



**STANDING COMMITTEE  
OF  
TYNWALD COURT  
OFFICIAL REPORT**

**RECORTYS OIKOIL  
BING VEAYN TINVAAL**

**PROCEEDINGS  
DAALTYN**

**PUBLIC ACCOUNTS COMMITTEE**

**EMERGENCY SCRUTINY**

**HANSARD**

**Douglas, Friday, 29th May 2020**

**PP2020/0156**

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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

Ms J M Edge

*Clerk:*

Mrs J Corkish

*Assistant Clerks:*

Ms F Gale

Mr S Wright

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# 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):** Well, moghrey mie, good morning everyone 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. I am Juan Watterson, Speaker of the House of Keys, and I chair this Committee. With me are Mr Rob Callister MHK, Ms Julie Edge MHK, Mrs Jane Poole-Wilson MLC and Mr Chris Robertshaw MHK.

We pick up today where we left off last week's discussion about the risks that are being balanced as we move forward with the medium-term strategy and exit out of the emergency situation.

### EVIDENCE OF

**Hon. Howard Quayle MHK, Chief Minister;  
Mr Will Greenhow, Chief Secretary; and  
Dr Henrietta Ewart, Director of Public Health**

10 **Q154. The Chairman:** If I could just ask the officers if they could please introduce themselves. We can start with Mr Greenhow.

**Mr Greenhow:** Will Greenhow, Chief Secretary.

15 **Q155. The Chairman:** Thank you.  
Dr Ewart.

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

20 **The Chairman:** Thank you very much.  
Well, we will start with Mrs Poole-Wilson.

**Q156. Mrs Poole-Wilson:** Thank you, Chair, and good morning everyone.

25 Chief Minister, if I could start please where we left off last week, when we were talking about when emergency powers would end. At yesterday's press briefing you did indicate that there is work now at an advanced stage to take us out of emergency powers. So I wondered if you could tell us a bit about that work, please.

**The Chief Minister (Mr Quayle):** Okay. Well, thank you, Mrs Poole-Wilson.

30 I have asked all Departments to see about how they can consolidate, for a start, the amendments that are coming out of the Departments, so instead of getting several we might be able to come up with one. I have asked all Departments to look at what emergency powers they have been given that they no longer need.

35 You did, all of you, receive a letter from our Attorney General, I believe, giving you the clear ... It was addressed to Mr Speaker dated 27th May, giving a significantly detailed letter as to the problems of implementing the changes through the Public Health Act regulations, as opposed to the 1936 Act. That is the problem that we are trying to address at this moment in time. It really is a struggle. There is less scrutinising from Tynwald under the Public Health Act as opposed to the 1936 Act. I am not going to go over it, because I am sure the Speaker has shared that incredibly lengthy and informative letter with you. So that is the problem that we are facing at the moment and we are trying to find a way out of it.

40 I feel certain that as a result of the problems we are facing, we will need probably to ask for an extension whilst we work on it, and hopefully as the situation improves on the Isle of Man that will make it easier for us to come up with a solution. That said, we have to be incredibly careful that we do not suddenly do away with all our powers because a number of Tynwald Members are not happy with the 1936 Act and, for example, want the Public Health Act as a way forward, because we probably only have a very small percentage of our population who have had coronavirus, so as an Island we are still vulnerable to a second wave coming along, which hopefully all the measures we have put in place will reduce that threat, but that threat is still out there until a vaccine is brought forward.

45 I feel certain that as a result of the problems we are facing, we will need probably to ask for an extension whilst we work on it, and hopefully as the situation improves on the Isle of Man that will make it easier for us to come up with a solution. That said, we have to be incredibly careful that we do not suddenly do away with all our powers because a number of Tynwald Members are not happy with the 1936 Act and, for example, want the Public Health Act as a way forward, because we probably only have a very small percentage of our population who have had coronavirus, so as an Island we are still vulnerable to a second wave coming along, which hopefully all the measures we have put in place will reduce that threat, but that threat is still out there until a vaccine is brought forward.

50 So we are in a very awkward position and I hope those Members that have argued – and I know there are two of you on the Committee that have argued – against the 1936 Emergency Act and have quoted the Public Health Act, having seen the legal opinion from our most learned Attorney General QC will maybe reconsider their views based on the evidence that we have all now seen.

**The Chairman:** Could I just say, Chief Minister, before Mrs Poole-Wilson comes back in, that yes we have had the Attorney General's letter and the Committee have all had it, and if I could ask you to pass on our thanks to Mr Attorney for a very insightful, very detailed letter. It has been very enlightening. Thank you.

Mrs Poole-Wilson.

**Q157. Mrs Poole-Wilson:** Yes, thank you, Chair.

65 I wonder then ... Yes, you are right, we have seen the letter and clearly there are some limitations with the Public Health Act. But I wonder whether consideration is being given to using that to the extent that further public health matters may need regulation, accepting it may require some amendment, in the same way that we managed to amend the Emergency Powers Act, and perhaps a number of matters that are ongoing and need other enabling legislative provision for any residual regulation, so that these can be addressed and we no longer need to live in a state of emergency.

**The Chief Minister:** Yes, well, these are areas that the team are looking at the moment, but ironically Tynwald will have less scrutiny than they have under the 1936 Act and as a scrutinising Committee I would have thought you would have preferred to have the powers that are given to you, that the 1936 Act gives you, as has been pointed out by the Attorney General.

Now, if it is the will of Tynwald that we move to the Public Health Act as a way out of this, the Public Health Act 1990 that is, then this is something we are, as I say, of course looking at at this moment in time, but it is proving very difficult. I am sure a form of solution will be found, but we must make sure that whatever we do, if there was to be a second wave, God forbid, that we have a quick way of being able to put back in place some of these measures.

Now, I sincerely hope that will never happen, but we need to be sure that if we do move to the Public Health Act 1990 we are able to respond quickly should there be a second wave, because I do not know what the percentage of the population that have had it is. I think it is very low and we have got a number of antibody testing, which will be starting fairly soon and that may give us some form of data to help us make our policy decisions as we go forward. I do not know if Dr Ewart would like to comment on that side of things?

**Dr Ewart:** Yes, really just to reinforce what you have said. Based on the evidence that we have, from the number of positives and the number of deaths, we have probably had at most about 3% of the population infected. We will be able to confirm that as we roll out the antibody testing, but quite clearly it is nowhere near enough to give any kind of herd immunity, even assuming that antibodies to confer ongoing immunity to further infection, and we do not yet know whether that is the case.

**The Chief Minister:** If I can add onto that, I think I challenged my good friend and neighbour, Mr Robertshaw, to come up with an alternative to the 1936 Emergency Powers Act because I know myself, my team, we do not have the exclusive right to good ideas. We are looking and working hard to try and come up with something, we feel we probably need more data from the percentage of population that have had it and how we can protect the Island if there is a second wave under the Public Health Act 1990. But if Hon. Members, now that they have seen the evidence and legal opinion from our learned Attorney General, then I am all ears for this Committee to make a recommendation to myself and the Council of Ministers which we would respect, take on board and if we felt it would work then we would be more than happy to look at some sort of variant. This is not written in tablets of stone. But my number one concern is that if we move from one Act to another, we have to make sure that the protection is given to the people of the Isle of Man to enable us to quickly react should there be a further outbreak.

So we are trying to be as helpful as possible. I sincerely hope that the lengthy letter you all had from the Attorney General clearly shows you the sort of problems we are facing in trying to move out of the emergency period. But we have committed to do that, we are just struggling to find an easy solution. Though I suppose anything to do with fighting an invisible enemy is never straightforward.

**Q158. Mrs Poole-Wilson:** Yes, and I think it is very helpful to have this discussion, Chief Minister. When we were discussing this last week, I think, Chief Minister, you said that really we needed the emergency powers because of borders and gatherings. I know in the Attorney General's letter he pointed out that there are some regulations we have that could not be made or that are made under emergency powers that would not have been easy to make under the Public Health Act. But things such as proper compensation and remuneration for special constables, these are longer term matters that probably need to be addressed anyway, and there are other matters such as emergency assistance by Members of the Keys, again the type of thing that could be addressed in the longer term.

So I think the reality is that emergency powers regulations create a lot of detailed legal restrictions on many aspects of people's lives, more than for just borders and gatherings, and I suppose the question is how will we justify continuing these many legal restrictions on Island when there have been no new cases perhaps for a period of a fortnight or a month?

130 **The Chief Minister:** And it is a good point. I have asked all Departments to look at what is necessary and what is unnecessary. Now, the Attorney General gave you a couple of examples, as you have mentioned just now. But equally, you have mentioned a couple of areas where we allowed a Member of Tynwald to go back ... and that is a fair ... I personally did not see the need for it, but we had been asked to do it and we felt we would let Tynwald decide if they wanted to support it or not. Tynwald did agree to support it, and yes there will be ways for some of the simpler areas to maybe be made under other legislation, but that legislation will take an awful lot longer to move.

135 As I say, I am genuinely open-minded on this, Hon. Members. We have taken advice, we have used the 1936 Emergency Powers Act as the best method forward. I think the letter from the Attorney General clearly shows that was the best way forward. Coming out of it is tough. I do not know if any of you avidly watch the press briefings, but I do give you a copy of everything that is said in the statements. I clearly said it was much easier to close down from doing things  
140 to nothing than it was to slowly open up things and I am open minded. You give me your ideas and I will happily consider them. So far we have asked all the Departments to look at what they do not need anymore and what they can consolidate, so we can significantly reduce the number of individual motions to Tynwald to approve and we can consolidate it under a smaller number. That is the first step.

145 But as I say, if the Public Accounts Committee members ... Come up with your ideas, we will certainly take on board and if there is a better way then we are genuinely all ears on this.

Would the Chief Secretary like to add anything to my comment?

**Mr Greenhow:** Thank you, Chief Minister.

150 Just to reinforce what you have said, myself and Mr Attorney have been working on this and we will continue to work on it, and what we have got the Departments doing is reviewing all of the regulations and we have some 36 regulations in play at the moment, and the relevant Departments who are responsible for the policy element – and some of those are what you said, Mrs Poole-Wilson – they are looking at including the relevant provisions in a continuation  
155 regulation, as the Chief Minister has outlined there or, where we can, using existing legislative provisions to make secondary legislation where that is available – and again that would come forward on behalf of Government – or including the relevant provisions in a new Bill. So we are looking longer term there. Really that is the crux of the decision-making of when to lift the emergency. I hope that helps.

160

**Mr Robertshaw:** Thanks, Will.

Morning, Chief Minister. I just want to test you on one particular point –

165 **The Chief Minister:** You are very faint, Mr Robertshaw. Are you able to get closer to a mike?

**Mr Robertshaw:** No, I am feeling very well, thanks! Can you hear me better now?

**The Chief Minister:** Yes, much better. Thanks for that.

170 **Q159. Mr Robertshaw:** Sorry about that.

Listening carefully to both yourself and Henrietta, you are clearly of the view, subject to data later that will indicate that the number of those of us so had it on the Isle of Man is limited, that we all accept the fact that there may be at some stage a resurgence. But the position you appear to be in at the moment is that you will have to retain emergency powers for as long as it takes  
175 for us to decide a resurgence could not take place. Now, that could be months.

Can I therefore assume that your current position is we remain in emergency powers until such time as we do not expect a resurgence? That is the position you are in. Do you accept my point?

**The Chief Minister:** No, I do not.

180 What I am trying to say is that we need to plan to ensure that whatever solution we come up  
with works to protect the Island's residents from a resurgence. So we are looking at this. I  
sincerely hope, Mr Robertshaw, that you do not feel that we *want* these powers – we do not! I  
thought Brexit was bad enough and beneficial ownership, Moneyval, EU Code of Conduct Group,  
and the list goes on. We have a major fight to protect our people. I think the Island has done  
185 exceptionally well. The people have been really good in following the guidelines, which is why  
we are in the situation we are. But we are struggling to find a simple way out of this where we  
follow the wishes of some Hon. Members of coming out of the emergency powers, but still have  
enough fleet of foot, shall we say, to protect the Island should there be a second wave. That is  
all I am saying.

190 So I am not saying we are going to be months, I am being straight with you in saying I cannot  
see this happening without having to request another extension. I am not trying to pull a fast  
one here, I am just being straight with you, and that is simply the situation. I do not know if  
Dr Ewart would like to add anything regarding a second wave and the risk and what we can do  
maybe differently from emergency legislation.

195

**The Chairman:** I am somewhat conscious of time. If I could just ask Mrs Poole-Wilson for her  
final supplementary question, we will move on and we may come back to this issue later.

Mrs Poole-Wilson.

200 **Q160. Mrs Poole-Wilson:** Yes, thank you.

So accepting what you are saying, Chief Minister, about the wrestle at the moment to exit  
from emergency powers, even within that, at the press briefing yesterday you talked yourself  
about removing restrictions from people's lives. So how far and when will we be able to move  
away from regulation of all the aspects of people's behaviour and move more to best practice  
205 guidance?

**The Chief Minister:** Well, I suppose it is based on a number of factors, and obviously key  
factors will be from our medical advice. If say by 15th June we are in the same position now  
where we have three active cases on the Isle of Man, but we have had no new cases for eight  
210 days, once we get over the, I should imagine, 20-day no cases, we will be able to look at a  
significant reduction, as our good friends and colleagues in Guernsey have. But they still keep  
the 14-day isolation quarantine for anyone coming into their Island even after they have hit that  
target.

215 So that is when I would see significant changes, but we need to ensure that whatever we do  
the messaging is clear and that we enable the population to understand the risks that are out  
there, (**Mrs Poole-Wilson:** Yes.) because if we open up and do all these things and then sadly  
someone coming into the Island somehow manages to infect someone then we may be wide  
open. So it really is a tough one to do.

220 So I would like to say, yes, on 15th June if we have got no cases that is the end of it.  
Obviously the border will have to be maintained, some form of border control there, but  
everything else will be a free-for-all. I think until a vaccine is developed, we will still be looking at  
some form of social distancing and it will be a new Manx norm going forward until a satisfactory  
vaccine has been –

225 **Q161. Mrs Poole-Wilson:** But – thank you, Chief Minister, and sorry to interrupt. Just to  
make the point, social distancing is a good example actually and there is a lot more talk,  
including from yourself at the press briefing, about the different models and that does seem to  
be an area that we could move away from legislating and regulating, and to best practice  
guidance.

230 Would you agree?

235 **The Chief Minister:** The more we can move away from regulating to best practice, yes. But I think in some places we need the necessary regulation. For example, I think I mentioned yesterday New Zealand and their physical distancing at Alert Level 2 and they have gone for the one-metre rule. That is something we are looking at at this moment in time. But nursing homes  
240 etc. I think would have to stay at two metres and there would have to be some sort of rule still in place to ensure that some form of social distancing happens. But in people's homes we want people to follow the guidelines, best practice – I did not come up with any rules for people. I did not say, 'You can only have 20 minutes and then we will send the police in'. I said, 'Look, people, we have got to trust you'. The Manx public have been totally compliant ... well, the vast majority anyway have and that is why we are in this good position. But there will be some times where we need to have a set of rules. But if we can move to giving good guidance and advice to people then that is where we will. I would expect that if we continue another couple of weeks with no cases then that is when we can really start to make changes with some form of confidence.

245 **Mrs Poole-Wilson:** Thank you, Chief Minister.  
Mr Callister.

**Q162. Mr Callister:** Thank you, Jane and thank you, Chair.  
250 The announced process of planning changes to start on a specific date and then waiting eight to 14 days before moving to the next stage or the next change no longer appears to be followed. Can I ask the Chief Minister why?

**The Chief Minister:** I do not know where you are getting that inference from, Mr Callister. We do try to follow that guideline/guidelines. What we did in the briefing yesterday was that  
255 because we know there are a number of businesses that are looking to reopen and our schools etc. and they are all working to a two-metre distancing rule at the moment, we have tried to let businesses know what our thinking is. So we are not saying this is what will happen; we are saying this is our latest thinking, this is what we are working on at this moment in time.

260 Now, from time to time we make modest changes, but all the key changes that we make are at the – as I have said and as you acknowledge – two-weekly stage. But it is all subject to the data that we get from medics, from the capacity at the Hospital, from the Police, from the number of cases etc. But, yes, I still think we are, as an administration, making a step, a change, analysing the data and then if there are no cases we move on. I think I gave examples yesterday of the construction sector going back, no impact, so we then moved on with other areas.

265 **Q163. Mr Callister:** Can I just come in on there, then please, (**The Chief Minister:** Yes.) Chief Minister, because from the outside looking in, there does seem to be some sort of ... where some sectors have got time to prepare, lead in – construction being a fine example. They had clear date of when they could start activities. Other sectors, should we say like beauticians, hair salons, it seemed to have caught them on the hop. Do you think you have got the balance  
270 right and do you feel there is really a phased plan for Government to bring businesses back online?

**The Chief Minister:** Well, funnily enough, Mr Callister, you have just contradicted yourself, (**Mr Callister:** Okay.) because you have mentioned the Government getting a good time, but the beauticians got two weeks' notice!

**Mr Callister:** Well, I –

280 **The Chief Minister:** And some of them have been contacting me on a regular basis wanting to open and then some of them are saying, 'Oh, it's not safe!'. Obviously –

**Mr Callister:** I would slightly –

285 **The Chief Minister:** – hairdressing is 1st June. So we have given people plenty of notice on our latest thinking.

I think in the early days we were – maybe a fair criticism – not giving enough notice. It is also *their* choice, if I can point out. We are not saying, ‘You will’ or ‘You must’. We are saying, now if you want to, you can open up. I have been contacted by some beauticians saying they cannot understand, I know there was one in Onchan not wanting to open up, maybe that is where you are coming from. But there are an awful lot that have been pressurising me for a while to open up.

290 **Q164. Mr Callister:** Can I just come back in there, Chief Minister, (**The Chief Minister:** Yes.) because if you take construction, the announcement was made on the Thursday, they went back to work on the Monday. I think from a hairdressers’ point of view, it is not about the announcement. They are not part of any guild or any association, so they were struggling to try and find out what the guidelines were, how are they supposed to treat their customers; how are they supposed to treat them when they come in; how are they supposed to prepare for the next customer coming in? Do you think you have got the guidelines about advising businesses of how to restart correct?

**The Chief Minister:** Well, first and foremost, they are operating in other countries – hairdressing and beauticians. In fact in some countries they did not stop. So I know that on Tuesday we will be doing a workshop to help and that maybe I can bring in I think the Chamber and the Department for Enterprise and Dr Ewart in to give a discussion on this. But I have been contacted by some hairdressers thanking the Government for opening up, telling me about all their PPE equipment, that they have been following what has been going on in other countries, they have got online booking facilities so that they do not have anyone having to wait. There was a workshop that happened on Tuesday, it was very good, and I do not know if Dr Ewart wants to expand on that.

**Dr Ewart:** Yes, indeed.

315 First of all, there has been a lot of work in place to produce written guidance which has been led by DfE but very much with a lot of input from myself for Public Health. That written guidance as it has been being developed, my DfE colleagues have actually worked with people from the industry to sense check it and all the rest of it. On Tuesday the Chamber of Commerce organised a very good seminar, which I think was attended by 72 people from the beauty and hair industry, which myself and a DfE colleague spent part of two hours going through everything that they wanted to ask us about, really, and we have certainly had some very positive feedback since that.

So I think a lot of work has been done across Government and across the industry to prepare for that.

325 **The Chief Minister:** If I could respectfully point out, Mr Callister, you are a member of the Department for Enterprise and I would hope that you would be helping your Department if you are getting feedback. We are there to try and do our best for the people and businesses of the Isle of Man go through this terrible illness and come out of the other side. I hope we are all working to do our best to improve the situation.

330 As I say, any good comments from Members, whether it be on the legislation or how we can do better, is always gratefully received. I have always said this administration does not get it right all the time, we do not have all the good ideas all the time. But if someone comes up with a better idea, you will not be shot down in flames. It will be looked at and if it can work, we will of course run with that.

335 **Q165. Mr Callister:** Okay. Well, thank you for that, Chief Minister.

As you say, I am in the Department for Enterprise and any information I get back from constituents or the wider Manx community does get fed back. But I know one of the concerns that I received quite a considerable amount of correspondence related from hairdressers who actually said they were not prepared, the announcement caught them on the hop and they felt they could have done with a bit more support. So all I am saying is I hope that the Government will actually support those businesses that come on, especially let me start looking at hospitality. Let's move on. I would also like to continue my questioning to the Chief Minister, if possible.

340 Most of the level 2 action in the medium-term strategy, as outlined in the Stay Safe document, actually ... Level 2 is almost complete now. Can I ask the Chief Minister what is the approach for moving towards level 3?

**The Chief Minister:** Okay. Well, it is obviously I suppose data. Where I was with ... [A phone rings] Someone's phone is going off.

350 We still have some areas where we need more data from to move into level 3 and we still need maybe a longer run of days free of the cases on the Island. For example, I think we are at day eight at the moment with no cases. We had a run where we had day six and then sadly we had a case. So we need to consider the longer term. The new normal is what we are working on at the moment in time and I should imagine in the next couple of weeks we will be able to give far more detail on moving to phase 3 once we have got that greater knowledge of what is out there in the population, from the antibody testing that we are doing, where we are starting with 5,000 and we will be moving on, with tests for that, but also if in a fortnight's time we have no more cases then we will be in a much stronger position to make changes and consider things.

355 But this is something that is being worked on as we speak, Mr Callister, and when I can give detail to all and the Committee, then I will on that. But at the moment we are, the Council of Ministers, is very positive that things are going well. They are better than we predicted and we are changing our stance accordingly.

**Q166. Mr Callister:** Thank you for that, Chief Minister. Just one final question from me, again to yourself if possible.

365 Have you considered publishing all stages of the plan and the applicable criteria, like is in Ireland and in New Zealand, which offers an alert system where the overview of all levels is in one place and on one page within the Government website and where the information is set out very clearly which the public can understand and follow?

I would welcome your thoughts on that particular point.

370 **The Chief Minister:** Well, our documents that we are publishing are indicating the next phases. I think on page 20 in Appendix 4, "Stay Safe' to 'New normal'", we show the areas that we are looking at. I know I spoke to my good friend the Chief Minister of Guernsey this week and we were discussing how they were getting on – I spoke to, obviously, the Chief Minister of Jersey too – and they had their set plan, and then they suddenly got three weeks of no cases, and suddenly jumped six weeks of where they had been planning, where they thought they might be.

375 So my answer I suppose is simple: it is under constant review and as we get more data from our Public Health and medics etc. then we will be able to publish information, and obviously publishing as much information as possible is key to make sure the public are well informed. We have had really good feedback from the conferences that we do most days. Obviously we have stopped it at the weekend now, but communication is key. I totally get that from you, and if there is any way of improving, we will.

385 **Q167. Mr Callister:** Can I just ask one supplementary please, Chief Minister? Have you actually gone and had a look at the New Zealand alert system to see how clear and transparent it is from an informational point of view?

**The Chief Minister:** Well, I think I would struggle to get to New Zealand at this moment in time and I might get a little bit of stick, after the –

**Mr Callister:** I did mean online, Chief Minister. *(Laughter)*

395 **The Chief Minister:** I have their physical distancing at Alert Level 2 in front of me actually, Mr Callister, and that is something that we have been looking at for a week or so now. Obviously, if we want to get our schools back, two metres just is not going to work. You would hardly get any children back at school if you were going to do that. So we need to look at what have other countries been doing? There are probably 10/12, Australia are doing something similar too.

400 So we are looking at a number of other jurisdictions. I mentioned New Zealand because I liked what New Zealand had been doing, and Singapore, Denmark, for example, are other examples. But it has always been a case of Manx solutions for Manx problems. Looking at what others have done is fine, but we will always do a solution that is right for the people of the Isle of Man – as I say, a Manx solution.

405

**The Chairman:** Thank you.

I am going to hand you over now to your good friend and neighbour, Mr Robertshaw.

**Mr Robertshaw:** Thank you, Chairman.

410 Chief Minister, I think you will be haunted by the New Zealand visit for the rest of your life. *(Laughter)*

**The Chief Minister:** Well, it did a lot of good, but yes, it was world famous.

415 **Q168. Mr Robertshaw:** The threat posed by COVID-19 will be with us to some degree for some time. Once we have achieved what I think you have called a Manx or an internal ‘new normal’, which clearly we all now accept we need to get to as quickly as possible, what guidelines do you have in mind to start commencing the opening of the Island’s borders? Although we accept it is a little way away, I think it is important for the Committee to start  
420 deliberating on your thinking in that area. Could you give us some indicators as to your thinking?

**The Chief Minister:** Well, the Council of Ministers have started to discuss this now obviously. Even just today I have looked at ... Jersey and Guernsey are in a very similar position to us. So do we say – Denmark, for example – ‘Right, we will open corridors into those jurisdictions as a way forward’? Now, I am not saying that is what is going to happen, but these are the sort of things  
425 that we are considering and will consider the priorities going forward. But we have not got any firm conclusions yet, so I cannot give you the detail that you are looking for.

But one of the most important things is – and I think that we all need to take this – that we have to protect what we have achieved. There is no point, having gone through all the pain and  
430 all the legislation and the fights you and I have had etc. to get where we are, and then pull it all away and all of a sudden, bang, we have got a second wave, we are back where we started, we have got to shut businesses down, we have damaged the economy, we have damaged people’s mental health by having to isolate again. It is a real tough one. You do not want to undo all the hard work and what the Island has achieved, but equally I do get that you need to start looking  
435 at how we can move with moving the borders.

I know that Dr Ewart discussed with the medics this week on how we can consider changes to our border policy. I do not think we will have a totally open border for a long time, but there will be corridors and certain changes that can be made to ease the situation. But if you analyse the UK situation, that is key, and they are our closest neighbour, that is where the highest volume of people will come into the Island and the other way as well. They are not in a situation where we could consider opening up, at this moment.

**Q169. Mr Robertshaw:** Okay. So obviously you cannot give much detail at the moment, but you have spoken already about the fact that you do not expect the reopening to be binary in the sense that we are either open or closed.

**The Chief Minister:** Yes.

**Q170. Mr Robertshaw:** Yes. Have you got any thoughts around the issue of where you think progressive opening might occur? Would you be able to share anything with us and the Committee on that point?

**The Chief Minister:** I think it is probably too early.

Obviously we have still got residents to come back and that is where we have been trying to put our focus on, of allowing planes to come back say from London to enable people to get back onto the Island. Our focus on maybe, now that we have got no cases in the Hospital, only three active, can we allow people to self-isolate with others at home now? Can we allow people who want to come and live here on the Island, so who are not Manx residents but they want to be Manx residents, they are going to buy a house, they have got a job on the Isle of Man, can we allow them to now move on to the Island?

So I think those are the steps. Friends and family, relatives for, as I say, funerals, seeing loved ones in their final hours etc. These are all the areas that we are currently working on to make that happen and I think I cannot really give you any more than that thinking because we just do not have anything really to give you on the borders themselves, because it will be about where is the Island in two weeks' time; where is the UK in two weeks' time? But it is steady and managed, and if I was to make a guess now, it could backfire spectacularly on me. (**Mr Robertshaw:** Okay.) But there is more discussion in the Council of Ministers on Saturday regarding some of the topics that I have just raised with you and obviously we will be making announcements next week if the Council of Ministers back some of the papers that we have been receiving and working on.

**Q171. Mr Robertshaw:** Okay. We do have a number of complexities at the moment – this whole issue about how do we get out of the emergency powers? But in your first answer you did, quite understandably, touch on the possibility of a resurgence, and of course once the borders open it is not unreasonable to assume that that possibility could occur. Perhaps this part of my questioning should really be perhaps addressed to Henrietta, or yourself, Chief Minister, or both: will the Council of Ministers, once we have resolved this whole issue of emergency powers, will we be producing some sort of plan about a step-back process that is a clear response to a resurgence? Is that going to be part of the planning? Either yourself or Henrietta, Chief Minister.

**The Chief Minister:** Okay, well I have been doing most of the talking, I am sure getting bored of hearing my voice, so I would like to bring in Dr Ewart to give us an opinion on that.

**Dr Ewart:** Yes. It is impossible to plan definitively because we have to see what happens. But it is part of the underlying approach which is perhaps best described as being ready to suppress, release, suppress, release, suppress, release. We do not know what will happen. We know from our current data that we either have no or very low levels of virus circulating in the community.

490 It is possible that it is still on Island and for whatever reason over the last eight days whoever  
has been infected has been either asymptomatic or has such mild symptoms that they have not  
rung 111 and got tested. So as we release restrictions on people going about their daily life, it is  
possible that even without a change in the border restrictions we will see a resurgence.

495 You will probably be aware that that is exactly what they have seen in Korea, where the focus  
was on nightclubs which are a place where you can very quickly transmit virus because people  
are close together, they are likely shouting and anybody who has got virus will spread it to a lot  
of other people. That is what happened in Korea. So as a result, a few days ago in Korea they  
reopened all the schools, today they have closed them all again to deal with the outbreak that  
they have got. Japan, which had had virtually no cases, very low, released restrictions and they  
have now got a regional outbreak, so they are replacing restrictions in that area. That may be  
something that we will need to look to doing if we get very localised outbreaks. We are very  
500 lucky that our test, trace and isolate system is already up and running strongly. So we are well  
ahead of, for example, England on that one.

So if we only get sporadic, individual cases or small clusters based on households, what we  
would hope is that the test, trace and isolate system will be able to get those outbreaks under  
control very quickly without having to request going back to some of the restrictive measures.  
505 But that is something that we will have to see as we go forward and it is very difficult to write a  
firm plan around that because we have to be flexible to respond to what will happen.

**Q172. Mr Robertshaw:** From your answer, Dr Ewart, is it reasonable for me to make an  
assumption that you believe that you could handle something of a resurgence of the infection  
510 under the current or somewhat slightly adjusted Public Health Act, without having recourse to  
having the emergency powers again?

**Dr Ewart:** The basics of it we can, because that is what that legislation is there for and it is  
how we handle usual communicable disease issues that crop up all the time and are not even  
515 newsworthy. So that is things like food poisonings, sporadic cases of TB and so on. But what we  
do not have then is the ability to ramp up to future levels which with the usual things, like  
outbreaks of food poisoning or TB, is not really an issue. We do not need to be able to have that  
backstop to call on. This condition is different in that respect and indeed it goes beyond what we  
would even expect to need to do were we to get a pandemic flu strain, for example.

520 So it is a very different circumstance.

**Q173. Mr Robertshaw:** Thank you very much.

525 We are still with you, Dr Ewart, please. We have seen the original concept of physical  
distancing granulate significantly in recent days for obvious reasons, and with the constant  
development and expansion of scientific understanding of COVID-19, it is changing at a hell of a  
pace – I think we would all agree with that. Do you currently see a test, trace and isolate regime  
as being the absolute cornerstone once we get into what the Chief Minister has called the ‘Manx  
normal’ type of environment?

530 **Dr Ewart:** Yes, very much so.

**Q174. Mr Robertshaw:** Right, fine.

535 Are you encouraged at all by any of the developments that one hears about; the consultants  
in charge of ... that support and advise SAGE in the UK have very clear ideas about the use of  
masks on public transport and the like. Have you a view on that?

**Dr Ewart:** We published guidance on use of masks in the community by the general public  
probably about six weeks ago now and it is on the website. The evidence on masks is what it is.  
It is not strong and very little of it is actually about COVID. But what there is indicates that

540 wearing masks in the community is unlikely to protect the wearer from infection by others but  
may offer some degree of protection, and it is very difficult to quantify this, and the different  
studies that have been done and the different modelling – and modelling of course is never  
correct, by definition; it is just a model – give very wide estimates of the difference it could  
545 the wearer by wearing a mask, and it only needs to be a simple cloth face covering, the wearer  
may protect others from unwitting spread.

Now, again, the cornerstone of protecting others from your spread is that if you have any  
symptoms at all, stay inside and do not go out. But we do know that COVID can, in some cases,  
people can be infected and never develop symptoms. The other big problem with COVID is that  
550 people generally become infectious a good two days before they develop symptoms, even if  
they go on to develop symptoms, and that is in stark contradistinction, for example, to SARS and  
that is why it was actually much easier to get very good control on SARS and effectively get rid of  
it as a global infectious disease issue. The big difference with COVID is that some people are  
never symptomatic but they are infectious and even if they do get symptoms they will have had  
555 two days where they will have been, quite understandably, going about their business because  
they had no idea they were carrying the virus.

So in those circumstances wearing a simple face covering can protect others. If you can keep  
well away from others it is not a big issue, but obviously there are some things that we do and  
the more we want to do that gets back to normal, or near normal, the closer people will have to  
560 be in proximity. So those are the circumstances when people should think about wearing a face  
covering and obviously public transport is a classic example of that.

I think the other issue with the use of face coverings is that they can give a false belief that  
you are secure. A face covering is a surface, so it can be covered in virus, contaminated in virus,  
not from the wearer's side but from the outside, and therefore if you are not careful about how  
565 you take it off you can get virus onto your hands, you then touch your face and you have  
transferred it to yourself. So none of these things are simple silver bullet kind of interventions.

**Mr Robertshaw:** Thank you very much indeed.  
Chairman, can I hand over to Julie?

570 **The Chairman:** Yes, thank you.  
Ms Edge.

**Q175. Ms Edge:** Thanks, Chair.

575 This is for the Chief Minister. We all appreciate that unwinding the lockdown is becoming  
increasingly complex. How are you communicating the plans and what has been developed to  
deal with this?

**The Chief Minister:** Okay. Thank you for that.

580 Communicating the plans is by our 'Stay Safe: Isle of Man Government medium-term  
response to COVID-19'; two Department briefings a week to all Tynwald Members, one is always  
the Department of Health and Social Care and then we try and bring in another Department if  
we feel Members are needing an update on what that Department is getting up to. I do briefings  
or my political colleagues, for example, Minister Skelly is giving a press briefing today to the  
585 public, Minister Ashford and myself did it yesterday. We worked on trying to get public  
questions now where we are having a sort of general chat with James Davis to answer what the  
public are wanting as their key questions so that we can answer that, rather than just having the  
journalists asking us questions. We have got social media, the high figures ... we are getting  
4,000 to 5,000 people a day on average listening to the social media briefings that we do and  
590 twice that on playback. Then we have got various advertisements in the newspapers and articles

along with the radio stations. And obviously we have got the website that the public can read to get the latest information.

595 Now, are we getting it 100% right? Absolutely not. Can we improve? Absolutely. If yourself or the Committee or any backbencher, member of the public, wants to give us areas where they think we have got it wrong or we can improve the service and the communication, then I am all ears, because this is not me saying unless it is a Council of Ministers idea we are not going to listen. We have also got the community helpline. That has been received very well and it is getting a good number of calls from the public on general questions. That is something that maybe going forward we might keep going.

600

**Q176. Ms Edge:** Okay. So you are saying that the Stay Safe document is your communications strategy or do you have a separate communications strategy that you could share with the Committee?

605 **The Chief Minister:** I think I gave that as an example, and then I reeled off a significant amount of other areas where we are communicating with the public. I can add on, for example, that the Department for Enterprise and the Agencies and the Chamber of Commerce are having regular meetings to discuss from a business point of view how businesses can get back and up and running. We are also working with third sector partners and charities etc. to help on this. We have got the road map document, which is something that we are working on at this moment in time. It is on our framework.

610 So there is a significant amount of ways that we are trying to communicate with the public to show what we are doing and, as I say, if there is a better way of doing it then, a bit like the legislation side of things, I am all ears. Anything that could make my life easier and the team's life easier, a better way forward, then more than happy to take it on board. I do accept from time to time we get things wrong. We are not perfect.

615 **Q177. Ms Edge:** So if you have got an actual communications strategy, could you share that? It is clear from what you have just said you have got Ministers doing this, you have got various things happening, but there does not appear to be one joined-up approach that the public can turn to. The website I know is very valuable, but an awful lot of our people are vulnerable and do not get to see that. I know you have said there are about possibly 25,000 tuning in. Well, we have got 84,000 residents.

620 But just to move on from that, a number of residents have had shielding letters during the lockdown and there seems to be great confusion around this. Apparently some were received a month after the date on the letter, so they are not sure about the 12 weeks, and also some residents are receiving letters from UK hospitals giving them a different message. How do you expect to manage that?

625 **The Chief Minister:** I can come back on the shielding side of things, and I know that there is more to do on that, yes. Have we got the perfect? I do not think we have. It is currently under review. I take on board, take it on the chin, some of your comments on that. I suppose I just have to agree that we have to do better on that. I do not know if Dr Ewart wants to comment on the vulnerable and our communication from a Public Health point of view.

630

635 **Dr Ewart:** Yes. The communication in getting the letters out was not actually done by Public Health, it was done by DHSC and it was a massive job. Obviously, being able to send a letter to somebody relies on being able to identify who those people are and I have to say that the record systems here are perhaps not as great as they could be. That is something that needs to be worked on, but unfortunately it did mean, and that is why, some of the letters did not go out at the same time as others, because it took time to identify who the relevant people were.

640

645 We had two groups within the clinically vulnerable. There are those who are deemed to be clinically vulnerable and those who are deemed to be clinically extremely vulnerable. The clinically vulnerable are, to put it in a nutshell, anybody aged over 70, other people who were eligible for a free NHS flu vaccination and pregnant women. Now, the absolute risk for them is actually not too dissimilar to the general public. The extremely clinical vulnerable group are in a different category because they have significantly suppressed immunity – they have had organ transplants, they are undergoing chemotherapy for cancer, they have conditions like cystic fibrosis – where infection by COVID would lead to *very* severe disease and very high risk of severe complications and/or death.

650 So as with all of these things, it is not really an issue of telling people what they should do, it is giving them the information that enables them to make their own decision, and particularly with the vulnerable group, we have always said throughout that actually they need to balance what they perceive as the risks of shielding, staying indoors, with what they would perceive as the benefits of being able to go out a bit more. And –

660 **Q178. Ms Edge:** Apologies, Dr Ewart. So do you intend on giving a clearer communication with regard to them making their own decisions on that going forward? There is certainly a lot of confusion.

**Dr Ewart:** Yes, indeed. How that is communicated is not down to me. That will be for DHSC to decide whether it is another letter or whether we do it other ways.

665 **Ms Edge:** You would recommend that, would you?

**Dr Ewart:** I'm sorry?

**Q179. Ms Edge:** You would recommend a further communication to help these people?

670 **Dr Ewart:** I think we need to and what we have to get good at talking to people about is now we are clearer about what the background risk is, because obviously if we were COVID-free, it does not matter how immunosuppressed you are, you are not going to be at risk from COVID. At the moment it looks, as I said earlier, as though we have very low, possibly zero, community spread. So at the moment that means that the background risk for any of us is actually very low and similarly for the clinically vulnerable and clinically extremely vulnerable.

675 We cannot know that that is going to remain the case, and we talked about that already before, so it is almost a case I think of having to give people regular updates: 'We have had another outbreak' – this is hypothetical, obviously – 'focused on the south; that means that people in that area may want to be more cautious'. We need to perhaps fine tune it like that as we go forward and that probably will not be something we can do by letters because getting the letters mobilised is a huge job and as we have said, it actually took time, it was not easy to do it all in one. So we will have to get other ways of doing that, looking at media of various types to get day-by-day messages out.

685 **Ms Edge:** Okay, thank you.

**Q180. The Chairman:** If I could stick with you, Dr Ewart, about the Chief Minister's statement yesterday, which said that:

... there is no global agreement as to whether someone who has recovered from the virus is immune for ever, for a while, or at all.

690 If a past infection is no guarantee of immunity, is it really worth spending all this money on antibody testing or are we just creating a false sense of security?

*Dr Ewart:* We have to be very careful not to create that false sense of security. The use of antibody testing at the moment is purely epidemiological. It will enable us to understand what percentage of our population has been infected and it will enable us to cut down below that to see how does that play out across age groups; how does it play out across gender; how does it play out geographically across the Island? That will be useful in itself but what we cannot do, and we are being extremely careful as we plan how to communicate with people who will be offered tests, it will not give them, if they have got a positive antibody test, that does not equal an immunity passport, it does not enable them to use that knowledge to make any decisions about work or travel.

**Q181. The Chairman:** It does seem that it is going to be more interesting than useful though, because no matter what the result is, it is going to be a long way short of the 55% to 60% that people talk about for herd immunity.

*Dr Ewart:* Yes it is, if herd immunity is even a phenomenon in this, which again we do not know because, as the Chief Minister said yesterday, we do not know to what extent it confers immunity, whether that is short term, medium term or long term.

**Q182. The Chairman:** So actually it is no real help in terms of combating the virus. It is a case of it will tell us a little bit about where we have been, but it will not really inform very much where we are going if there is no reliance that it gives us any sort of future prospect?

*Dr Ewart:* I think it is useful and that is generally accepted worldwide, which is why antibody testing is being rolled out worldwide. It may be that we will find – and there are studies in place to look at this – when we are clear whether or not it does confer immunity and how long that lasts for, that actually changes the message we would at that point be able to give to the people who have had a result. So it is not purely academic. I think it is useful.

**Q183. The Chairman:** Thank you.

Perhaps one final one for the Chief Minister then about ... you said that the border will not be open for some time. You have also expressed an interest in the New Zealand model which talks about safe and unsafe countries. Do you perhaps see that it might be that we have less restricted travel perhaps through the Republic of Ireland, which has got a very different history, rather than through the UK as a precursor to a full opening of the borders?

*The Chief Minister:* Yes, I think the answer is perhaps. But we have to be careful of transit and someone going from the UK into Northern Ireland or Ireland and then transitioning ... We will have to analyse that. I did mention early on in our chat about looking at the likes of Jersey, Guernsey and Norway, or is it Denmark, who have an incredibly low rate, if none at all, where we could maybe do corridors. So these are areas that are being looked at at this moment in time, but as I have said throughout the whole process, Mr Speaker, we welcome any ideas and all the way through this process we have been listening and learning, we will continue to do so. I just hope that the Committee now, having had the excellent letter from the Attorney General and getting all our feedback, will realise that maybe it is not quite as simple as maybe some had thought in their initial thinking on how we extract ourselves from this.

**Q184. The Chairman:** So in terms of looking at these safe countries and then safe country corridors, is that potentially then the way that we could be looking at our tourism strategy for

740 the remainder of this year and into next, where we have identified safe countries and could be marketing to them to come direct to the Isle of Man without having to go through the UK?

**The Chief Minister:** It is a 'perhaps' on that one, Mr Speaker. It is obviously something that the Department for Enterprise are working on at the moment. I know they have had a  
745 conversation with an estate agent on this very topic and we will just have to ... I do not want to say yes, because I do not want to give false hope, but obviously behind the scenes there is an awful lot of work that we are looking at to see if we can come up with some good ideas, think outside the box.

We will have a tighter border going forward, I think, with an open internal economy – Manx  
750 normality as much as possible. But a large amount of the population and industry working on the Island is key. A new Manx normality, but we will have to have some form of tight border and border controls going forward for some considerable time. As I say, a successful vaccine may be the silver bullet that Dr Ewart mentioned earlier. Certainly the antibody testing is not that silver bullet.

755 **The Chairman:** I know you were asking for ideas, so perhaps I will leave it on that note, leave that idea with you.

I think the clock has beaten us, although I notice from the Committee chat that actually we  
760 could be going for another hour if everyone's supplementaries were able to get in. But I want to thank you, Chief Minister, Mr Greenhow, Dr Ewart, for your time with us this morning. It is most useful and the Committee will now move to writing a report on this subject.

In the meantime though, we will sit in private. Thank you very much

**The Chief Minister:** Thank you very much, indeed – look forward to reading the report.

*The Committee sat in private at 12.04 p.m.*