and there is so much data and so many ideas that you have got to think through, that it is really hard. But the press briefings that we do with the public are a good opportunity to discuss these issues. If we see on social media and feedback that there are areas where maybe we have announced something on Wednesday and it has caused a little bit of confusion to the public, then we go back the following day and expand on that.

575 In fact, when my colleagues are answering questions one of my officers is looking at social media and if there are any confused thoughts I will go back in and clarify that in my next question. So we are trying all the time to improve our messaging. We are not perfect. We will make mistakes. You know that is something, but we always do our best.

Mrs Poole-Wilson: Thank you, Chief Minister.

580 I think, in what you have said, it does show the limitations of our emergency powers because of the complexity of unlocking the situation.

But I would now like to hand over to Mr Robertshaw.

Q147. Mr Robertshaw: Thank you very much, Jane.

585 Good afternoon. I only have one question today, but it is a fairly long one and a very, very important one. It is addressed to the Chief Secretary, please, in relation to the Gold Group and

the NSG's work with regard to the Stay Safe document. It is a big question and I am afraid the run-in will take me a few moments, so my apologies.

It is without doubt that the Government did extremely well going into the crisis and that was because the response was simple and bold and clear. However, moving out of the crisis one is beginning to get the impression the Government is not doing so well. Political statements regularly admit quite clearly that we cannot micromanage the situation as we reverse out. But actually it is continuing to do exactly that. Surely we have reached a point where we need a clear and simple vision for what you are calling the 'new normal'?

The Chief Minister, Chief Secretary, just mentioned that there should be clarity about the announcements and the regulations being promulgated, but in fact even today in an exchange between our Chairman and one of the Members we could not get clarity ourselves, at our level, about how movements actually work between households. So if we cannot get it right ourselves how on earth do we genuinely expect the public to do that?

The Committee have tried, we really have tried, to understand the vision in the Stay Safe document particularly the new normal concept on page 11 and the Level 3 statement on page 20. But actually when you put those together it creates more questions than answers.

So my question to you, Chief Secretary, is: what work is now going on within the Gold Group and the NSG to articulate a clear future vision, and when will that be promulgated?

Thank you very much.

605

The Chief Secretary: Thank you, Mr Robertshaw.

I think, as the Chief Minister has outlined, this is a really complex and complicated area. And again, as he outlined, closing things down we thought it was really difficult and there were some very difficult decisions taken at that time, but actually opening things up is as complicated, if not more complicated. And I think, as some of the Members of the Committee have raised, the way that we have to make sure that things are not done independently of other measures is another area that we are looking at.

Certainly from a Gold Group perspective and a National Strategy Group perspective it is an area that we consider time and time again in not just dealing with the issues that we are dealing with on a daily basis, but thinking about the future and thinking about the phased approach.

You mentioned what the new normal looks like and as you said, and you have identified it, on page 11 we have tried to articulate that. But again, we are dealing with things on almost an hourly basis, of things that could impact on that and we have got to assess at an officer level to advise the NSG and ultimately the Council of Ministers on the direction of travel. So it is very complicated and Government is coming together and working together in identifying as best we can how we can do that, both looking at it from a Health perspective, a wider Government perspective and an economic perspective.

I take your point about how we articulate this to the public and it is a key area that we try and address through the communications channels that we have opened up, through social media as the Chief Minister has outlined. But again also, as he said, we do not get everything right all of the time. We are striving to do as best we can to make sure the public know what Government is doing and we try and give, as clearly as we possibly can, a clear direction of travel to go forward in the future.

Q148. Mr Robertshaw: It seems from what the Chief Minister said, Chief Secretary, that he considers we are stuck in emergency powers for some considerable time, related directly to how long it will take to reopen the border. So it is some significant time. So it would appear, from what I have understood today, that we are stuck in this now for some significant time and that we are going to continue to get a tumult of emergency regulations pouring in.

We, in this discussion today, have not been able to identify clearly an area where a regulation has come out. *You*, Chief Secretary, have said that this is a very complicated process. Surely then we must take the view that we are actually in a bit of a hole now and that we need to step back,

640 start removing regulations and replace it with an approach that gives guidance to any individual
in any set of circumstances on the one hand – and they are guidance, not regulations – and give
guidance to businesses as to how they should deal with the various challenges in front of them,
and then step back. Surely now this meeting has shown that micromanaging is not working and
will not work?

645 Now, the second part of my supplementary question here is that Government enjoyed a
great deal of respect when it came in, as I started with my point in my question about how it
was simple and clear, and people respected it and followed it. But as we get into this miasma of
regulation and people become increasingly confused, then the capacity of Government to
engage with the community is going to diminish directly related to the complication of those
messages and therefore if – and this is the big one – we *do* get a return of the virus to some
degree, you might at that stage have lost, to a degree, the confidence of the people.

650 Does that not concern you?

The Chief Secretary: If I may, Mr Robertshaw, that is why we are taking a stepped approach
to what we are doing, to make sure we can assess the impact that the measures that we are
taking are having on the rate of the spread of the virus or not. That has been very clear from the
655 Council of Ministers and from the document that you referred to, hence why we need to assess
the impact that the decision-making has.

I think, with due respect to your question on regulations and guidance, that there is still a
requirement for regulation and I think as we are progressing we are making what is in those
regulations clearer, and we are building on the guidance. I think, as the Chief Minister has
660 outlined, the reason why we are continuing with the emergency, as it says in the Act, is to
protect the health and welfare of the economic well-being of the public of the Isle of Man. And
whilst Council still believes there is that threat, then the emergency proclamation must remain
in place and therefore the emergency regulations will remain as well.

The Branches of Tynwald approved the changes to the Emergency Powers Act, as the Chief
665 Minister has outlined; and I do not think the Chief Minister, with due respect, was saying that
the emergency powers were going to remain in place forever and a day. It is addressed and
assessed on a regular basis of where we stand based on the most up-to-date information that
we have on the way forward.

As I say, as a Gold Group or an NSG Council of Ministers, we are regularly assessing where we
670 stand on that.

Q149. Mr Robertshaw: So do you think in all these regulations that the general public
understand when you keep repeating in these regulations that social distancing is required? And
there are more and more cases where social distancing is impossible.

675 Do you think there is clarity there?

The Chief Secretary: If I may, I think if I can ask Dr Ewart to comment on that, that might
help.

680 **Mr Robertshaw:** Thank you.

Dr Ewart: Yes, I am happy to.

I think this is all about actually engaging with and having a dialogue with the public so that
they understand what is known about this virus and how it behaves, and what is not. So if we
685 pick up particularly on social distancing, the social distancing recommendation of two metres is
to an extent arbitrary and pragmatic. The science takes you in all different directions. Basically,
we are talking about the ability of droplets or airborne virus to spread from one person to
another. How that happens differs depending on the ambient conditions. If you are in a small,

690 humid, badly ventilated space your risk is much higher. If you are out in the open and there is a nice breeze your risk is *very* much lower. So two metres is pragmatic and it is arbitrary.

Other countries have gone for different distances. The WHO throughout all of this has recommended trying to keep to a distance of at least one metre; New Zealand, most of Europe, us, Canada, America went for two metres; Australia, with typical Australian compromise, went for 1.5 metres. So you pay your money and you take your choice, really.

695 Obviously, if you are trying to keep rigidly to two metres, you limit what people can do in terms of getting back to normal. You cannot open hairdressers, you cannot open a lot of other businesses that require people to be closer at some time in their interaction than the two metres. As I have said before in response to other questions, the background factor that we have to keep coming back to is how much virus is circulating in our community. The evidence is
700 that it is low. Not gone altogether, but it is low. So that means the risk of being less than two metres face to face with somebody is nothing like as high as it was in the days when the levels were much higher.

Q150. Mr Robertshaw: Thank you very much indeed.

705 I note, very sadly, I am running out of time here, but can I just say before I invite the Chief Minister in – who I understand wants to respond – that the PAC are very concerned about how to get this whole issue of communication of a straightforward process over to the public, a sense of vision; and we will be coming back to this matter again in more detail next week. So I would be grateful if you could possibly take that into account.

710 Chief Minister, I am sorry to delay your contribution. Have you got something you want to add?

The Chief Minister: Yes, if you do not mind, Mr Robertshaw.

715 Obviously I respect your views and your right to make them, etc., but I totally disagree with you. We are miles apart here. I do not think that what we have done has been badly communicated with the public and that the public do not understand what we have been doing.

It is clear that it was much easier just to shut something down than to open it up, and you cannot just open something up as quickly as you have shut it down. The workload that we have had to do to open up areas and ensure that we do not spread the virus has been massive. But I
720 know you made these comments in Tynwald this week and Manx Radio played your comments to the public to see what their views were, and I am afraid not one person came in to your defence. So they said, 'Yes, we can understand it'.

The public, an awful lot of them, do not understand why some people cannot follow what is being said, but some people want me to go faster and some people want me to go slower. We
725 are doing our best to bring the Island back to some form of normality, but we are making sure that we protect the people of the Isle of Man.

So I cannot agree with you in any way, shape or form that we have not communicated well with the public. Yes, we can always do better and I hold my hands up; and we make silly little mistakes sometimes where we forget that something has been announced via another channel
730 before we have made our decisions. That was a mistake we made. I have to hold my hands up, that was on a bank holiday, but we rectified it. It is not a perfect world.

I am proud that my team have been working hard, and how we have managed to open up the Island in the way we have. I think you need to look at other jurisdictions to see how the Isle of Man is compared with them. But equally, if you or the Committee have a better way of doing
735 it then come to me! I do not have the exclusive rights to good ideas and neither does my team. If this Committee feels there is a better way to do it, I am all ears and I will genuinely take it on board. But I do not want just to be told that, 'You haven't done this right. We disagree with you. It's too clunky'. You come to me with the ways that you would do it better.

740 **Mr Robertshaw:** I think, Chief Minister, we can certainly agree on one thing, that a variety of different views in these circumstances can be nothing else other than very healthy, which is an appropriate word, I suppose.

Mr Chairman, can I hand back to you please, sir?

745 **Q151. The Chairman:** Thank you.

Conscious of the time, I will restrict my questions in terms of I think we are all looking forward to a transition from regulation to guidance. I think people are still very much concerned about breaking the law and it is law that changes frequently. But am I right in thinking – and perhaps this is one for the Chief Secretary – that the reason that we are not able to make that leap from regulation to guidance and people being able to make more decisions on their own is actually because we cannot maintain the border controls without the emergency powers?

750 Is that an accurate assessment?

The Chief Secretary: It would make it more difficult to have border controls in, certainly. I think we would want in the emergency situation to have those remain in place.

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Q152. The Chairman: But in terms of if we wanted to, say, no longer have a situation where we are governed by emergency powers but by more guidance, by more understanding of what is socially acceptable but less *law*, and the emergency powers, we are still rolling on with these proclamations. The main reason for that then seems to be about being able to control the border rather than the other things which will all possibly unwind over the next few weeks, by the sounds of it?

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The Chief Secretary: But if you recall, Mr Speaker, when we originally closed the borders it was because the biggest risk to the Island was seen from the UK; and therefore the only way of controlling that was to restrict who could and could not get across the border. Therefore, we put the emergency regulation in place and, as the Chief Minister has said, we are transitioning more and more to a position where we can manage some of this legislation through other routes. That is certainly what we are looking at. Therefore, if we can move to guidance – but there is still a requirement at the moment to have it in law – as the risk is mitigated, then that is an area that we will consider.

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Q153. The Chairman: I suppose the question I am really trying to get an answer to is: can we do border controls with secondary legislation under powers other than the emergency powers?

775 **The Chief Minister:** I would need to take that away and come back to you, Mr Speaker.

The Speaker: All right. Thank you very much.

I am conscious that we leave it there for this week and we will no doubt pick it up again next week as we explore further this theme of decision-making and how that is being operated in the emergency. Can I thank you all very much for your time and for your answers today. It has been most illuminating. We will see you next week.

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The Committee will now sit in private.

Thank you very much; thank you all.

The Committee sat in private at 12.03 p.m.