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SCIENTIFIC AND TECHNICAL ADVISORY CELL

(33rd Meeting)

7th December 2020(Meeting conducted via Microsoft Teams)**PART A (Non-Exempt)**

Note: The Minutes of this meeting comprise Part A only.

Welcome.

A1. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A1 of its meeting of 23rd November 2020, welcomed the Chief Executive Officer, Influence at Work, to his first meeting of the Cell. It was recalled that it had been agreed that a behavioural scientist should receive a standing invitation to the meetings and the Cell was informed that the Chief Executive Officer, Influence at Work, would fulfil that role with effect from 21st December 2020.

A General Practitioner and member of the Primary Care Board, was also welcomed as a standing member of the Cell. His insight into how the virus was affecting the delivery of healthcare within the primary healthcare setting would be much appreciated.

Minutes.

A2. The Scientific and Technical Advisory Cell ('the Cell') received and noted the Minutes from its meeting of 30th November 2020, which had previously been circulated. Members were also reminded that an electronic mail meeting of the Cell had taken place on 3rd December 2020, in connexion with a letter, which the Chair of the Cell had drafted to be sent to Senator T.A. Vallois, Minister for Education. He thanked Members of the Cell for their input in connexion therewith and they were asked to provide any comments on the Minutes of the 30th November and 3rd December to the Secretariat Officer, States Greffe.

Monitoring metrics.

A3. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A2 of its meeting of 30th November 2020, received and noted a PowerPoint presentation, dated 7th December 2020, entitled 'STAC monitoring update' which had been prepared by the Head of Health and Social Care Informatics and the Senior Health Analyst – COVID-19, Strategic Policy, Planning and Performance Department and heard from them and the Senior Policy Officer, Public Health and Wellbeing, in relation thereto.

It was noted that, including the data from Sunday 6th December 2020, there were currently 516 active cases of COVID-19 in the Island and the 14 day rate per 100,000 population was 489.8. Of the aforementioned active cases, the majority (210) had been identified through contact tracing and the Cell noted the number of cases by age range.

The Cell was provided with information in respect of the current active cases within various discreet groups of Islanders. Certain key areas of the community were affected and the Cell was given an update on the growth in positive cases amongst those cohorts. The Independent Advisor - Epidemiology and Public Health, indicated that it would be helpful to understand how the test positivity rates within these groups had changed, in order to form a clearer picture of the pace at which transmission had occurred. The number of people being tested and the composition of the denominator was continually changing and he opined that it would be of assistance if the data could be disaggregated and denominators included. It was noted that officers would undertake the necessary

work in order to capture this information.

There had been no further deaths from COVID-19 in Jersey since the previous meeting (32) and the overall number of registered deaths for the year to-date had increased to 610, which remained lower than for the same period in 2019 (674) and more than one hundred lower than in 2018, when there had been 712 deaths. The Cell noted the PH Intelligence: COVID-19 Monitoring Metrics, which had been prepared by the Health Informatics Team of the Strategic Policy, Planning and Performance Department on 6th December 2020 and was informed that the data on the chart of positive cases over time was plotted by date of the swab. On 6th December, 96 new cases had been reported, but due to delays with OpenCell, they had been plotted across the previous days. The Cell noted the positive cases that had been identified over the previous 2 weeks and the uplift in people seeking healthcare as a consequence of experiencing symptoms of the virus, when compared with previous testing reasons.

With regard to the early warning metrics and calls to the COVID-19 Helpline, the number of people reporting symptoms of the virus had increased over the previous week and the types of symptoms being reported were also noted to have changed slightly. There had been an increase in the number of patients in the Hospital with COVID-19 and, as at the date of the meeting, there were approximately 17. There had been a small uptick in the number of people travelling to the Island, which was believed to be linked to Jersey residents returning from universities for the Christmas holidays.

The Cell noted graphs, which provided a breakdown, by age range, of the positive cases over time and was informed that the number of cases, by age, was relatively even when considered in the round, with an increased prevalence in the younger age groups as part of the second wave of the virus, whereas the first wave had tended to impact the older age groups. With regards to testing, up to the week ending 29th November 2020, the combined rate per 100,000 population of both arrivals and non-travellers had increased to 7,400, which was more than double the rate in the United Kingdom ('UK') (3,198) and far exceeded other jurisdictions with which the Island had close links, such as France, Portugal and Poland. The Cell was reminded that the profile of those people who were tested had changed over recent weeks and more on-Island surveillance testing was now being undertaken. It was recalled that this included workforce and admissions screening, cohort testing – in care homes, the Hospital and schools - and contact tracing, which was increasing. The weekly test positivity rate in Jersey, as at 29th November, had grown to 1.7 per cent and had decreased to 5.2 per cent in the UK. In March / April, the local positivity rate had been approximately 15 per cent and it had only been possible to conduct a limited number of tests, primarily on people who displayed symptoms of COVID-19. As a consequence, it had been understandable that the positivity rate would be quite high at that juncture, due to the likelihood of those symptomatic individuals being infected with the virus. More recently, the testing rate had increased and the positivity rate had been lower, because asymptomatic people were being tested as part, for example, of the enhanced workforce screening.

The Cell was shown a graph, which set out the positivity rates for COVID-19 amongst the different testing groups - those seeking healthcare, direct contacts, inbound travellers, workforce screening and admissions and cohort screening - over the period from 6th October to 5th December 2020. As anticipated, symptomatic individuals seeking healthcare had the highest positivity rate (15.27 per cent), with a rate of 5.89 per cent amongst direct contacts of active cases. It was noted that the positivity rate amongst those participating in the workforce screening had also started to increase. This was also the case for admissions and cohort screening, whereas the inbound travel rate had remained fairly static. The Cell noted a graph, which plotted this data against the volume of swabs taken from the different cohorts on a 7 day moving average, which evidenced the increase in the number of daily tests as part of the workforce screening and, over time, the testing of direct contacts. It was then shown a further graph, which

mapped the number of positive cases, by test reason, based on the date on which the swab had been taken, which also demonstrated that the largest number of positive cases were being encountered in those seeking healthcare, or through contact tracing.

The Chair of the Cell, indicated that he was aware that more people were being encouraged to undertake a test, but suggested that this did not appear to be reflected in the data. The Head of Health and Social Care Informatics referenced the graph, which showed the volume of swabs and stated that there had been an uplift since mid-November, primarily through workforce screening and testing of direct contacts. The Senior Policy Officer, Public Health and Wellbeing, informed the Cell that, over the previous few days, in excess of 2,000 swabs had been taken each day and the testing was now at capacity on Island. As a consequence, discussions had taken place with the Micropathology laboratory in the UK, with a view to securing use of that facility, as required.

The Independent Advisor - Epidemiology and Public Health emphasised the importance of carefully analysing the positivity rates to ascertain what role the increased testing had played in the number of daily positive cases doubling from *circa* 30 to 60. He further indicated that it would be of assistance to understand the change in the proportion of asymptomatic cases over recent days, as his perception was that it had increased. He suggested that there might be merit in reporting on a 7-day rate, because comparisons would be made with other jurisdictions, particularly the UK, which was providing this information and this proposal was endorsed by other members of the Cell. Officers indicated that they would ascertain if the data could be presented in this way.

The Cell noted a graph of the 14-day cumulative case numbers per 100,000 population, which mapped those against certain key events since the start of the pandemic. As at 2nd December, the rate had been 313.5, but the Cell was reminded that it had since increased and now stood at 490. With regards to the instantaneous reproductive number ( $R_t$ ) for COVID-19 in the Island, it was noted that since wider workforce screening had commenced in early November, the daily testing rate per 1,000 population had grown in parallel with the daily incidence rate, because the increase in testing led to more positive cases being identified. However, since 20th November, the daily incidence rate had increased significantly and the  $R_t$  number was estimated at between 1.6 and 1.9. It was suggested that this was indicative of the infection rate increasing. The Independent Advisor - Epidemiology and Public Health suggested that caution should be exercised when reporting on the  $R_t$  because of the impact that increased testing had on this, in addition to the change in the composition of those tested, so it had the potential to mislead. This view was echoed by the Chair, who emphasised the importance of ensuring that the data was really understood by anyone making significant decisions on the basis thereof.

The Cell was shown maps, prepared by the European Centre for Disease Prevention and Control ('ECDC'), which set out the geographic distribution of cumulative numbers of reported COVID-19 cases per 100,000 population on a European basis, for weeks 47 to 48 of 2020 (weeks commencing 16th and 23rd November) when compared with the previous week. Across Europe, there had been a decline in the spread of the virus, attributable to lockdowns in various jurisdictions, including the UK. The Cell viewed charts, which showed the proportion of areas within the British Isles, France, Germany and Italy by RAG (Red / Amber / Green) categorisation for the period from 29th September to 5th December 2020 and noted that 94 per cent of areas in England were Red, with some areas now Amber. Eire – which had 6 weeks previously been totally Red – was now only 19 per cent Red, had 59 per cent of its areas Amber and 27 per cent Green. It was suggested that there was some basis for optimism, with the case rates for COVID-19 declining in some of Jersey's near neighbours. For those countries and territories that were not included within the regional classification, there had been very

little change since the previous week.

The Cell noted information from the local EMIS central records system in relation to flu-like illness for the period from 6th September to 6th December 2020 and was informed that during the last complete week, 15 cases had been encountered, which was a downturn on the previous week, although the cases had been increasing since early November. The instances of flu-like illness remained far lower than in other years, most notably the Winter of 2019 / 2020 and, across the world, influenza activity continued at inter-seasonal levels.

The Cell noted the position accordingly.

Review of recent policy announcements.

A4. The Scientific and Technical Advisory Cell ('the Cell') heard from the Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department in connexion with recent policy announcements in relation to COVID-19.

He informed the Cell that the Competent Authority Ministers were currently meeting and had decided to recommend that people should not host, or attend, more than 3 gatherings over the Christmas period and that those gatherings should be restricted to 10 attendees. They had also accepted the advice from policy officers that visiting care homes should be restricted over the festive period, although a visit would be permitted on one of 3 days around Christmas Day and the restriction would not apply to anyone receiving end of life care. Ministers had also agreed that the schools should remain open for the current time, but the decision would be reviewed on a daily basis.

With regard to the schools remaining open, the Chair of the Cell reminded attendees that, as referenced at Minute No. A2 of the current meeting, he had sent a letter to Senator T.A. Vallois, Minister for Education, on behalf of the Cell, indicating that its advice was that there were low instances of transmission of COVID-19 within the schools and that there were reasons, such as safeguarding and inequity of access to online schooling, why the schools should remain physically open. The Chair stated that there had been some challenging discussions with the head teachers and the unions, who had been experiencing some staffing issues due, for example, to teachers being required to isolate, as direct contacts of active cases, which led to concerns around people 'missing Christmas' whilst in isolation. He stated that there were of the order of 15,000 – 16,000 young people attending schools locally and 1,600 members of staff, but since the start of September 2020 there had been only approximately 80 cases linked to the schools, of which 80 per cent had related to pupils and 20 per cent to staff. He suggested that the main issue for the schools would be the unavailability of staff. The Clinical Lead, Primary Care, concurred and informed the Cell that teaching staff had been in contact with their General Practitioners ('GPs'), informing them that there were challenges around physical distancing and, as a consequence, some GPs were being asked to 'sign off' teaching staff at higher risk of contracting the virus.

The Chair stated that it was important to ensure that the messaging did not cause further concern to Islanders, who were anxious at the current time. He opined that the increase in people isolating as direct contacts of active cases was, potentially, causing people to perceive that the situation was worse than was, in fact, evidenced by the statistics. The Chief Executive Officer, Influence at Work, indicated that if there was clarity around the requisite outcomes and wished-for behaviours from Islanders, then insights from behavioural science research could be of assistance when providing advice on the messaging for specific groups and also, importantly, who should be delivering that message, because that could impact on how it was received.

With regard to the guidance around gatherings at Christmas, the Chair indicated that the Cell had not been asked for its views and questioned whether it should discuss the matter. The Interim Director, Public Health Policy, informed the Cell that a legislative

instrument was pending, which could restrict the number of people within a gathering to 10 and would enable enforcement officers to require informal gatherings of a larger size to disperse. In respect of the number of gatherings hosted, or attended, that would be contained within guidance, rather than a statutory instrument, which would remind Islanders of the risk of transmission of COVID-19 within enclosed spaces and with increased social contact. The Director of Strategy and Innovation, Strategic Policy, Planning and Performance Department, suggested that the Competent Authority Ministers had reached a decision in respect of the Christmas guidance, so he did not believe that there was a formal need for the Cell to provide advice, albeit he suggested that any views of the Cell would be welcomed. The Chair opined that it had been quite a significant decision to take and once it was published, people were likely to ask on what evidence it had been based. Accordingly, he asked if the Cell was in a position to respond. The Director of Strategy and Innovation suggested that the messaging would be that the less contact the better to prevent the spread of the virus.

The Chief Executive Officer, Influence at Work, questioned whether the Cell had existing data, through perception surveys for example, of people's attitude towards the guidance issued to them. He suggested that responses to messages were not always predicated upon the reality of the situation, but people's belief, or perception, thereof. That afforded an opportunity to employ clear messaging that individuals were more likely to comply with. He offered to provide insights on any likely reaction to - and effectiveness of - messages that the Government intended to issue in the near future. It was noted that a survey of high-risk people had been undertaken, but there had been a relatively small number of responders. In more general terms, there had been reliance on real-time, qualitative, feedback, which was that there had been a high level of compliance with guidance at the start of the pandemic, but that this had waned over recent times.

The Independent Advisor - Epidemiology and Public Health, agreed that the advice around Christmas should have been considered by the Cell before being presented to the Competent Authorities. Those measures, together with the closure of the restaurants and pubs, were amongst the most significant interventions taken during the pandemic, so it was important that, as much as possible, they were based on scientific evidence. The decision to introduce those mitigations, without consultation with the Scientific and Technical Advisory Cell, brought into question its role. He agreed that people's perception was critical and suggested that there was a view in the Island at the current time that the hospitality sector had been closed because of being 'to blame' for the increase in positive cases of COVID-19.

The Chief Economic Advisor, suggested that people made *ad hoc* risk assessments, which were generally biased and reactive. He emphasised the need for clear messaging around the advice, which would need to be simple to understand, because if it was too complex, there was the danger that people would ignore it. The Chief Executive Officer, Influence at Work, agreed that perceptions would drive behaviour and that this was particularly the case in 'lockdowns' because people were unable to witness, first-hand, what others were doing, which was often a good guide to whether they should also behave in the same way. Accordingly, perceptions were amplified in those circumstances. He indicated that there was some evidence that compliance could be sustained for a longer period of time by giving people 'range goals'. He proposed that this could be used in the framing of the guidance around the number of gatherings that people attended over the festive period, so rather than informing Islanders that they could attend a maximum of 3, it was suggested that they attend between one and 3. By providing a range from which to choose, people would have a perception of autonomy, but that would be limited. He indicated that he would review the research and provide feedback to the Cell at a subsequent meeting.

With regard to the decision of the Competent Authority Ministers to severely curtail

visits to care homes, the Chair indicated that this had also not been discussed by the Cell, but was a significant step to have taken, without members of the Cell having had the opportunity to consider it. The Head of Policy (Shielding Workstream), Strategic Policy, Planning and Performance Department, acknowledged that this issue had not been presented to the Cell, but stated that officers had become aware late on Friday 4th December of 3 positive cases of the virus in care homes and with only a short time until the COVID-19 vaccine was due to be deployed locally, it had been important to reach a decision over the weekend, in order to prevent any delay to that programme, which could be caused by outbreaks in the care homes. Mindful that the Cell had not been due to convene until 7th December, discussions had been held with clinicians, Ministers and the Chief Executive Officer from 'My Voice', an independent advocacy service and following those, an options paper had been prepared, which had been presented to the Competent Authority Ministers. The Competent Authorities had selected the option that mooted that visitors should not attend the care homes until the residents had been vaccinated, unless the visit was in end of life circumstances, or on one of 3 days over Christmas. Care home residents could not be prevented from leaving the care home, but this would be strongly discouraged, mindful that they would then be required to isolate in their room for 10 days on return and to undertake PCR tests at days zero, 5 and 10. The Head of Policy (Shielding Workstream), informed the Cell that she would be meeting with representatives from the care home sector on the afternoon of 7th December in order to advise them of this decision, but she indicated that some homes had already curtailed visiting, due to the perceived level of risk, so it was unlikely to be a surprise. She emphasised that it would be important to provide support to the care homes when delivering the message, which would be difficult for some people to receive at the current time.

In relation to the reintroduction of 2 metres' physical distancing, the Interim Director, Public Health Policy, informed the Cell that this had been agreed by the Competent Authority Ministers and would involve the re-enactment of the distancing Order, which generally applied in outdoor, open, places, so would be accompanied by guidance, which had a range of exemptions and mitigations associated with it for various businesses and settings – such as health and care and retail - and it was noted that these were published on the gov.je website. The Chair indicated that, in his view, people had found it difficult to adhere to the physical distancing requirements and welcomed advice on how to encourage Islanders to follow the guidance. The Chief Executive Officer, Influence at Work, stated that when he had reviewed the evidence from the United Kingdom and other countries, most citizens did try their best to maintain some form of adequate physical distance, where possible. People generally did their best and were able to keep to a distance on a reasonably successful basis. The recognition that citizens were behaving as they should and appreciating those efforts could be a strong message in encouraging continued adherence.

The Cell noted the position.

Guidance for  
Islanders at  
moderate and  
high risk.

A5. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A5 of its meeting of 30th November 2020, received an update from the Head of Policy (Shielding Workstream), Strategic Policy, Planning and Performance Department, in relation to the guidance that had been issued for Islanders at moderate and high risk of contracting COVID-19 and was provided with a PowerPoint presentation in connexion therewith.

The Cell recalled that it had been agreed that guidance for Islanders at higher risk should be escalated and it had been recommended that they should avoid indoor environments outside their home address, by limiting visits to other households, unless it was with a small and consistent number of friends and family. It was further recalled that people aged over 70 years had been added to the high risk group – which had previously comprised 3,000 Islanders, who had been clinically coded by Primary Care over the

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Summer - in line with supporting evidence, whilst those aged between 60 years and 70 years were now included in the moderate risk category. In communicating the advice to those Islanders at higher risk, guidance had been sought from the Communications Team and the community sector. A press release had been circulated on 2nd December and had received some coverage on the BBC and Channel 103, but had largely been overshadowed by the announcements in relation to the hospitality sector. On 5th December, a full-page advert, which had set out the advice, had been placed in the *Jersey Evening Post*. Messaging via social media had achieved a good reach and level of engagement and the Connect Me interface had been employed to communicate with community groups, including the Parishes and charities. Electronic mail communications had also been sent to the General Practitioners to make them aware of the advice for those at higher risk. The Head of Policy (Shielding Workstream) indicated that the guidance had impacted Jersey Hospice Care, which had many volunteers over the age of 70 years and the charity had made a request, via social media, for people below that age group to help them in the coming weeks.

The Cell was shown a slide, which set out the plan for communicating the new guidance to those Islanders at higher risk. The Head of Policy (Shielding Workstream) acknowledged that there was a wish to see some targeted communication at those aged over 70 years, who were now subsumed into that category. The Chief Executive Officer, Influence at Work, indicated that there was research that demonstrated that the communications of public messages, especially those that asked for help, could be amplified by demonstrating what action was being taken for others first. It was felt that this would be helpful when formulating the messaging around the care homes, as referenced at Minute No. A4 of the current meeting and it was agreed that he and the Head of Policy (Shielding Workstream) should discuss the matter further outside the formal setting of the meeting.

Testing of high risk groups.

A6. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A3 of its meeting of 30th November 2020, recalled that the Competent Authority Ministers had met on 29th November 2020 and had been provided with an analysis of the recent uplift in positive cases of COVID-19 in the Island and had been presented with various policy measures to avoid placing Jersey into lockdown. Against a backdrop of an increase in cases, particularly in those aged over 60 years, the Competent Authorities had requested that further policy development work be undertaken around the possibility of enhanced PCR testing for that age cohort.

The Cell accordingly received and noted a paper, dated 7th December 2020, entitled 'Policy Proposal – testing of close contacts of those at high risk and testing of over 60s for COVID-19' and heard from the Head of Policy, Strategic Policy, Planning and Performance Department, in connexion therewith. In an extension to the policy that had been adopted in the care homes, namely that the 2 named visitors should be required to undertake PCR tests before attending the home, it was mooted that family members of all Islanders considered to be at high risk of contracting the virus - which included those aged over 70 years - should be offered access to regular PCR testing before visiting a relative in that category in their own home. The second policy option was to test all Islanders aged over 60 years, who were not eligible for testing through the workforce screening and were active in the community (met with people outside their own household) and lived with at least one other person. It was acknowledged that this would equate to a significant increase in the volume of testing, mindful that the ability to process the swabs on-Island was believed to be nearing capacity. Views of the Cell were sought on whether these proposals were proportionate in addressing the balance of harms.

The Independent Advisor - Epidemiology and Public Health, proposed that there was insufficient justification to undertake regular testing of all people aged over 60 years. If they, themselves, were due to visit elderly family members, they would be tested

through the inter-generational testing and if they became symptomatic they would also receive a test, but the stress on the testing capacity dictated that other groups should not be included unless they could be shown to have a significant impact on the transmission of COVID-19. However, he was strongly in favour of inter-generational testing, cognisant of the demands on capacity, particularly around Christmas.

The Chief Executive Officer, Influence at Work, suggested that care was required around the messaging in respect of eligibility for testing, because when people were aware that something was in short supply, they became more driven to wish for that particular thing and this could lead to unintended groups seeking out testing.

Having discussed the foregoing, the Cell indicated its support for the introduction of the inter-generational testing, but not the wider testing of those aged over 60 years at this juncture and acknowledged the need for caution around the communications.

Economic and wellbeing implications of lockdown.

A7. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A6 of its meeting of 30th November 2020, recalled that it had asked to receive a paper on the economic impact of restrictions, such as lockdown and the effect of the same on people's health and wellbeing. The Cell accordingly received and noted a paper, dated 4th December 2020, entitled 'Economic advice on economic impact of restrictions', which had been prepared by the Chief Economic Adviser and a paper dated 7th December 2020, entitled 'Coronavirus Pandemic Lockdown: impacts on health and wellbeing', which had been prepared by the Interim Director, Public Health.

In respect of the former, the Cell noted that the closure of the hospitality venues in December 2020 could result in a loss of over £30 million in total revenue. The Chief Economic Adviser indicated that, as a percentage of the overall economy, this was relatively small. The financial services sector accounted for 40 per cent of the Island's economy and it was unlikely that there would be a downturn in that area. It was better able to continue working, despite the restrictions, having invested in technology and, furthermore, due to the nature of its 'product', its workforce was well placed to work from home.

The Independent Advisor - Epidemiology and Public Health, opined that the effect of the lockdown on people's employment had been significant and indicated that the impact of the current restrictions on the viability of individual businesses should not be underestimated, in light of the importance of the festive season. He disputed the comparison drawn with the United Kingdom ('UK') in relation to the anticipated takings in December. The Chief Economic Adviser stated that he had caveated the paper and it was accepted that certain activities were seasonal, but there was insufficient data available locally in order to make the split between food and beverage and accommodation, which was why he had made reference to the UK. With regard to the temporary closure of some settings, he informed the Cell that the payroll scheme had been enhanced, recognising the effect that the restrictions would have on certain sectors and he acknowledged that the impact could be pronounced, but was confident that there were a range of policy measures in place to support the economy.

The Head of Policy, Strategic Policy, Planning and Performance Department, made reference to a research paper that had been prepared by the Scientific Advisory Group for Emergencies ('SAGE') in relation to the impact of the first lockdown in England, which had demonstrated that the economic impact thereof had been most keenly felt in the lower income groups. The Chief Economic Adviser noted that the earnings in the hospitality industry were, generally, lower than in other sectors of work and there was evidence that some registered workers – who traditionally were employed in that sector, often on a seasonal basis – had left Jersey, or had not arrived over the Summer. The Head of Policy undertook to provide the Chief Economic Adviser with the aforementioned SAGE research paper.



In relation to the paper on wellbeing, the Cell noted that the measures taken to control the spread of COVID-19 – including physical distancing, the closure of the schools, delay of routine healthcare and lockdown – had impacted, in a wide-ranging way, on people's health, education, household income, job security and social contact. The demands of working from home, providing home schooling, uncertainty around the future and loneliness through lack of social contact had impacted on people's mental health and placed strain on familial relationships. There had been an increase in people actively seeking work (this had doubled from 1,000 in February 2020 to 2,000 in May and the levels had not yet recovered to pre-lockdown levels), many staff working in the hospitality sector had experienced a reduction in pay and people had reported increasing smoking levels and consuming more alcohol than in previous years, which would have longer term impacts on their health.

The Interim Director, Public Health, informed the Cell that there had been both direct and indirect, unintended, impacts of COVID-19 on disease and in order to mitigate them, it would be necessary to make a continued and concerted effort to contain the virus by targeting responses firmly in the specific areas of threat. The harms went wider than the effects of the lockdown itself.

The Chair of the Cell indicated that from evidence provided by the Group Director for Public Protection and Law Enforcement, Justice and Home Affairs Department, there had been a significant increase in calls to the States of Jersey Police in respect of domestic violence during the first lockdown and that was one of the reasons for wishing to avoid a further period of lockdown if at all possible, when considering the balance of harms associated therewith.

The Cell noted the position and thanked the Chief Economic Advisor and the Interim Director, Public Health for their informative papers.