SCIENTIFIC AND TECHNICAL ADVISORY CELL

(6th Meeting)

(Meeting held via Microsoft Teams)

25th June 2020

PART A (Public)

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

A1. The Scientific and Technical Advisory Cell (the Cell) received a paper, dated 19th June 2020, which had been prepared by Ms. B. Sherrington, Head of Policy (Shielding work stream), in connexion with a formal systematic review, which had been commissioned by the Chief Medical Officer for England, published by Public Health England, on the impact of the COVID-19 virus on people from black, asian and minority ethnic ('BAME') communities, on the basis that there was clear evidence that COVID-19 did not affect all population groups to an equal extent.

Ms. Sherrington provided the Cell with a copy of the review, which had been published on 16th June 2020. The review had found that death rates from COVID-19 were higher for black and asian ethnic groups than white ethnic groups, but did not reach a single conclusion in respect of the reason for this outcome, which was felt to be multifactorial. However, it was noted, for example, that mortality was four times higher for black males and people of Bangladeshi ethnicity had twice the risk of death from COVID-19.

It was suggested that many of those from BAME communities, who had died with COVID-19 in the United Kingdom, had largely undiagnosed co-morbidities, such as hypertension, or diabetes, which had not been treated in the past, thereby rendering them more susceptible to the virus. Also, a disproportionate number of people, who worked in frontline care settings, were of BAME backgrounds. Occupational health assessments for all workplace settings could enhance safety for such employees.

In the United Kingdom press, the review had been criticised on the basis that it had taken a long time to be produced and the recommendations contained therein were broad. Locally, the unions had sought reassurance in respect of the issue, mindful that ethnicity was not included as a factor that might put Islanders at moderate, or higher, risk if they contracted COVID-19 and questions were being posed in relation to this subject.

Ms. Sherrington indicated that the issue was complex and the review had highlighted the inequalities in society, relating to accommodation, employment and the way in which people travelled, which overlapped with ethnicity.

Upon receipt of the review, the Cell was asked whether further policy guidance was required for certain occupational groups, whether a statement should be made to key stakeholders in relation to BAME concerns, whether any additional precautionary measures should be recommended for that group in specific service areas and whether any more data was required to enhance the understanding of the situation locally.

In relation to the second point, the Chair indicated that it would not be for the Cell to make a statement, as that would fall within the remit of the Minister. Dr. I. Muscat,

Understanding the impact of COVID-19 on BAME groups. 37 6th Meeting 25.06.20

Consultant in Communicable Disease Control, stated that officers from Environmental Health had not initially collected data on ethnicity as there had been no clear cause to do so and the provisions of the General Data Protection Regulations required that only data which was necessary should be gathered. However, work was now underway to capture this information as part of the longitudinal community testing programme. The numbers were currently insufficient for Statistics Jersey to draw any meaningful conclusions, but it was hoped that after the second round of testing, there might be adequate data. The ethnic constitution of the Island was not felt to align with that in a United Kingdom city, with many residents, whether Jersey, British, Polish or Portuguese falling into the category of 'white European'. As a consequence, it was not clear that the definition of those at medium risk needed to be altered, but it was felt that specific actions needed to be taken for those working in health and care settings.

Dr. Muscat stated that it was interesting that the review had not analysed in detail the important role that Vitamin D could play in boosting immunity and combating infection. Particularly in the winter months, it would be important for those people who did not have regular exposure to sunlight – those in care homes, for example – to take a Vitamin D supplement. Moreover, a deficiency of Vitamin D could lead to a higher risk of severe asthma and other respiratory infections, thereby increasing susceptibility to COVID-19.

In Jersey, those in certain socio-economic groups were at greater risk from the virus. It was considered likely that a person, who was on a low income and lived in a small flat, with no access to outside space, would have their co-morbidities less well catered for than someone in a higher socio-economic group. Cost was a barrier to accessing medical care and some people would only visit their General Practitioner ('GP') if it was absolutely necessary, which meant they were more likely to have undetected medical conditions, which would make them more vulnerable to COVID-19. A new model of primary care access had been developed in recent months, but many people believed this to relate solely to COVID-19 and not to any other conditions.

As a consequence, the Cell suggested that Government might wish to enhance the health provision and wellbeing of those in lower socio-economic groups in the same way that it had done for the vulnerable and elderly at the start of the pandemic, accepting that a wholesale review of the funding structure for primary care on Island would be a complex piece of work.

Mindful of the likelihood of a second wave of the virus as the winter approached, it was suggested that some work should be done to identify any co-morbidities in healthcare workers across all settings to reduce the risk to them from COVID-19. It took time to manage conditions such as hypertension, so it was important to act at the current time. It was unanimously agreed by members of the Cell that the unfortunate lack of an Occupational Health Department made this challenging. The Cell was pleased to note that work was currently underway to obtain lists from GPs of those patients who should be prioritised when a vaccine for COVID-19 became available and, on a related note, was informed that all Health and Community Services Department staff would be vaccinated against the flu this autumn and that the public would be strongly encouraged to also do the same, whilst emphasising the distinction between the flu and COVID-19.

In conclusion, from the findings of the review undertaken by Public Health England, the Cell acknowledged that those from BAME backgrounds were at greater risk of COVID-19. It felt that there should be enhanced protection for those workers in the Health and Community Services Department, care homes, nursing homes and residential homes, who were at higher risk, because of the nature of their occupations. It noted that the virus was more likely to affect those from lower socio-economic backgrounds and those with co-morbidities. It recommended that the co-morbidities of those in high-risk occupational groups should be targeted and suggested that additional work should be undertaken, from a public health perspective, on the socio-economic situation in the Island.

The Cell thanked Ms. Sherrington for her paper and briefing and she withdrew from the meeting.

Border policy. A2. The Scientific and Technical Advisory Cell, with reference to Minute No. A2 of its meeting of 22nd June 2020, recalled that it had recommended to Ministers that passengers arriving into the Island should be required to undertake a PCR test on (or prior) to arrival, with no requirement to enter into quarantine until such time as the results of that test were obtained.

Mr. S. Skelton, Director of Strategy and Innovation, Strategic Policy, Planning and Performance Department, informed the Cell that the Competent Authorities Ministers had met on 23rd June 2020 and, after lengthy discussion, had agreed with this recommendation. On 24th June 2020 the Council of Ministers had also considered the proposal and had indicated its support for the policy.

It was now proposed to lodge a Proposition '*au Greffe*' for debate by the States Assembly on 30th June 2020, to bring this policy into force. Mr. Skelton informed the Cell that it was intended to publish the Scientific and Technical Advisory Cell Executive Memos of Advice, that had been issued on 15th and 23rd June 2020 respectively and which had been a key evidence base for the decision by Ministers.

On a separate note, the Chair indicated that the Cell had been criticised at the Competent Authorities meeting on 23rd June 2020 because the Memo of Advice of the same date had only been sent to the Authorities shortly before their meeting. He opined that it was important for Ministers to be realistic about timeframes.

States Assembly – resumption of meetings in the States Chamber: request for advice.

A3. Dr. S. Turnbull, Medical Officer of Health, informed the Scientific and Technical Advisory Cell that Dr. M. Egan, Greffier of the States, had contacted her and Dr. I. Muscat, Consultant in Communicable Disease Control, on behalf of the Privileges and Procedures Committee, to seek their views on when it might be considered safe for the States Assembly to reconvene in the States Chamber for its meetings. Dr. Turnbull had informed the Greffier that the Cell would be the appropriate forum for consideration of this matter.

The Cell noted that meetings of the Assembly involved up to 60 people, gathering in the States Chamber for upwards of 6 hours on each meeting day. The scheduled meetings took place fortnightly during school term time and usually lasted for between one and 3 days. The Assembly was next due to meet on 30th June 2020 and then on one further occasion, before the Assembly entered the summer recess, after which the meetings would resume in mid-September. Since early April 2020, the Assembly had been meeting remotely, using Microsoft Teams.

Dr. Turnbull informed the Cell that she and Dr. Muscat had discussed this issue. In their opinion, this would constitute a large gathering, with people in close proximity to

39 6th Meeting 25.06.20

one another for a prolonged period of time.

The Cell agreed that, in its view, the Assembly should adhere to the Public Health guidelines, which did not currently permit organised gatherings of more than 40 people. Accordingly, its advice was that the Assembly should not meet in the States Chamber at the current time.

It was agreed that Dr. Turnbull would communicate this advice to the Greffier by electronic mail.