WE HAVE THE POWER

COVID-19 STRATEGY

June 2020

Government of JERSEY

PUBLIC HEALTH POLICY

Contents

PUBLIC HEALTH POLICY

1 OUR PANDEMIC PUBLIC HEALTH STRATEGY: CONTROLLING COVID-19

The Government of Jersey is pursuing a **suppress, contain** and **shield** strategy to ensure the continued control and suppression of the virus in a safe and sustainable way that protects Islanders by causing the least overall harm.

The primary goal of the public health strategy, developed in March, was to delay and flatten the epidemic curve. This led us into a period of lockdown. The lockdown measures were necessary to avoid a sharp peak of COVID-19 cases, and thanks to the support of Islanders these measures have been very successful, with daily new cases now in single figures and similarly low numbers of Islanders requiring hospital treatment for COVID-19 (as of 2 June).

The lockdown measures were essential in halting an aggressive increase in daily COVID-19 cases and the significant damage that widespread illness and an over-run health service could have inflicted, over and above the direct health impact of the outbreak. The necessary lockdown imposed restrictions which have harmed livelihoods, prevented proper schooling and education, affected Islanders' mental and physical wellbeing, and limited their civil liberties, but in the absence of a large outbreak. The Government has been clear these restrictions must not extend any longer than absolutely necessary, and should be lifted as soon as safely possible.

The second goal of the public health strategy is, therefore, to exit the more harmful pandemic measures as quickly as we can <u>safely</u> do, and the Framework for a Safe Exit from the COVID-19 Pandemic, setting out this approach, was published on 1st May 2020.

As a new disease, COVID-19 demands an agile response. Globally, we are learning more about it each day and that growing understanding appropriately informs the Government's strategy. This strategy will build on the hard-won success of preventing a sharp peak of COVID-19 to continue suppression of the infection to very low numbers, balanced against supporting Islanders' wider health and wellbeing by safely lifting restrictions. This will mean continued monitoring and vigilance over a longer period to ensure restrictions can continue to be eased whilst ensuring any new cases of COVID-19 are controlled to prevent spread of infection across our community.

The strategy deploys well-recognised public health measures that are being used to control, suppress and/or eliminate COVID-19 in many jurisdictions; should new approaches emerge that hold potential to be effective in Jersey, we will evaluate, test and deploy those too.

The rest of this document updates the forward public health strategy from the beginning of June 2020. If new evidence arises to change the strategy, a further update and explanation will be published.

	Measures in place now
Suppress[1] the spread	**The Safe Exit Framework.** We are currently at Level 3 – involving a staged, careful, easing of some restrictions, including: 1. General public health measures that include strict hygiene and physical distancing 2. A requirement to maintain a safe distance at all times (replaced the Stay at Home instruction) 3. School closures (with phased opening to come) 4. Limited travel into Jersey (with 14 days isolation upon arrival) 5. Phased and safe opening of retail 6. Limited opening of lower risk workplaces, with working from home maintained as default wherever possible 7. Physically-distanced outdoor seated food service at restaurants and cafés 8. Construction scheme maintained 9. Other venues remain closed
Contain the virus quickly where cases or clusters of infection arise	1. Testing and contact tracing - both now at scale enabling widespread testing and rapid contact tracing 2. Isolation requirements - Household isolation for confirmed cases - Self-isolation (quarantine) for people who've been in contact with confirmed cases - In-bound travellers must isolate (quarantine) for 14 days. (A trial border control process combining rigorous testing and a shorter isolation period also commenced in late May).
Shield the most vulnerable	Severely vulnerable (high risk medical conditions) and vulnerable (underlying medical conditions, noting overall vulnerability increases with older age): advised to be extra vigilant, and may seek medical advice about balancing risks. Further guidance to be issued.
Key enablers	1. Active monitoring, providing daily public health intelligence regarding testing and screening results, active cases, hospitalisation, recovered cases and deaths 2. Clear communications, helping Islanders to understand and apply public health guidelines 3. A Community Taskforce to connect community and voluntary action 4. Legislation to enable Government to act where necessary 5. Expert advice from the Scientific and Technical Advisory Cell (STAC)

Table (i): The three pillars of the COVID-19 pandemic public health strategy, and key enablers, at 2nd June 2020

[1] Having successfully achieved the primary goal of delaying spread, the focus now shifts to maintaining very low case numbers in Jersey. The term 'delay' has therefore now been replaced by the term 'suppress'.

2 WHERE WE ARE NOW

At June 2020, the challenge we now face as an Island community is to continue to navigate through the pandemic in a way that keeps cases at a very low level, causes least harm overall and maximises wellbeing. We must continue to interrupt transmission of COVID-19, and protect the most vulnerable in our community from contracting it. That is not negotiable. But we also need to acknowledge and address the collateral damage (health, social, economic and environmental) that the pandemic has wrought on Islanders. For example:

- Currently, 2,330 Islanders are registered as Actively Seeking Work - 1,480 higher than at the end of the comparable week a year earlier; there are 6,530 active Income Support cases - 920 more than a year earlier; a new scheme established to support Islanders with fewer than 5 years residency (CRESS) has already got over 300 active cases; and to date a total of 2,520 businesses, covering 12,420 employees had claimed funding under Phase 2 of the Government Co-Funded Payroll Scheme;
- GPs are handling about one third fewer consultations every day (c.800 vs c.1200), compared to before the pandemic; hospital waiting lists have been paused and diagnostic capability has been reduced as resources have had to be diverted;
- States of Jersey Police are recording an increase of 14% in domestic incidents, and a 37% increase in concerns for welfare; psychological wellbeing has also been affected – presenting for example in increased demand for counselling and family support.

While there is no vaccine, and no clear prospect of a vaccine for months or possibly years, we need to move forward, safely, towards a way of living and working with the virus that we can sustain – a way that protects those vulnerable to COVID-19, *and* that enables family life, education, routine healthcare and work to resume within a new normal.

Our public health monitoring data, published daily[2], show we have had a very low level of new cases in Jersey over a number of weeks. However, preliminary results from the recent seroprevalence study[3] indicate that the vast majority of people in Jersey, about 97%, have also not yet had COVID-19.

As we ease lockdown measures, this will mean more people will come into contact with others from outside their households. This brings a risk of sporadic cases, and some people who contract the virus may need hospital care. Therefore, we are taking a phased, gradual and controlled approach to lifting lockdown restrictions, accompanied by increased testing and tracing capacity so if new cases arise, the spread can be quickly contained and people cared for.

[2] See: https://www.gov.je/Health/Coronavirus/Pages/CoronavirusCases.aspx
[3] Statistics Jersey (May 5, 2020): SARS-CoV-2: Prevalence of Antibodies in Jersey - Preliminary analysis

A key area of focus is to continue to minimise the risk of transmission within institutional settings such as care homes, and to interrupt transmission immediately if a new case emerges. In the early stages of the pandemic, from late March through to early May, COVID-19 was confirmed in nine care homes in total, spread across staff and residents.

At the time of publication, there are now no active cases of COVID-19 in care homes across Jersey; the current approach has to date successfully interrupted transmission and will continue to be a priority. It includes making sure staff with symptoms do not come into work, pro-active screening of staff and new/current residents, ensuring good infection control practices and environmental hygiene, and the immediate isolation and screening of symptomatic patients and/or staff followed by rapid contact tracing.

A second area of focus is to continue to minimise the risk of importing new cases of COVID-19 into Jersey. As an island, we benefit from the ability to control Jersey's borders. This does not mean borders need to be closed – indeed limited essential travel to and from Jersey has continued throughout the pandemic. Rather, we recognise that many Islanders' lives as well as livelihoods are deeply inter-connected with other jurisdictions, especially the United Kingdom.

We cannot maintain a complete travel lockdown for an indeterminate period until a vaccine is found, and so we need to allow some more travel to and from Jersey to take place, as safely as possible. Proportionate at-border testing, combined with strict isolation where required and close monitoring of new arrivals into Jersey, can mitigate the risks associated with cross-border travel so that some additional connectivity can be restored over time.

Whilst low, there is an ongoing risk that COVID-19 spreads too quickly. We must not be complacent – as a government or as individual members of our island community responsible for our own physical distancing and hygiene practices. And if cases of COVID-19 do begin to increase rapidly again, the Government will not hesitate to pause easing of restrictions, or even tighten some measures, depending on the seriousness of the situation.

3 SUPPRESSING TRANSMISSION: THE SAFE EXIT FRAMEWORK

The Government of Jersey published the Safe Exit Framework on 1st May 2020. Today we are at Level 3 in our response. The Government's aim is to progress carefully and step-wise from Level 3, to Level 2, and then Level 1, as shown in diagram (i). During each level, the aim is to ease the whole population lockdown measures, safely. We must continue together to interrupt transmission of COVID-19 and maintain a very low rate of cases as lockdown restrictions are eased.

By doing so we can safely progress towards Level 1, which will be a way of living with the risk of the COVID-19 pandemic for the months or even years it may take for an effective and widely available vaccine to be developed. Level 1 will end when the pandemic is over, most likely at the point at which a vaccine is successfully developed and deployed.

3.1 LIVING SAFELY WITH THE PANDEMIC

We will move as deliberately as we can between levels of the Safe Exit Framework, because we want to alleviate the very real harms the lockdown measures are causing, and we want families, communities and businesses to begin the journey back to as much of a normal life as possible, as soon as possible.

But our progress through the levels must be balanced and conditional to avoid triggering a spike in new cases. When we move down a level, or phase changes within each level, depends on how quickly and how far our monitoring tells us COVID-19 is spreading, and how much pressure key health and care services are under.

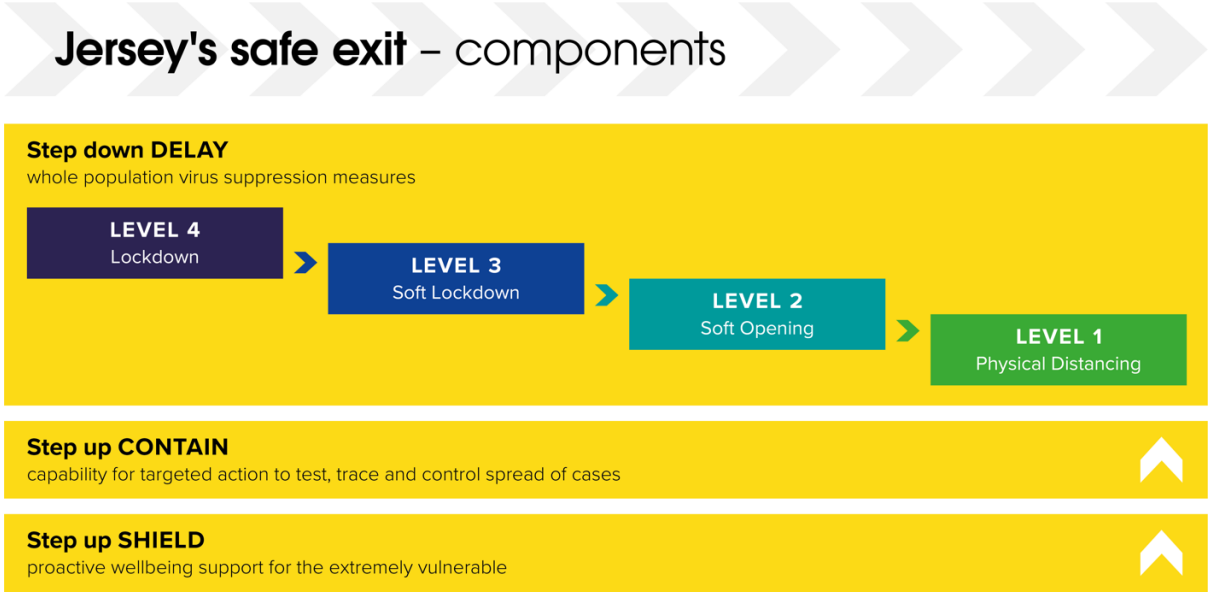

Diagram (i): The Safe Exit Framework: relaxing restrictions carefully over 3 stages, from lockdown

The measures for each level of the Safe Exit Framework can be found in the Safe Exit Framework Table which is available on gov.je[4] and can also be found at Appendix 7. The framework sets out the public health measures that need to be in place during each level.

Overall, Islanders will experience progressively more freedom of movement at Levels 3, 2 and then 1. Businesses and employers will be asked to operate according to strict public health guidelines as they open premises, many in a staged way.

The measures in the Framework may be updated based on new scientific knowledge about COVID-19, information about the effectiveness of control measures in Jersey and overseas, or the direction of travel (for example, the application may be different if there is a surge of cases and Jersey needs to tighten up a level rather than move through to the next). Level 2 measures are under review in parallel to the development of this strategy, to take account of current epidemiological conditions and developing information about the effectiveness of control measures in Jersey and overseas.

We are currently at Level 3 of the Safe Exit Framework[5]. Progress through the levels of the framework is and will continue to be informed by medical advice on minimising harm, balancing suppression of the virus with Islanders' wider wellbeing. The Medical Officer of Health and Scientific and Technical Advisory Cell (STAC) will advise Ministers when they consider the timing of each level of the exit framework, and the appropriate package of measures at each level.

3.2 PRINCIPLES FOR A SAFE EXIT

Drawing upon international evidence, the guiding principles underpinning the measures and levels in the Safe Exit Framework are:

- Where an activity can happen, or business can open in a way that minimizes the risk of spreading COVID-19, it should be able to do so as soon as possible
- Changes must be easy to understand and relatively easy to implement, with guidelines issued where appropriate
- The purpose of a phased and gradual progression through the levels of the framework is to calibrate the overall increase of social contact. Wherever possible the levels should introduce changes that are fair. Some unequal experiences are however inevitable
- The likelihood of transmitting COVID-19 is much lower outside, and increases when you spend longer periods of time in proximity to others, especially inside. Indoor spaces especially should therefore be opened in careful stages
- It is sensible to avoid unnecessary risks – for example, wherever working from home is possible, people should keep doing it

[4] See: https://www.gov.je/SiteCollectionDocuments/Government%20and%20administration/ID%20Safe%20Exit%20Framework.pdf
[5] The Level 3 Policy Statement, and associated Level 3 guidance for Islanders and for businesses can be found here: https://www.gov.je/Health/Coronavirus/SafeExitFramework/Pages/ExitFramework.aspx#Level3

- Services and premises that require or risk close personal contact have a significantly higher risk of spreading the disease and therefore should open at a different stage to other changes that will trigger large increases in social contact
- Large gatherings carry significant risk and should be avoided
- Physical distancing and good hygiene are fundamental and should be maintained through every stage; behavioural prompts to follow simple public health advice (cloth masks, hand washing) should be encouraged throughout every level.

3.3 RE-OPENING HEALTH SERVICES

Since March, we have developed greater capability in our health and community services to cope with the challenge of the COVID-19 pandemic. This includes a vital increase in capacity, with the building of the Nightingale facility, as well as improved supply of ventilators, personal protective equipment, and PCR and serology tests. We have also been able to improve coordination through the landmark agreement to work with island GPs. These improvements are being consolidated, so that appropriate capacity is available for the duration of the pandemic.

At the same time, it is crucial to begin to re-open health and care services that were suspended during lockdown, so that Islanders' non-COVID-19 health needs can be better addressed. Between March and May 2020, many hospital-planned care services were reduced or deferred owing to the anticipated impact of an exponential increase in COVID-19 cases on staffing, and to release both flexibility and capacity into the system to deal with a potentially unprecedented level of acutely unwell patients. (Activity for our clinically urgent and cancer patients was maintained).

The Health and Care system has prepared plans to re-commence more routine but essential health and care delivery whilst ensuring the department is well prepared for any future COVID-19 pressures. Our recovery plan ensures;

- That physical, social and mental health care needs of the Island are met following COVID-19 impact assessments
- That health and care services can revert to a state of preparedness, if required, in the event of capacity 'surge' because of COVID-19 or other seasonal pressures.

For physical health services, we will continue to deliver some of the successful new ways of working by seeking to ensure Primary and Secondary Care continue to work closer together, and, with assistive technology. Hospital services will be targeted to addressing the waiting list pressures that have been further compounded by COVID-19, and, we will re-align our diagnostic pathways so that cancer and other services are more seamless.

3.3.1 Mental Health Services safe exit plan

We anticipate that mental health services will need to adapt so that the impact of COVID-19 can be managed, building on the intentions of the Mental Health Improvement Plan and Government Plan. A detailed impact assessment is underway so that Government and system partners can develop mental health and wellbeing services to address the expected rise in demand. At each stage of implementation of the COVID-19 strategy, mental health services will be provided and enhanced in order to support Islanders. Our system partners across the voluntary and commercial sector have also developed robust business continuity plans as part of COVID-19 preparedness, and are working with the Government to align services and pathways for Islanders.

Key aspects of the Mental Health Service and how it will change as we move between the remaining levels of the COVID-19 Safe Exit Framework are set out below. We are focused on maintaining the safety of both service users and staff. Our multi-disciplinary teams are moving forward with a clear focus on community-based provision and reducing building-based activity. Building-based contact will be reviewed to support collaboration and parity of esteem with physical health services, and, we will be working closely with the General Hospital to integrate physical and mental health care. We also aim to make innovative use of the virtual/remote interface provided by communication technology. A detailed recovery plan is being developed by Health & Community Services with system partners which will be shared with the Health and Social Care Scrutiny panel.

Mental health inpatient services: We have worked to ensure that inpatient services will be maintained at the required capacity levels throughout all stages of the Public Health Strategy for COVID-19.

Crisis provision has been restructured at Levels 4 & 3 through changes to the Mental Health Liaison Team, providing emergency and soon mental health risk assessment to adults aged 18 and above in our community. In Level 2 this will move to an on-call system, and as we move into level 1 the Liaison Team will be amalgamated with the Home Treatment Team. Street triage will continue throughout all levels, which will effectively deliver many of the objectives established within the Government Plan for crisis prevention and intervention.

Home Treatment Team (HTT): This team supports our current service users in the community 7 days a week between 8am and 8pm. The team is working collaboratively with the General Hospital to support people wherever they present to Health and Community Services. A core HTT workforce will be retained and amalgamated with the liaison team with a focus on those experiencing crisis in the community. This service will be sustained throughout each stage of the Safe Exit Framework plan.

We will continue to provide a Mental Health Law service to our community throughout all stages of the pandemic.

The Mental Health Contact Centre was established at Level 4 as a point of contact for service users who are assessed as stable and low risk. This service will be reabsorbed into existing provision as we move through to Level 2 of the strategy.

Alcohol and Drug Services: these services will be equipped to deal with the anticipated increase in referrals as we move through the phases of managing the pandemic. In Level 3, we are prioritising community detox, and providing home visits when it is not possible to use communication technology. Needle exchange services have been in place throughout the pandemic. We are now developing virtual groups to support our clients and will move towards appropriately risk-assessed face-to-face support at Level 2. We are also working in close collaboration with our community partners in the Parishes, GP practices and pharmacy outlets with the aim of restarting community clinics and arrest referral within Level 2.

Adult Community Mental Health Team (CMHT) and Older Adult Community Mental Health Team (OAMHT): These teams are now reforming as staff are released from the Home Treatment Team after the initial emergency response. The CMHT service includes the depot and clozaril clinics that support individuals diagnosed with psychosis. The focus in both teams is on recovery and maintaining strong community (home) based support using both communication technology and risk-assessed home visits.

Older Adults Primary Care Team: this team will similarly be using both communication mediated by technology and a face-to-face service when reformed in Level 1. The Memory Assessment Service (MAS) will move towards offering both remote and face-to-face assessment as appropriate. The service is accepting new referrals from GPs and hospital medical specialists from Level 3 onwards. The service will also work closely with the neurology team and will provide occupational, functional assessments and group therapies using physical distancing protocols from Level 1.

Commissioned services and wider system partners. The Listening Lounge will reopen in Level 2 and we are working with voluntary sector services to develop plans for services recommencing with support from Health & Community Services.

Jersey Talking Therapies and Psychology Services. In Levels 4 and 3 of the Safe Exit Framework, all non-urgent mental health outpatient services including Jersey Talking Therapies has been on hold as part of the emergency responses to manage impact of COVID-19. These services have been providing virtual support as much as possible, and we aim to open to new appointments at Level 2. At Level 1 we are aiming to develop open our new “front door” allowing people to directly contact us and ask for help. We will have to plan for a potential high level of demand, though our partners in the mental health sector such as the Listening Lounge, Mind and the Jersey Recovery College have been able to continue to support many people during the pandemic.

3.4 GOVERNMENT COVID-19 ARRANGEMENTS

In parallel to health services proceeding with careful, staged reopening over coming weeks, government administration of the COVID-19 response will begin a transition from the current emergency response structure that has been in place since March.

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We recognise that many of the teams and resources that were rapidly re-deployed or created to enable the Government to respond effectively to COVID-19 now need to be put on a longer-term footing. An agile pandemic response capability needs to be in place for the duration of the pandemic, and for the next 12 months at least.

A CONTAIN team – comprising an ongoing testing service, as well as track and tracing, and isolation support - is central to this response, although the form it takes will evolve as new testing and vaccine developments come on line. A larger public health POLICY team will be required for the duration of the pandemic, as will centralized and effective PPE sourcing, and SHIELDING support for people most at risk to complications from COVID-19.

Placing these services on a semi-permanent basis will ensure our response to the pandemic remains resilient and comprehensive, as other parts of the Government move to focus on Jersey's recovery. We will do this by moving from temporary to more permanent team structures, and creating appropriate financial provision for them, with the process beginning in June.

4 CONTAINING OUTBREAKS OF THE VIRUS WHEN THEY ARISE

As social contact increases, there is a risk of an increase in transmission of COVID-19. A key pillar of our strategy is to be pro-active and agile, to find people that are infectious and ensure they isolate quickly, to suppress the rate at which COVID-19 spreads. We are now testing hundreds of people each day[6] and our expanded contact tracing team are responding in detail to every positive case.

Throughout the levels of the Safe Exit Framework, we will continue to focus on:

- Testing, contact tracing, and isolating confirmed and suspected cases of COVID-19
- Preventing individual cases becoming clusters – particularly in institutional settings such as care homes, and
- Responding quickly to stop any early clusters from becoming outbreaks.

Our **Island wide testing programme** has expanded significantly in recent weeks, with three new test centres and a mobile testing station now established. We continue to test all Islanders that are referred with COVID symptoms and have supported GPs to be able to test patients in surgery. To identify people that may be infectious but without symptoms, we screen hundreds of people each day, including essential workers, hospital patients and care home residents.

We have also completed two rounds of our community antibody survey, which later in June will provide us with further evidence of the prevalence of COVID-19 in Jersey. Our Essential Worker Antibody Survey will similarly afford extra insights into the prevalence across those groups that were working during the stay home period.

Contact tracing for all confirmed cases has been in place since the start of the epidemic in Jersey. An additional 30 contact tracers have been trained in recent weeks, creating a team of 55 people that will scale up further, as needed, to track those exposed to COVID-19.

While Jersey continues to enjoy low infection rates, there is no pressing need to implement digital contact tracing locally. We are working with other countries and technology and telecommunications providers to identify the right digital contact tracing app that could help trace more contacts, and trace contacts more quickly, as part of a package of public health measures to interrupt the transmission of any new cases of COVID-19. We will be able to introduce a new app rapidly, at the point at which Ministers decide upon medical advice that it is appropriate and required.

As the number of people with COVID-19 may increase, people who have it or are suspected of having it must isolate themselves from others to limit its spread. We have updated and published clear guidance about when, how and why to isolate. To protect public health, the Government is also focussed on supporting people to stay in quarantine and can impose significant fines for failure to comply. This power will only be used as a last resort.

[6] For details on the testing programme please see:
https://www.gov.je/Health/Coronavirus/Health/Pages/COVID19TestingProgramme.aspx

The Government's pandemic business continuity plans and response capability will remain on standby throughout the pandemic.

5 SHIELDING THOSE AT MOST RISK

Easing the general lockdown measures across Levels 3, 2 and 1, will benefit many people and businesses across Jersey.

However, some people in our community may be at higher than average risk of severe illness from COVID-19. This applies to people of older ages, and to people with certain medical conditions of any age. We know that these risks mean that there is a higher chance of health problems from infection that increases the risk of dying from COVID-19. The increase in risk by age has been seen both internationally as well as in our own statistics[7].

During the lockdown period, at a time when a local epidemic of COVID-19 was considered likely, the Government strongly advised those regarded as extremely vulnerable to avoid as much social contact as they could, and not leave home at all. We now know that COVID-19 will be with us for many months, and people's wellbeing is likely to deteriorate if they feel imprisoned in their homes for too long.

People classed as vulnerable, that is at higher risk of severe COVID-19 illness, can choose to what degree they shield themselves when considering activities such as shopping or meeting others such as family or friends outside their homes (maintaining 2 metres distancing with those they don't live with). Being with others indoors, within the guidelines, for example for work or volunteering would be more risky, from the point of view of becoming infected with COVID, than being outdoors. However, when the amount of COVID infection circulating in the island is very low, the chances of coming into contact with it is also low, and this can be taken into account in reaching personal, well-informed choices. It is important that extra caution is taken to follow the public health guidance when doing all these activities. This will reduce the risk of becoming infected with Coronavirus.

Islanders in doubt about their individual situation should seek advice from a health professional. People who are vulnerable / at higher risk should consider balancing protection from infection against the negative health impacts that any prolonged restrictions may have on their mental health, mobility and general fitness levels. Further guidelines will be provided to help those in groups considered at higher risk (vulnerable) to serious illness from COVID-19 to reach informed choices during the course of the pandemic.

Many people across Jersey have also volunteered to provide help of all forms since the start of the pandemic. People who are vulnerable / at risk of serious COVID-19 illness and may still be shielding at home are particularly encouraged to take advantage of the support on offer: whether that's someone to help with the shopping, physical or mental health support, or just a chat. See gov.je, or contact your Parish Hall or 'Connect Me' at any time.

[7] For a list of conditions and the latest advice, see:
https://www.gov.je/Health/Coronavirus/PublicHealthGuidance/Pages/ShieldingForVulnerablePeople.aspx#anchor-4

6 MONITORING: PUBLIC HEALTH EVIDENCE AND ADVICE

The Scientific and Technical Advisory Cell (STAC) comprises the principal medical advisors, including Jersey's Medical Director, Medical Officer of Health, Consultant in Communicable Disease Control, Associate Medical Directors, Chief Nurse, Group Director of Health and Community Services, along with key data analysts, strategists and advisors in communicable diseases and epidemiology and wider health impacts. The STAC's terms of reference can be found at Appendix 2.

The STAC carefully considers the available evidence throughout the pandemic to minimise harms and seek to ensure a safe exit. COVID-19 cases in Jersey are being closely monitored, both in terms of total numbers and the nature of the cases (who is affected, symptoms and experience). In addition, evidence on wider harms to the population of the pandemic, and the public health measures over the short, medium and long term are also considered.

The STAC's advice draws upon the following evidence:

Epidemiological evidence being monitored includes:
Actual data at all stages of the infection: start of infection, onset of symptoms, hospitalisations, ICU, mortality, recovery.
Increased PCR testing and pro-active screening including health and care settings and Ports of Jersey
Contact tracing information of positive cases and detailed understanding of origin of infections
Prevalence of the virus in the community will be monitored via a longitudinal antibody study, and a series of targeted antibody studies, and triangulated with informal data (for example, reports of symptoms to the helpdesk)
Emerging clinical research on COVID-19
Public Health England, Centres for Disease Control and World Health Organisation guidance, as well as the exit strategies of other countries and how well they are going in practice

System capacity evidence being monitored includes:
• Public health campaign effectiveness and readiness to support next level • Wellbeing support in place and readiness to support next level, with priority for people being shielded • Testing capacity and utilisation • Contact tracing team capacity and utilisation • Hospital bed and ICU capacity • Health care staff availability • PPE, ventilator, oxygen and other health material availability • Funeral and cold body storage capacity

As above, insights from these sources are balanced against equally important evidence on the unintended harmful impacts of the public health measures put into place to suppress, contain and shield people from COVID-19:

Evidence on harmful impacts of COVID-19 and related measures under review:
Wider Health Impacts: review of international research and studies that provide insights into the medium and long-term impact of measures taken, for example, reduced access to education, increased alcohol and tobacco consumption and impact on children, increased social isolation, increased mental and financial stress including through increased uncertainty of job and unemployment rates.
Health impacts: review of impacts on patient behaviours, diagnostic interventions, waiting lists for specialist reviews and intervention, cancer and tertiary pathways; referral rates and delays in mental health services; impacts of reduced access to therapy services; psychological wellbeing impacts especially amongst patients with learning difficulties. (Quantitative and qualitative inputs).
Social and cultural impacts: ongoing monitoring of the different effects and experiences of COVID-19 via review of independent social surveys in Jersey and the Channel Islands; insight from front-line services in public and charitable sectors (police, drug and alcohol and abuse support services, homelessness support, and others); ongoing monitoring of wider evidence emerging from the UK and Europe
Economic impacts: weekly data on unemployment figures, businesses closed or opened, uptake of payroll support, business loans, income support; ongoing analysis by the Chief Economist and team (published weekly by Statistics Jersey since 9 May 2020).
Environmental impacts: review being undertaken as part of wider focus on carbon neutrality and sustainable transport as environmental impacts judged to be both positive (better air quality due to reduced use of vehicles during lock down) as well as negative (single-use equipment waste, increased individual vehicle traffic due to avoidance of public transport).

6.1 WHERE TO FIND MONITORING INFORMATION

Up-to-date evidence on COVID-19 cases is published on gov.je:
https://www.gov.je/Health/Coronavirus/Pages/CoronavirusCases.aspx

Examples of published COVID-19 monitoring information can be found in Appendix 5 too. Summary reports on the harmful impacts of COVID-19 and related measures can be found in the appendices. An analysis of the economic impact of the pandemic is at Appendix 6, and a summary synthesis of the wider impacts of COVID-19 and related public health measures is available at Appendix 7.

7 KEY ENABLERS

7.1 COMMUNICATIONS TO EMPOWER ISLANDERS

The communications approach to tackle COVID-19 is grounded in delivering timely, clear and consistent communications to empower Islanders to interrupt and suppress the spread of the virus by changing their behaviours. This has been critical to enabling the rapid changes in behaviour which have helped save lives since the virus arrived in Jersey.

The focus of the approach to date has been fourfold:

- Explaining and providing reassurance on the health measures and actions the Government is taking to suppress, contain and shield against the virus throughout each of the levels of the framework
- Empowering Islanders and businesses to act upon what is required of them under public health measures and restrictions
- Informing Islanders on the health impacts of the virus, including the number of tests conducted, positive and negative cases, deaths, people who have recovered and the number of active cases
- Sign-posting to the financial and economic support measures that the Government has put in place to support help Islanders and employers, and how to access this support.

This approach has been delivered according to several evolving strategies over the course of the Government's response to the pandemic.

Now that Jersey has begun the careful process of easing the lockdown measures, it is more important than ever that Islanders understand and adhere to the latest public health advice.

Entering a severe state of lockdown is an easier task to communicate, with much of the population being asked to do the same thing and at the same time. Easing measures is more difficult, with Islanders being asked to understand and adhere to specific actions, at specific times, that relate to them individually and according to criteria as varied as their family profile, profession, or underlying health conditions.

These behaviour changes will themselves evolve as measures are further eased. In order to reach the greatest number of Islanders, with messages that will resonate and appeal to them, a marketing approach will continue to underpin the various strategies.

Part of this approach is to take a segmented approach, so that specific messages can be more directly tailored to them. A parent will want and need detailed information on school openings, while an employer will want and need the same level of detailed information on safe-operating and physical distancing in the workplace.

The behaviour change advised must be factually accurate in order to satisfy the required health outcomes. It must also be easy to understand and adopt, attractively presented to

catch attention and increase the likelihood for sharing, socially communicated so Islanders feel empowered to act, and timely so they know when it begins and how they can prepare in advance.

Our aim is that all advice throughout the pandemic remains positive and helpful, encouraging Islanders to adopt the new behaviours according to a sense of civic duty and responsibility to each other. This is matched by a 'customer' approach to dealing with interactions and responses from Islanders via the media, on social platforms, through the call centre, or face-to-face with Ministers.

In order to reach as many Islanders as possible, multiple channels are chosen to promote the advice and to provide context and understanding. This means that an Islander may hear the same advice, explained differently, on the radio, in the print media, social media and via a press conference. The information is the same, but the method of delivering it changes in order to expand the context and provide more underpinning detail.

Further, subtitles have been added to all videos, including live press conferences; age-specific content has been developed for children and young people; all key messages have been translated into British Sign Language and key announcements have been translated into Portuguese, Polish and Romanian.

And to make sure advice reaches Islanders who do not use digital technology, several solutions will continue to be used. Three adverts have been created for TV; advertising within the newspaper and community magazines will continue; radio adverts in English, Polish, Portuguese and Romanian will continue; roadside banners, posters, pull up banners and vinyl stickers will be updated as we progress through the levels, and all printed material, including translated leaflets and posters, will be updated on gov.je so that they are accessible for businesses to print their own as they begin to open for trade.

Finally, a series of Island-wide information leaflets has been distributed, ensuring that key public health information made its way into 41,000 homes in Jersey. As the easing of public health measures continues and the Island enters the 'new normal' more distributions are planned.

While any form of restriction is still in place, looking out for our wider community, as well as friends and family, is extremely important to the public and will be fully supported by the Government. A campaign to empower Islanders to support one another was launched as part of Level 4 to publicise the ConnectMe service – harnessing a community taskforce of volunteers but also communicating ways Islanders can receive help and support. This campaign will continue throughout the Safe Exit Framework.

7.2 COMMUNITY TASKFORCE

The Community Taskforce coordinates a wide range of support for Islanders, underpinned by safe and sustainable volunteering. It is an Island-wide effort, delivered in partnership

with the voluntary and community sector, Parishes and businesses. In the past 8 weeks, the Community Taskforce has delivered or co-ordinated a range of new services and support. This now includes:

- ConnectMe, which signposts Islanders needing help to available support, which now includes food and medicine delivery, wellbeing, dog walking and emergency housing.
- Coordinated pandemic-related volunteering, receiving more than 3,300 applications for volunteers, arranging free DBS checks and a Volunteer Toolkit
- An Emergency Housing team, helping Islanders / families who might otherwise be homeless into accommodation, and securing additional capacity for Shelter and Women's Refuge
- Proactive contacting of Islanders who are 'severely vulnerable', highlighting support for them
- Supporting the co-ordination of charitable funding - one application, one decision
- A multi-channel communications campaign, including leaflets to all households, adverts in the key languages of our community, social media and press information

The initial focus of the Community Taskforce was on practical support, in response to feedback from Islanders and Parishes. The focus has now shifted to increasing awareness about longer term financial support, and to wellbeing as the most vulnerable Islanders are advised to continue shielding, and therefore may increasingly need emotional support in the weeks and months to come.

The Community Taskforce programme will continue to develop in response to community partner advice and evidence on Islanders' concerns, impacts and needs.

7.3 LEGISLATION

Legislation has been continuously developed since March 2020 in support of the pandemic strategy. The initial focus was on legislation that underpinned Level 4: lockdown and supported mitigation of the impact of COVID-19 as case numbers began to increase across the Island.

In May, the legislative focus shifted to support the careful progression between levels of the Safe Exit Framework, by providing for proportionate, flexible controls that support the reopening of workplaces, as well as supporting the provision of great freedoms to citizens.

A full list of the COVID-19 legislation is set out in Appendix 5, but examples include:

Legislation to support Level 4: lockdown

- Powers to require a person travelling to Jersey to self-isolate; to prohibit being in a public place (i.e. to stay at home); to require a person to be testing for COVID-19; to allow a person to held for the purposes self-isolation, testing and screening[8].

[8] COVID-19 (Screening, Assessment and Isolation) (Jersey) Regulations 2020

- Powers to close school premises and day care accommodation[9]

Legislation to mitigate collateral impacts of public health measures

- Regulations designed to prevent tenants from being evicted due to financial hardship caused by coronavirus including suspension on rent increases[10]
- Provision for wills to be signed/witnessed via audio/video link as opposed to face-to-face so that people may continue to manage their personal affairs[11]
- Exempt temporary, emergency care facilities from regulation by the Care Commission (e.g. a temporary care facility when an existing facility is shut for deep cleaning)[12]

Legislation to support movement through the Safe Exit Framework

- Providing for two metres safe distancing in public[13]
- Providing for safe opening of places of work subject to restrictions/conditions[14]

All COVID-19 legislation expires on 30 September 2020 unless the States Assembly determines it should be extended. The only exception is the COVID-19 (Enabling Provisions) (Jersey) Law 2020 which enables the States Assembly to make Regulations with the effect of primary Laws in light of the Privy Council not currently meeting. The Enabling Provisions and any regulations made under those fall away on 31 December 2020.

[9] COVID-19 (Schools and Day Care of Children) (Jersey) Regulations 2020
[10] COVID-19 (Residential Tenancies) (Jersey) Regulations 2020
[11] COVID-19 (Signing of Instruments) Regulations 2020
[12] Regulation of Care (Amendment of Law) (COVID-19 - Temporary Amendment) (Jersey) Regulations 2020
[13] COVID-19 (Safe Distancing) (Jersey) Regulations 2020
[14] COVID-19 (Workplace) (Jersey) Regulations 2020

8 FORWARD PLAN: WHEN WILL NEW MEASURES BE BROUGHT IN?

In advance, it is not possible to be certain about exactly how COVID-19 will develop in any country. Providing firm dates weeks in advance for when each level in the Safe Exit Framework will be reached could prove misleading.

But we do want to reduce uncertainty as much we can. The Safe Exit Framework provides a clear map of the easing of restrictions aimed for. Amongst the full array of epidemiological monitoring data and operational evidence that is under ongoing review, some of the key indicators that will signal Jersey is ready to move safely *down* through one level into the next are:

- Evidence that the number of new cases is only rising very gradually if at all, is steady or declining
- Evidence that there is sufficient health and public health capacity (including readiness of the track and tracing team) for the next 14-28 days.

With the evidence available at the time of publication of this strategy update (3 June 2020), the *target date* for Jersey to enter Level 2 of the Safe Exit Framework is Friday 12 June, shortly following the safe start of reopening Jersey's schools. The *target period* for entry to Level 1 is early July.

These target dates are provided to afford Islanders and businesses as much certainty as possible for forward planning. Officials will continue working with industry and community organisations to help them prepare, with appropriate guidance.

It is crucial to note that these *target dates* remain subject to confirmation. Ministers will take a formal decision on entry to Level 2, and Level 1, closer to the time and upon advice from the Scientific and Technical Advisory Cell (STAC). Entry to Level 1 could be earlier if Level 2 changes go smoothly and do not trigger any new cases.

Entry to Level 2 or Level 1 of the Safe Exit Framework will however be delayed if the conditions are not right. Amongst others, a key indicator that medical officers and the STAC are monitoring that indicates the virus is spreading too quickly, meaning we may need to reduce social contact by re-tightening public health measures, is the speed of increase of new cases (the 'doubling rate'). This is a scenario we are working hard to avoid, but Government remains vigilant and prepared to act swiftly should it arise.

9 TAKING THIS JOURNEY TOGETHER

Exiting safely from COVID-19 is likely to be a journey that takes a number of months. And we will progress more safely towards exit if we continue to work together.

COVID-19 is spread via social contact. As we progress through the exit framework, more social contact will be possible, but we won't immediately be returning to 'normal life'. A phased and gradual approach to increasing social contact is critical to helping us keep infection rates at a very low level and to avoid any risk of overwhelming the hospital.

Please listen out for, and follow, public health guidance at all times. Alongside the Level 3 Policy, core public health guidance is currently:

- **Keep 2 metres apart from anyone outside your immediate household**
- **Wash your hands with soap and water or use a sanitiser gel throughout the day - especially when outside your home**
- **Catch your cough or sneeze in a tissue, bin it and wash your hands. If you don't have a tissue, cough into your elbow and avoid touching your face**
- **Clean and disinfect objects and surfaces, especially toilet facilities. Assume all surfaces are potentially infectious unless you are certain they have just been disinfected**

Cloth masks are advised, especially in enclosed public spaces such as shops (for staff and customers)

If you have flu-like symptoms, stay or go home immediately and call the Helpline on 445566.

Businesses and employers are also asked to apply tailored public health guidelines to protect their staff and their customers, as published on gov.je. We will work with industry groups and trades unions to assist businesses and staff to make preparations before each level of the framework is triggered.

Government also publishes all key monitoring and monitoring data regularly and rapidly, so that both progress along the framework, and obstacles to that progress, are transparent and widely understood.

10 APPENDICES

10.1 GOVERNANCE OF THE STRATEGY

Respective roles of individual Ministers, Competent Authority Ministers, Council of Ministers, and the Emergency Council

This is not intended as a comprehensive note of functions, but as a concise guide to executive decision making during the response to COVID-19.

1. Individual Ministers

Individual Ministers continue to exercise their statutory and non-statutory powers. These include powers under enactments within their authority, to make Orders or propose Regulations; and pursuant to the COVID-19 (Enabling Provisions) (Jersey) Law 2020, Ministers can propose wide-ranging reforms to the Assembly, for them to consider and decide upon necessary legislative changes.

Because this is a health emergency, much of the COVID-19 related legislation lies within the authority of the Minister for Health and Social Services, who takes advice from the Medical Officer of Health before proposing the introduction or extension of legislative changes.

2. Competent Authority Ministers

The Competent Authority Ministers ("CA Ministers") under the Emergency Powers and Planning (Jersey) Law 1990 are the: Chief Minister; Minister for External Relations; Minister for Economic Development, Tourism, Sport and Culture; Minister for Infrastructure; Minster for Home Affairs; and Minister for Health and Social Services.

The CA Ministers can only act in their areas of competency, for example, the Minster for Home Affairs has powers as a CA Minister over Gas and Postal Services, with the agreement of Emergencies Council. Outside of their areas of competency, the CA Minister is simply acting in their ministerial capacity, i.e. not as a competent authority.

CA Ministers cannot make collective decisions, as their powers are individual and narrow and executed by making Orders, but they can confer and advise each other, and they do largely hold the core powers, whether as Ministers, or a Competent Authorities, that are needed in the event of an emergency.

The Treasury and Resources Minister and Minister for Education are included in invites to Competent Authority meetings and circulations given the importance of their portfolios to events around COVID-19, including the impact on schools and public finances.

3. Emergencies Council

The Emergencies Council sits to co-ordinate and support any work to prepare for, or respond to, an emergency, including needing to agree the exercise of Competent Authority powers. It includes the Competent Authority Ministers and a Connetable nominated by the Comite des

Connétables; and the Bailiff, the Lieutenant-Governor, and the Attorney General are invited to attend and be heard.

If, as a last resort, a state of emergency is declared by the Lieutenant-Governor, the Council can act as a collective decision-body in any area of response and has wide-ranging powers to amend enactments by Order, without the requirement for the prior approval of the Assembly for the period of the emergency.

4. Council of Ministers

The Council of Ministers can direct Ministers on policy matters, and as per the Code of Conduct[15], the more important and cross-cutting an item, the higher the obligation on an individual Minister to take a matter to Council for a collective discussion. Council can make decisions acting as the collective government of Jersey, and where executive political decisions are not taken by individual Ministers, however so done, they are taken by the Council of Ministers.

5. Summary

Dealing with emergencies requires both good coordination and streamlined decision-making, and so CA Ministers act as effectively a 'cabinet' sub-committee, who can process rapid responses, which must then be formally ratified. However, in advance of a state of emergency, decisions (i.e. the approval of courses of action) are taken by individual Ministers or by the Council of Ministers. Anything else is by way of endorsement, support or agreement. All the above forums are properly recorded, by way of Ministerial Decision or a formal Greffe record.

In this way, executive political structures have been adapted to enable an agile response to COVID-19, but remain robust. Significant matters discussed by Competent Authority Ministers or at Emergencies Council have also been considered by the Council of Ministers, in line with the ministerial code.

Additional Notes:

1. Access to agendas, papers, and minutes for Emergency Council, and meetings of the Competent Authority Ministers, is treated in the same way as Council of Ministers items under the "engagement code": https://statesassembly.gov.je/assemblypropositions/2018/p.56-2018.pdf.

2. Administrative arrangements have been introduced between the Ministerial Support Unit and the States Greffe to support the effective, efficient and timely provision of CoM, EC and CAM information under the engagement code to support the above principles. This includes the provision of agendas, and the use of shared 'Teams' folders into which papers and presentations can be dropped and shared.

[15] https://statesassembly.gov.je/assemblyreports/2018/r.116-2018.pdf

3. The Council of Ministers is established by the States of Jersey Law 2005, and then further explained in the Ministerial Code of Conduct and Practise (including Ministerial Decision Guidance): https://statesassembly.gov.je/assemblyreports/2018/r.116-2018.pdf; and the Emergencies Council and Competent Authority Ministers by https://www.jerseylaw.je/laws/superseded/Pages/2004/23.100.aspx

10.2 THE SCIENTIFIC AND TECHNICAL ADVISORY CELL

1. Purpose

1.1 The Scientific and Technical Advisory Cell (STAC) provides a common source of health, scientific and technical advice to Government and Gold Commanders during emergencies.

1.2 STAC provides a safe space to debate live issues and ensures that advice is provided in a timely and co-ordinated way, based on best available information. This helps ensure that decisions made during emergencies are informed by health, scientific and technical advice.

1.3 Decision makers will assess a range of advice and evidence presented to them, including that from STAC, combined with their own experience and judgement to make decisions during emergencies.

2. Activating STAC

2.1 STAC can be activated to support cross-government responses to and/or recoveries from emergencies. It is possible that STAC advice will be required in some but not all phases of response and recovery. The Medical Officer of Health may be asked to activate the STAC in situations where there is potential for risk or harm to the health of the public.

2.2 STAC would normally deactivate once there was no longer a need for cross-government decisions on emergency response or recovery. During periods of de-escalation it may not be necessary for STAC to meet, but members may be kept on alert in case the situation changes.

3. Responsibilities

3.1 STAC ensures that coordinated, timely health, scientific and technical advice is made available to decision makers during emergencies. Advice may be required from STAC on a wide spectrum of topics and disciplines.

3.2 Advice provided by STAC will draw on a range of research, analysis, assessment and evaluation techniques, including scientific, social and operational research and both quantitative (e.g. statistics) and qualitative (non-numeric) analysis techniques. Methods used may include: analyse, review or model existing data; assess, review or validate existing research; and where previous research is limited or non-existent, commission new research.

3.3 The responsibilities of STAC will evolve as the emergency develops and vary by the nature of the incident. Its responsibilities may also evolve with the transition from the response to the recovery phase.

4. **Membership**

4.1 STAC should comprise relevant subject experts according to the type of emergency incident (e.g. Environmental Health, Consultant Microbiologist, Meteorological Officer, Official Analyst, Jersey Water). Potential members may include experts and analysts from across the public service and may also include external members, including researchers and experts from other jurisdictions, professional institutions or private and voluntary sector organisations.

4.2 Membership may need to be supplemented or adapted according to the circumstances of the emergency and will need to be kept under review throughout the emergency.

4.3 STAC representatives may be invited to attend decision making forums in order to explain health, scientific and technical issues. Representatives should be able to present and explain the full range of STAC views, including from specialities that are not their own. At meetings of the Emergencies Council, the Medical Officer for Health would usually be the STAC representative. The Chair and/or Medical Officer for Health should ensure that Gold Commanders are kept informed regarding STAC activities.

4.4 The current membership of STAC, convened in April 2020 to provide advice in relation to the coronavirus disease (COVID-19) pandemic, is as below:

- Medical Director (Chair)
- Medical Officer of Health (Vice Chair), attends Emergencies Council
- Consultant in Communicable Disease Control
- Dr Graham Root, Independent Advisor - Epidemiology and Public Health
- Managing Director, Jersey General Hospital
- Chief Nurse
- Associate Medical Director for Primary Prevention and Intervention
- Associate Medical Director for Unscheduled Secondary Care
- Associate Medical Director for Women and Children
- Associate Medical Director for Mental Health
- Environmental Health Consultant
- Group Director for Policy
- Director of Strategic Planning and Performance
- Director of Strategy & Innovation
- Chief Economic Advisor.

4.5 In support of STAC, the following are standing invitees:

- Head of Public Health Policy
- Head of Health and Social Care Informatics
- Senior Statistician.

4.6 Executive support: Senior Sister.

5. Conduct of business

5.1 The Chair determines the frequency of STAC meetings, but the cell will usually meet in person at least weekly during the response phase of an emergency, adjusting the frequency as required. The quorum of the meeting is at least one-third of its members.

5.2 The Chair will determine the agenda for each meeting. Requests for items to be considered by STAC will be submitted to the Chair. Items may be identified in anticipation of future problems, needs or changes where proactive advice will need to be prepared. The Chair may request papers, analysis and/or the attendance of subject-matter leads in order to support the discussion of specific items.

5.3 Any conflicts of interest, both personal and professional, must be declared and recorded at the STAC meeting when they arise. The participation of persons with declared conflicts will be determined by the Chair. Participation may be curtailed if, in the judgment of the Chair, a potential exists for the perception of undue influence that may undermine trust in the integrity of the process.

5.4 STAC sub-groups may be established where discrete pieces of work are necessary. Sub-groups will provide timely reports to STAC. A Chair for each sub-group will be appointed from amongst the members of STAC, with the responsibility of coordinating the discrete work.

5.5 The following sub-group was convened in May 2020 to support the provision of STAC advice in relation to the coronavirus disease (COVID-19) pandemic:

- COVID-19 Case Review Group, Chaired by Dr Ivan Muscat, to undertake real-time analysis of new cases of infection and consider how best to respond to any clusters of infections and/or emerging transmission chains. Sub-group to include members from Environmental Health, Infection Control and Public Health.

5.6 The STAC executive support officer should ensure that minutes are recorded. These should be cleared by STAC members for technical accuracy. Advice from STAC to decision makers should be recorded.

5.7 The STAC executive support officer should also act as the information manager for all STAC products, storing, circulating and publishing them as and when appropriate. It is likely that the policy development, security and/or personal information FOI exemptions may apply and this may mean that some information needs to be redacted or omitted before any publication. The timing of any publication will also need to be considered, with the most appropriate timing often being after the emergency is over.

28 May 2020

10.3 COVID-19 LEGISLATION (AS AT 28 MAY 2020)

Legislation and Orders currently in train:

A. Changes to Marriage and civil status (Jersey) Law 2001/Civil partnership law
B. Changes to Road Works and Events (Jersey) Law 2016
C. COVID-19 (Workplace) Order
D. COVID-19 (Construction Work) (Jersey) Order 202-
E. COVID-19 (Capacity and Mental Health Extraordinary Period) Order 202-

Completed:

1. COVID-19 (Safe Distancing) (Jersey) Regulations 2020
2. Cremation (Suspension and Modification of Regulations – COVID 19) (No. 2) (Jersey) Regulations 2020
3. COVID-19 (Civil Partnership and Marriage) (Jersey) Regulations 2020
4. COVID-19 (Workplace Regulations) (Jersey) Regulations 2020
5. COVID-19 (Capacity and Self-determination) (Jersey) Regulations 2020
6. COVID-19 (Signing of Instruments) Regulations 202-
7. COVID-19 (Construction Work) (Jersey) Regulations 202-
8. COVID-19 (Restricted Trading) (Jersey) Regulations 202- (Health Minister)
9. COVID-19 (Mental Health) (Jersey) Regulations 202-.
10. COVID-19 (Health Insurance Fund) (Jersey) Regulations 202-
11. COVID-19 (Residential Tenancies) (Jersey) Regulations 202-
12. COVID-19 (Emergency Provisions – Courts) (Jersey) Regulations 202-
13. Regulation of Care (Amendment of Law) (COVID-19 - Temporary Amendment No.2) (Jersey) Regulations 202-
14. COVID-19 (Screening, Assessment and Isolation) (Amendment) (Jersey) Regulations 202-
15. Marriage and Civil Status (Amendment of Law No.2) (COVID-19 – Temporary Amendment) (Jersey) Regulations 202-
16. COVID-19 (Screening, Assessment and Isolation) (Jersey) Regulations 202
17. Social Security (Amendment of Law No. 12) (Jersey) Regulations 202
18. COVID-19 (Schools and Day Care of Children) (Jersey) Regulations 2002
19. COVID-19 (Enabling Provisions) (Jersey) Law 202
20. Public Finances Law (Amendment of Law) (Jersey) Regulation 202
21. Regulation of Care (Amendment of Law) (COVID-19 - Temporary Amendment) (Jersey) Regulations 202
22. Regulation of Care (Standards and Requirements) (COVID-19 - Temporary Amendment) (Jersey) Regulations 202-
23. Statutory Nuisances (Amendment) (Jersey) Regulations 2020 – Minister for the Environment

24. Draft Criminal Procedure (Jersey) Law 2018 (Appointed Day) (No. 3) Act 202
25. Marriage and Civil Status (Amendment of Law) (COVID-19 – Temporary Amendment) (Jersey) Regulations 202
26. Unlawful Public Entertainment Regulations 2019
27. Cremation (Suspension and Modification of Regulations – COVID-19) (Jersey) Regulations 202
28. Amendment (No. 46) of Standing Orders of the States

Orders

29. COVID-19 (Restricted Movement) (Jersey) Order 2020
30. COVID-19 (Restricted Movement) (Amendment – first extension) (Jersey) Order 2020
31. COVID-19 (Restricted Movement) (Amendment – Second extension) (Jersey) Order 2020
32. COVID-19 (Restricted Movement) (Jersey) Order 2020
33. COVID-19 (Restricted Movement) (Amendment – Exceptions, Public Places and Third extension) (Jersey) Order 2020
34. COVID-19 (Restricted Movement) (Amendment – Workplaces and fourth extension) (Jersey) Order 2020
35. COVID-19 (Construction Work) (Jersey) Order 202-
36. COVID-19 (Construction Work) (Amendment -Extension) (Jersey) Order 202-
37. COVID-19 (Construction Work) (Amendment and Second Extension) (Jersey) Order 202-
38. COVID-19 (Restricted Trading) Order
39. COVID-19 (Restricted Trading) (Amendment) Order
40. COVID-19 (Restricted Trading) (Amendment No 2) Order
41. COVID-19 (Workplace Restrictions) Order
42. Control of Housing and Work (Exemptions) (COVID-19 – Temporary Amendment) (Jersey) Order 2020
43. Planning and Building (General Development) (Amendment No. 5 – COVID-19) (Jersey) Order 202-
44. Notifiable Diseases (Amd 2) Order 2020
45. Emergency Powers and Planning (Medicines) Jersey Order 2020
46. Medical Practitioners (Registration) (General Provisions) (COVID-19 - Temporary Amendments) (Jersey) Order 202-
47. Social Security (Contributions) (Jersey) Order 1975 and the Social Security (Collection of Class 1 and Class 2 Contributions) (Jersey) Order 2013 –
48. Prison (Temporary Amendment – COVID-19) (Jersey) Rules 202-

10.4 COVID-19 STRATEGY MEASURES MAPPED

This strategy contains well-recognised measures used to control, suppress and ultimately eliminate infectious diseases across many jurisdictions. To illustrate, the table below maps the key measures in Jersey's COVID-19 strategy to (i) five essential elements of an elimination strategy, sourced from Baker et al (2020), and (ii) key World Health Organisation advice.

Jersey's Framework for a Safe Exit from COVID-19	Baker et al (2020)[16] Essential elements of an elimination strategy	World Health Organisation[17]
Suppress & interrupt the spread 1. Level 3 measures to enable staged, careful, easing of some restrictions – and whilst promoting hygiene and physical distancing throughout 2. School closures	• Intensive **hygiene** promotion • Intensive **physical distancing**	• **Personal measures**: frequent hand hygiene, physical distancing, respiratory etiquette • **Physical and social distancing measures** such as: physical distancing (of at least one metre), cancelled mass gatherings, school closures, working from home, avoiding crowds in other settings
Contain and interrupt the spread 1. Household isolation for confirmed cases 3. Self-isolation (quarantine) for people who've been in contact with confirmed cases 4. In-bound travellers must isolate for 14 days 5. Testing and contact tracing – both now at scale enabling widespread testing and rapid contact tracing	• **Border controls** with high-quality quarantine of incoming travellers. • Rapid **case detection** identified by widespread **testing**, followed by rapid case **isolation**, with swift **contact tracing** and quarantine.	**Movement measures** such as: limiting movement or persons, offering guidance regarding travel, arranging travel in advance to avoid congestion at travel hubs (bus terminals, airports) and considering a *cordon sanitaire* or other selected measures
Shield the most vulnerable Severely vulnerable (high risk medical conditions) and vulnerable (underlying medical conditions, noting overall vulnerability increases with older age): advised to be extra vigilant, and may seek medical advice about balancing risks.	[Not explicitly listed]	**Special protection measures** to protect special populations and vulnerable groups for: those at risk of more serious illness from COVID-19, groups with social vulnerabilities, those living in closed settings, and groups with higher occupational risks.
• The largest public awareness and engagement strategy ever undertaken in Jersey	• A well-co-ordinated **communication** strategy	The need to "communicate effectively, engage

[16] Baker, M. et al. (2020). 'New Zealand's elimination strategy for the COVID-19 pandemic and what is required to make it work' in The New Zealand Medical Journal. Vol. 133. No. 1512. Pp. 10-14.
[17] WHO (2020). 'Overview of Public Health and Social Measures in the Context of COVID-19 (Interim Guidance, 18 May Update)

		communities" identified as top success factor for implementation other public health and social measures"

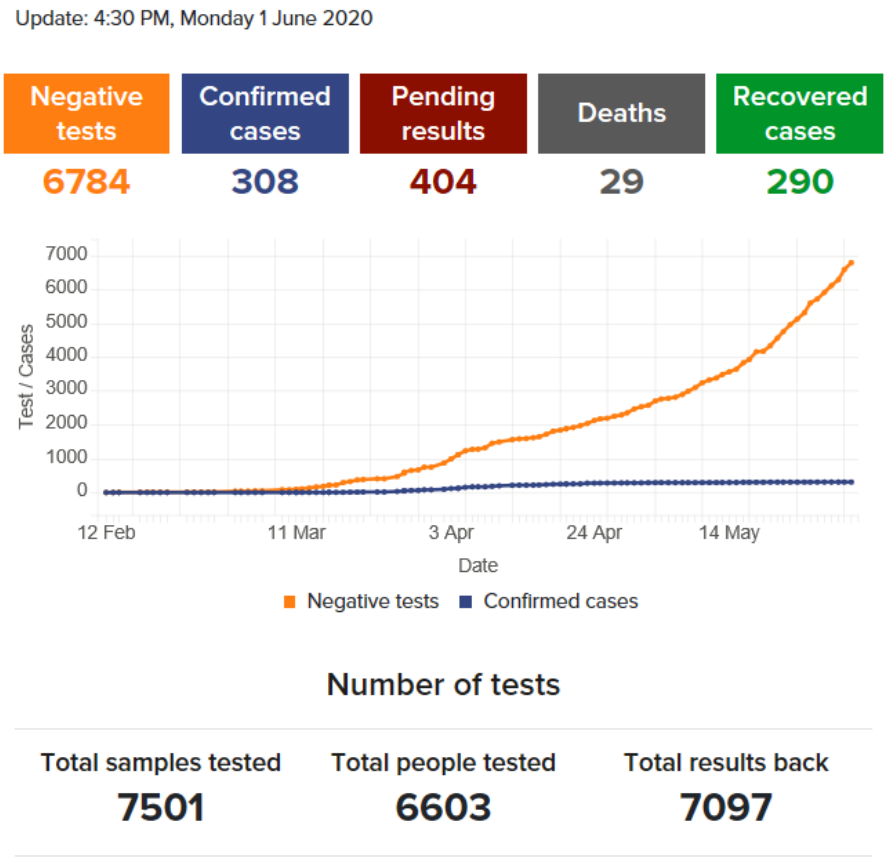
10.5 EXAMPLE COVID-19 MONITORING INFORMATION

Detailed reporting is available at:
https://www.gov.je/Health/Coronavirus/Pages/CoronavirusCases.aspx

Below are examples of the monitoring information updated regularly on gov.je, including daily and weekly updates which are continuously extended when new information becomes available. From 1 June 2020, active cases have been reported and will be included in the daily website reporting.

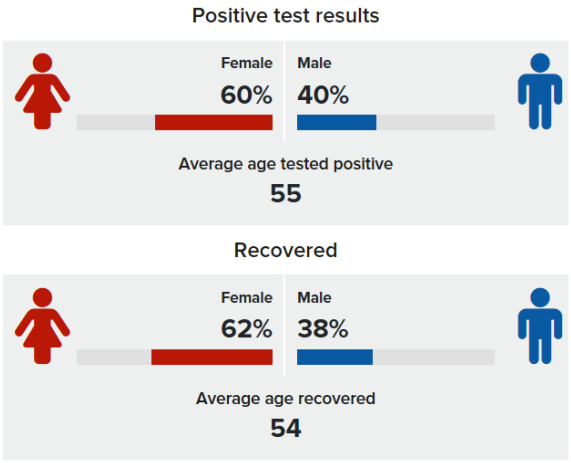
10.5.1 Details of COVID-19 related tests and cases

(example screenshot from the website)



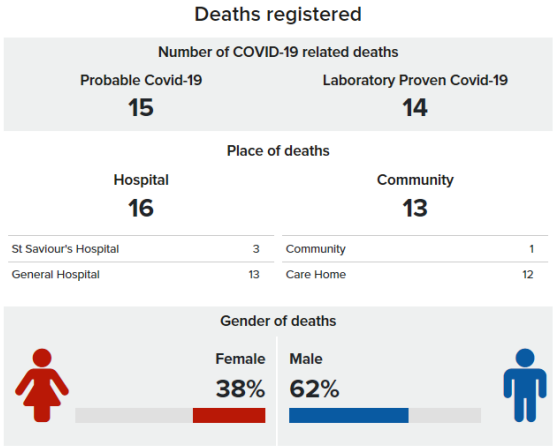
10.5.2 Demographic information

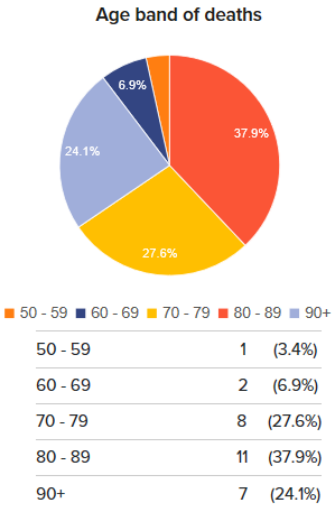
(example screenshot from the website)



10.5.3 Registered death details

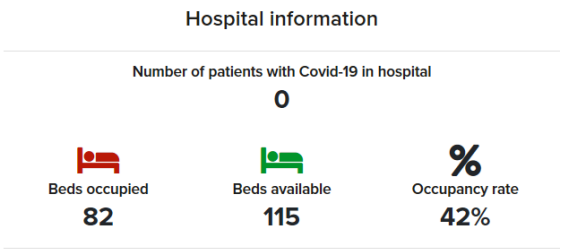
(example screenshot from the website)





10.5.4 Hospital information

(example screenshot from the website)



10.5.5 Additional published monitoring information

Further information used to monitor and understand the spread of the infection has been published and includes:

- Weekly updates showing the trend of new positive cases, number of help desk calls, number of hospital admissions and the doubling rate of new infections.
- Weekly death number comparison with previous years
- Statistical report on the reproduction number Rt
- COVID-19 Antibody Testing – population survey

Future monitoring metrics for publication will include:

- Report on screening programme for essential workers
- Phase 2 antibody testing programme
- Care Home positive cases and their outcomes
- Age bands of recovered cases
- Breakdowns of infection history of any new positive cases (eg. travel, existing previous positive case)

10.5.6 Sensitive monitoring information used by Environmental Health and the Scientific and Technical Advisory Cell (STAC)

Detailed information on each active case is reviewed and monitored by the Environmental Health Team, the Consultant for Communicable Disease Control and the Scientific and Technical Advisory Cell (STAC) to understand the source and risk associated with each case including their contacts.

10.7 COVID-19 PANDEMIC STRATEGY: ECONOMIC ANALYSIS

This Appendix presents a summary analysis of the impact of the public health measures introduced to date to counter the spread of COVID-19, provided by the Chief Economist.

The public health measures introduced in late March 2020 to interrupt the spread of COVID-19, providing time to make preparations across the health service, and to protect those most vulnerable to COVID-19 across the Island are commonly referred to as 'lockdown'. In this note the term lockdown is used loosely to cover periods when public health measures at various levels of intensity (e.g. Level 4) are in place. Lockdown measures to support public health naturally restrict the economic activity of firms and households.

10.7.1 Outline of economic impact of lockdown

These measures affect the operation of firms to produce and supply goods and services consumed in Jersey and exported abroad, they also affect the decisions of households to demand and consume goods and services produced in Jersey but also imported from abroad.

Firms operating in different industries or sectors of the Jersey economy are affected to a greater or lesser degree. For example, the hospitality service of food and drink was effectively completely shut down, with firms unable to undertake any typical activity with the exception of take-away food and drink, and more recently physically-distanced outdoor seated food service. Non-essential retail was also required to close during Level 4 of the Safe Exit Framework. Other sectors that rely less on social consumption by households, or supply essential goods and services such as food retailing and dispensing chemists, are less affected and may even see increased demand and sales through lockdown.

In addition to the restrictions on businesses, there have also been restrictions on the movement of individuals. At Level 4 of the Safe Exit Framework this included limiting trips outside the home to essential activities only – and for a maximum of two hours per day (later increased to 4 hours and then 6 hours). This significantly impacted demand for those sectors that were able to continue operating.

Many sectors focus not on producing goods and services for sale to households but business-to-business activities, such as construction firms contracted in property development, the financial services industry that exports financial services globally, and professional services including consultancy, accounting and legal advice. The activities of these firms during lockdown depend more on demand from other firms and also their ability to continue to produce goods and services while still complying with restrictions (e.g. through staff working from home).

10.7.2 Evidence from the UK

Timely data on the economic activity of firms in Jersey is not available to consider the effects of lockdown, but we can also draw on surveys and analysis in other countries to help inform the assessment in Jersey. In the UK the Office for National Statistics has launched the Business Impact of COVID-19 Survey (BICS). The BICS is a new voluntary fortnightly business survey that captures the response of firms on how their turnover, workforce prices, trade and business resilience have been affected in the two-week reference period. Selected results are set out in Table 1 (see the end of the chapter).

The survey shows that in the UK lockdown has affected sectors very unequally. In Accommodation and Food Service Activities only 22% of firms continue trading with the rest having paused trading or temporarily closing. By contrast 96% of firms in Professional, Scientific and Technical Activities continue to trade, probably supported by the high proportion of 77% of the staff within these firms who are working remotely. But while firms in this sector continue to trade and employ most staff, with only 20% on 'furlough', they are still reporting significant declines in turnover with 21% reporting falls of 20% or more.

While Jersey is different from the UK and the public health measures will also impact the population and economy differently, these observations help inform a judgement on the likely impact on similar industries in Jersey. Notably Accommodation and Food Service Activities in the UK is the same sector as Hotels, Restaurants and Bars in Jersey. The Wholesale and Retail Trade faces similar challenges in both economies and probably similar consequences, albeit the UK retail sector has a much larger online presence. Construction is a sector that accounts for a much larger share of the economy in Jersey, and could be affected to a greater extent by restrictions, with a large number of staff unable to work remotely though permits have been issued to allow some construction activity to continue.

An importance difference between the UK and Jersey economies is the financial services sector (i.e. financial and legal activities) that is much larger in Jersey, and accounts for roughly 20% of employment and 40% of the economy or Gross Value Added (GVA). UK financial services on a comparable basis account for roughly 6% of employment, and the BICS survey does not cover this sector. The sector in the BICS survey that is most similar to financial services is probably Professional, Scientific and Technical Activities that includes business services such as legal and accounting activities along with activities of head offices and management consultancy.

The evidence from the BICS survey suggests that nearly all firms in this sector continue to trade (97%) and with most staff able to work remotely – only staff in the Information and Communication sector have a higher proportion of remote working – and a low proportion of staff on furlough. This evidence would support the judgement that financial services in Jersey are affected less by restrictions on economic activity than other sectors.

In the UK only a small proportion of businesses in UK Professional, Scientific and Technical Activities report falls in turnover greater than 50%, and roughly 70% of firms report falls in turnover of less than 20%. Unlike this sector in the UK financial services in Jersey is less dependent on demand from sectors that are significantly affected by lockdown. This means it is reasonable to assume that the fall in turnover and GVA in financial services in Jersey through lockdown is relatively small.

There is a much wider body of evidence in the UK for the economic effects of lockdown that includes more timely and comprehensive official statistics, long-running surveys by trade bodies e.g. the Confederation of British Industry and also statistics produced by the private sector e.g. expenditure on credit cards and also vacancy data. The economic analysis presented here focuses on the BICs survey as it is very relevant for estimating economic impacts in Jersey.

10.7.3 Evidence from Jersey

Economic statistics on output and employment by industry sector are only available with a considerable lag. For example, estimates of GVA for 2019 will be available in October 2020, and the latest estimates of employment only cover the period December 2019 which is still before the impact of the COVID-19 global pandemic on the Jersey economy. Statistics Jersey have responded quickly in recognition that owing to the COVID-19 pandemic it is important for key economic information to be available in a timely manner, to inform decision makers, businesses and members of the public. So Statistics Jersey are now publishing weekly economic indicators that include claims for Actively Seeking Work and Income Support, along with statistics on the Co-Funded Payroll Scheme (CFPS) and the Business Disruption Loan Guarantee scheme.

There are also surveys in the private sector that can help inform economic analysis. Notably, Grant Thornton in association with the Jersey Chamber of Commerce have conducted a survey to identify the true business impact of the outbreak of COVID-19 in Jersey. They sought to identify how businesses have adapted in the face of the crisis, what they have learnt from these new approaches and which they may even maintain post crisis. The survey was published on 18 May and so would cover the period including restrictions on economic activity. Key results include that, of those surveyed, 50% believe their turnover has reduced by more than 50%. Officials within government also make extensive use of liaison with key bodies outside of government, including Jersey Business and the Jersey Chamber of Commerce to inform their economic analysis.

Statistics Jersey also produce the Business Tendency Survey (BTS). The BTS was launched in September 2009 to provide qualitative information about the Island's economy in a timely manner. It includes eight questions split between 6 current indicators that include the level of business activity/output and 2 future indicators on business activity and employment.

The latest BTS was conducted over the whole month of March 2020, during which a number of developments relating to the COVID-19 pandemic manifested. Comparing survey returns made by firms earlier and later in the month show there were large differences in some indicators. For example, returns before and after the WHO declared COVID-19 a pandemic report a balance for 'future business activity' of -12 and -46 respectively. For the month overall, there were significant differences between the finance sector and the non-finance sector. The business activity indicator for finance was unchanged from December 2019 while that for non-finance fell very sharply to its lowest balance since 2013. Moreover, within non-finance, the results were significantly more negative for Hotels, Restaurants and Bars. The next BTS that covers the period June 2020 will be invaluable to inform further economic analysis of the impact of lockdown on the Jersey economy.

10.7.4 Estimates of economic impact

The framework for compiling economic statistics uses GVA as the key measure for monetary measures of economic activity. A simple example to explain this measure is that firms sell goods and services the value of which is recorded by turnover or sales, the value of purchases or the inputs required to produce these goods and services for sale – more formally intermediate consumption as compared with final consumption – is deducted to define Gross Value Added (GVA) as the value of outputs less the value of inputs consumed in producing the finished product. Out of GVA firms pay labour i.e. the compensation of employees that includes not only wages but also employer contributions such as social security and pension contributions; and the remainder is the Gross Operating Surplus of firms that is broadly equal in concept to the company accounting measure of profits. As a simplifying assumption it is legitimate to assume that GVA is proportional to turnover in the short term, indeed this is the assumption used in the UK to produce monthly estimates of GVA[18].

In making estimates of the impact of lockdown on the Jersey economy, estimates of GVA by broad sector are available for 2018, forecasts for 2019 by sector are made using the economic assumptions produced by the Fiscal Policy Panel. Using the economic evidence outlined above, including survey evidence on falls in turnover, an assumption can be made for each sector of the fall in GVA (i.e. broadly wages and salaries plus profits in each sector as an estimate of the economic value 'lost' due to restrictions on economic activity). For example, it is assumed that turnover and hence GVA for Hotels, Restaurants and Bars under lockdown is only 10% of the value forecast for 2019. By contrast GVA in the Financial Services sector in aggregate falls by only 8%, with a fall of 25% in legal activities, accounting

[18] The terms GVA and Gross Domestic Product (GDP) are sometimes used interchangeably though formally GDP equals GVA plus net taxes less subsidies on products. Both are key measures of the size of the economy.

& compliance but only 5% in banking, trusts, fund administration and management. These assumptions and their impact on the Jersey economy are set out in Table 2.

Under a reasonable range of assumptions the impact of lockdown could reduce GVA in the Jersey economy by more than £100m a month. The estimate is sensitive to the estimated 'detriment' in financial services: every 5% point fall would reduce GVA by around £7m a month. A range of more pessimistic but plausible assumptions across a range of sectors could raise the impact to £120m.

While derived independently, the estimate for Jersey is of a similar size to estimates for the UK. For example, the Bank of England expect GDP to fall by around a quarter in Q2 in their May 2020 Monetary Policy Report published 7 May 2020; and the Office for Budget Responsibility (OBR) forecast a sharper fall of 35% in Q2 in their Coronavirus reference scenario published 14 May 2020. These forecasts and estimates are made at a time of exceptional uncertainty for the economic outlook and assessment of the current conjuncture. The Jersey economy is different to that of the UK, but the economic analysis supports that the scale of the economic impact is a reasonable assessment. More generally the OECD has concluded that "*the initial direct impact of the shutdowns could be a decline in the level of output of between one-fifth to one-quarter in many economies"*, and "*The scale of the estimated decline in the level of output is such that it is equivalent to a decline in annual GDP growth of up to 2 percentage points for each month that strict containment measures continue*".

10.7.5 Travel restrictions

So far, to date, travel restrictions appear to have had relatively little direct impact on the financial services industry. Customers continue to be served and many businesses have increased their focus on clients and virtual client contact during this period with good results. Jersey's competitors are similarly constrained and there is little client expectation of travel. However, this position is unlikely to be maintained over the medium term.

Much of the industry, including funds, fiduciary services, and legal restructuring work, is more dependent upon business development and promotional activity. Some of this is through London intermediaries, and much requires travel globally. While technology can supplement travel, personal meetings with key clients and intermediaries will always have an important role. In practice there is often a lead time between starting business development and achieving new business flows, which can be several months. So while travel restrictions are likely to have had a relatively small impact on the financial services industry in the short term, the impact in the medium is likely to be much larger. The impact is likely to be larger still if Jersey's competitors have fewer restrictions, and could, in

addition, lead to some business being relocated as compared with solely impairing new business.

The hospitality sector comprising hotels, restaurants and bars had an estimated GVA of £220m in 2019 and accounts for 4.5% of the economy directly, and indirectly perhaps up to 8.7%. In June 2019, the hospitality sector supported 6,400 jobs or some 9.7% of the total. The sector also has an outsized indirect importance in sustaining island connectivity by boosting demand for flights, and in supporting the financial services sector by making the island an attractive place to live and work.

Spending by tourists and other travellers accounts for the vast majority of the gross revenue received by hotels and a large proportion of revenue for restaurants. Taken together, it is estimated that 77% of output in the hospitality sector was generated by visitors in 2015, with the remainder of output generated by local domestic use of facilities. Tourism spending also supported around 10% of all output in the transportation and communications sector (primarily land transport within Jersey) and almost 5% of all activity within the retail and wholesale sector.

Within visitor expenditure, leisure visitors account for around 70% of the total and business visits 10%, with remainder being visits to friends and family along with other reasons. Taken together the total value of visitors to the island in terms of direct GVA is then just under £195m a year (in 2019 GVA) or around £16m a month in these sectors alone, with the hospitality sector accounting for just under £169m each year. Travel restrictions would therefore have a very significant impact on air and sea transport serving the island.

Table 1: Selected results from Business Impact of COVID-19 Survey (BICS) results, UK for the period 20 April to 3 May 2020.

	Trading status		Turnover decline		Working arrangements[4]			Staff status[5]	
	Continue	Paused[3]	20%+	50%+	Work	Remote	Other	Furlough[6]	Normal
Manufacturing	86%	14%	47%	24%	54%	25%	21%	27%	68%
Water Supply, Sewerage, Waste Mgt[1]	97%	3%	50%	18%	55%	25%	19%	23%	70%
Construction	78%	22%	69%	43%	34%	33%	34%	46%	49%
Wholesale & Retail Trade[2]	80%	20%	57%	37%	40%	33%	27%	37%	59%
Transportation And Storage	95%	5%	58%	25%	56%	20%	24%	32%	64%
Accommodation And Food Service Activities	22%	78%	73%	62%	37%	13%	50%	60%	34%
Information And Communication	95%	5%	25%	7%	8%	87%	5%	12%	84%
Real Estate Activities	93%	6%	55%	36%	12%	68%	20%	33%	61%
Professional, Scientific And Technical Activities	96%	3%	31%	10%	13%	77%	10%	20%	75%
Administrative And Support Service Activities	93%	7%	57%	28%	36%	39%	26%	36%	57%
Education	89%	10%	26%	11%	11%	77%	12%	16%	77%
Human Health And Social Work Activities	95%	4%	27%	9%	62%	28%	10%	9%	82%
Arts, Entertainment And Recreation	20%	80%	59%	43%	14%	45%	41%	48%	46%
All Industries	79%	20%	47%	25%	35%	44%	21%	29%	66%

1. Includes Remediation Acrivities.
2. Includes Repair of Motor Vehicles and Motorcycles.
3. Business has temporarily closed or temporarily paused trading.
4. Working at their normal place of work ; Working remotely instead of their place of work ; Other.
5. For businesses continuing to trade.
6. On furlough leave (Under the terms of the UK Government's Coronavirus Job Retention Scheme) ; Working as normal.

Note: Based on results from around 33.5% (6,196) of all businesses surveyed who responded ; results are unweighted by turnover, size or industry

Source: Business Impact of COVID-19 Survey (BICS) results

Table 2: Illustrative estimates of Jersey GVA under lockdown by sector with assumptions over detriment

	2018 data	2019 forecast	Lockdown GVA in 2019 terms Output	£m	detriment	£m, Month
GVA by sector:						
Agriculture and fishing	47	49	90%	44	-10%	-0.4
Construction and quarrying	340	352	25%	88	-75%	-22.0
Education, health and other services	265	275	50%	138	-50%	-11.5
Hotels, restaurants and bars	213	220	10%	22	-90%	-16.5
Information and communication	122	126	85%	107	-15%	-1.6
Manufacturing	41	42	90%	38	-10%	-0.4
Miscellaneous business activities	233	242	35%	85	-65%	-13.1
Transport and storage	92	96	50%	48	-50%	-4.0
Utilities and waste	86	89	90%	80	-10%	-0.7
Wholesale and retail	304	314	35%	110	-65%	-17.0
Financial Services:	1,844	1,889	92%	1,733	-8%	-13.0
Banking, trusts, fund admin. & managament etc.	1,544	1,582	95%	1,503	-5%	-6.6
Legal activities, accounting & compliance	300	307	75%	230	-25%	-6.4
Public Sector	409	426	100%	426	0%	0.0
Rental income of private households	710	771	100%	771	0%	0.0
All Sectors	4,707	4,892	75%	3,690	-25%	-100.2

Agriculture and fishing	Fishing strongly affected; agriculture less affected
Construction and quarrying	Many activties consistent with social distancing continue
Education, health and other services	Education restricted; Residential care, Medical and dental practice, Hospital activities continue
Hotels, restaurants and bars	Largely only takeaway services continue
Information and communication	Remote working supports sector
Manufacturing	Manufacturing can continue with reduced output and shifts
Miscellaneous business activities	Many support activities such as cleaning strongly affected ; demand for others weaker
Transport and storage	Little air transport, restricted sea transport ; freight transport, warehousing, post & courier continue
Utilities and waste	Largely continue to operate unaffected
Wholesale and retail	Wholes and retail of food unchanged along with chemists; other retailing highly restricted
Financial Services	Legal activities affected more than other FS activities with good demand
Public Sector	Largely continues to operate with remote working and higher demand
Rental income of private households	Rents actual and imputed for owner-occupiers unchanged

10.8 SUMMARY SYNTHESIS OF THE WIDER IMPACTS OF COVID-19 AND RELATED PUBLIC HEALTH MEASURES

This Appendix presents a summary analysis of the wider impacts of COVID-19 and the associated public health measures that have been introduced to date to counter its spread. Evidence gathering on these wider impacts is ongoing, and alongside evidence on COVID-19 itself will continue to inform Government decision-making.

To avoid health harms to the population (and deaths) that would occur with rapid and widespread transmission of COVID-19 in Jersey, a range of exceptional public health measures have been taken, known collectively as 'lockdown'. These measures were successful in halting an aggressive increase in daily COVID-19 cases and averted the significant damage that widespread illness and an over-run health service could have inflicted.

Steps taken include: travel restrictions; school closures; physical distancing; business closures; stay at home orders and shielding of vulnerable people. Each of these measures, whilst successful in preventing and slowing the transmission of the virus, will also have a wider health and wellbeing impact on the population in the short, medium and long term.

This summary provides an overview of the potential negative impacts (and identifies some of the inadvertent benefits) of the lockdown measures, and demonstrates how these effects are interconnected through intricate pathways. It brings together local data sources and emerging international research to aid interpretation of the 'trade-offs' between success in slowing the spread of the virus and any potential harmful consequences of these decisions on Islanders' health and wellbeing, as individuals and as a community.

Consideration of the wider impacts of public health measures is critical to all decision-making throughout the pandemic and can also support strategic recovery planning for the years ahead.

10.8.1 Overview of wider effects of COVID-19 public health measures

The impact of the pandemic and related public health measures on people's lives is expected to be wide-ranging, in both the short and longer term. Beyond the immediate impacts on health, jobs and incomes, the pandemic (and measures taken to prevent its transmission) is increasing people's anxiety and worry, affecting their social relations, their trust in other people and in institutions, their personal security and sense of belonging.

Short-term effects such as job losses, missed education and reduced physical activity are likely to have a longer-term impact on health and wellbeing outcomes society as a whole too, and drawing on research from previous economic shocks, it is anticipated that the most disadvantaged are likely to experience the greatest impact, potentially widening pre-existing socio-economic divides.

An illustration of some of the anticipated effects are highlighted in table 1 (below), these effects are grouped using the dimensions of the Jersey Performance Framework (JPF).

Wellbeing dimension	Summary of potential effects
	COMMUNITY
Children	• Disruption to education, particularly for young people at critical transitions • Increased harm for at-risk young people not in school (abuse, exposure to parents smoking and misusing substances, lack of access to healthy eating programmes in school) • Decrease in young people taking up opportunity of further education • Widen inequalities though longer-term reliance on home schooling • Higher absenteeism once schools reopen
Health and wellbeing	• Potential for increase in substance abuse, online gambling and rise in unintended pregnancies • Decrease in overall activity levels • Unwillingness to contact or attend healthcare appointments for existing or undiagnosed conditions • Impact on preventative health initiatives including screening, smoking and alcohol cessation and immunisation programmes • High levels of fear and anxiety • Increased suicide attempts
Safety and security	• Increased levels of domestic abuse • Potential for unrest and non-compliance with measures

Vibrant and inclusive community	• Lack of social contact, particularly for people who live alone and have less access to digital connectivity – increased social isolation • Difficulty accessing food and other supplies • Increased volunteering levels • Increased use of digital technology by older adults for social connections • Greater overall sense of community cohesion and connectedness • Potential decrease in political engagement
ECONOMY	
Jobs and growth	• Income losses for those unable to work • Longer term increase in unemployment if businesses fail • Increased long-term opportunities for tele-working [remote working] • More flexible working options available
Affordable living	• Inability to move home, where relationships have ended or change in needs/circumstances • Long-term impact on affordability on both rented and owner-occupied accommodation
ENVIRONMENT	
Natural environment	• Longer-term reluctance to use public transport • Reductions in traffic, noise and air pollution and carbon emissions • Increase in outdoor exercise

Table (i). Summary of wider effects of public health measures

10.8.2 Pathways for wider effects on population-level health and wellbeing

Figure (i) provides an overview of the potential complexities and interrelationships of these effects on health and wellbeing in the short and longer-term. Ultimately, all these risks have the potential to indirectly contribute towards morbidity and mortality. For example, public health measures could result in loss of income for a household in a number of ways – workplace closures, inability to work from home, burden of childcare due to school closures or inability to attend work due to self-isolation requirements. This resulting loss of income may result in debt and housing vulnerability, increased depression, stress or anxiety, creating a potential trigger for substance abuse or domestic abuse.

Another illustration of the complexity of the pathways of effects could be a reduction in physical activity, owing to home-working instead of cycling to work. This reduction in physical activity could exacerbate a pre-existing condition, such as diabetes. An unwillingness or inability to access timely medical care could create a negative health-impact, which in turn could result in an inability to work, or have a negative impact on mental health.

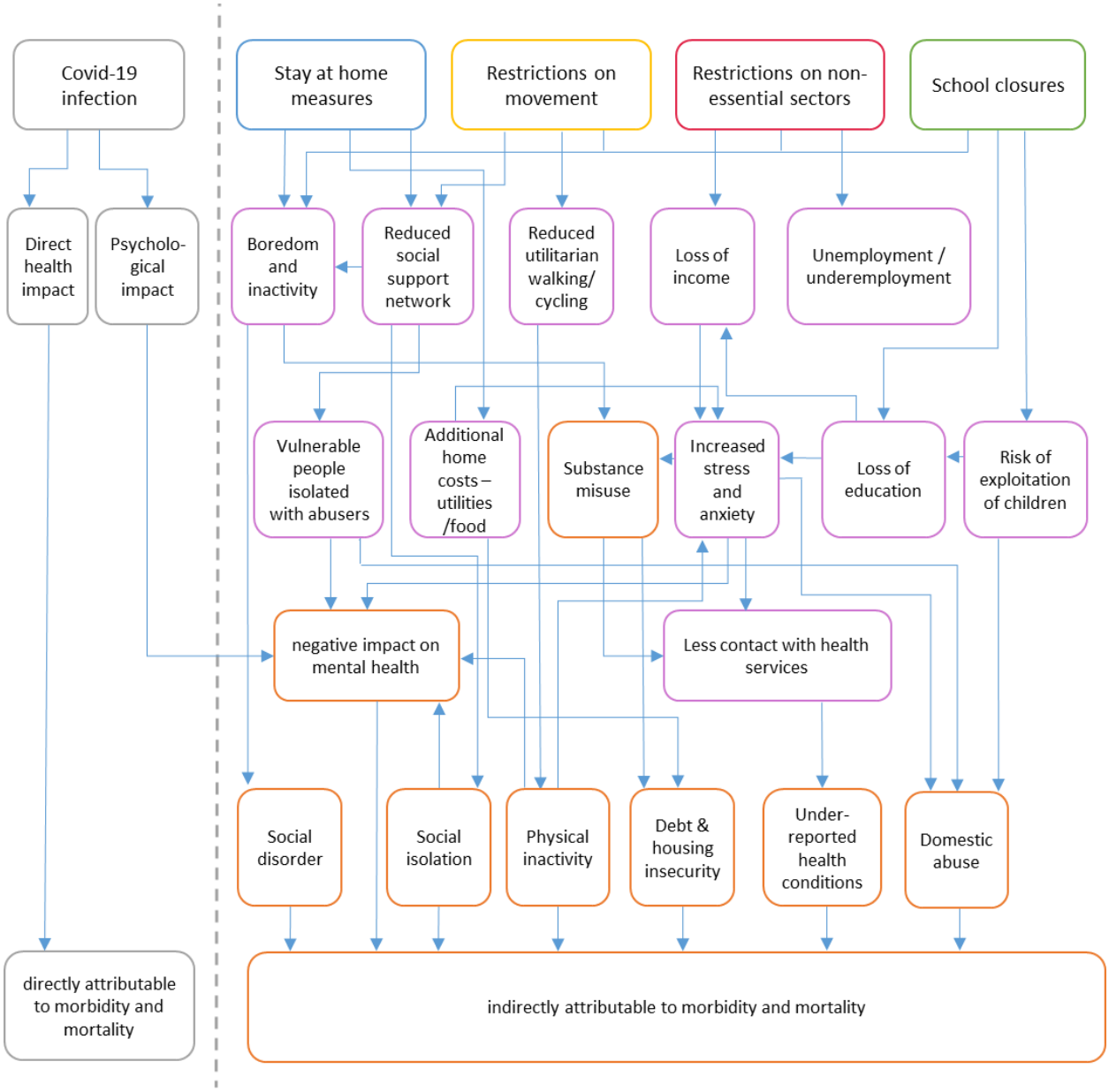


Figure (i) Example pathways for effects of public health measures on health and wellbeing

10.8.3 Overview of local data

A number of existing data sources are being used to understand the picture of the wider immediate effects of our public health measures on-island. This section provides an overview of the key data being collated, and latest data points across the dimensions of the Jersey Performance Framework.

Longer-term trends will be monitored via existing data collection methods, via the Jersey Performance Framework. As evidence continues to emerge, our understanding of, and response to, the wider effects of the pandemic will continue to be evaluated and will evolve as we begin to understand the longer-term implications in full.

Wellbeing dimension	Summary of collected data
COMMUNITY	
Children	• From 20th March to 20th May 2020 there were 74 referrals to Children's Service, compared with 210 for the same period in 2019, this is a reduction of 65% • From 20th March to 20th May 2020 SOJP recorded 284 Child Protection Notifications, compared with 410 for the same period in 2019, a reduction of 31%. (Some Child Protection Notifications relate to open cases) • CAMHS patients in Robin Ward [For month of April 89% of total bed nights occupied by CAMHS patients on Robin Ward] <u>Children's Survey (28/05/20):</u> • 48% of children stated they were feeling worried • Approx. 2000 children experiencing anxiety and 1000 having safety concerns
Health and wellbeing	• An increasing number of patients on the waiting list for outpatient appointments and inpatient procedures • Attendance at Emergency Department and Urgent Treatment Centre [w/c 20/04/20 470 vs 708 w/c 02/03/20] • GP activity [estimated 15% drop in activity since introduction of PH measures] • Mental-Health related attendance at General Hospital [April 2020 – 33 vs. 76 in February 2020] • Attempted suicides [March-April 2020 – 5]
Safety and security	*SoJP Data 30/03/20 to 27/05/20* • Overall crime levels [decrease of 37%] • Domestic incident reports [Increase of 10%] • People detained to Police custody as a place of safety (due to Mental Health concerns) [increase of 150%] • COVID-related antisocial behaviour incidents [244]
Vibrant inclusive community	• Volunteers registered with volunteer.je [*27/04/20 to 23/05/20* -3,390]
ECONOMY	
Jobs and growth	• Registered as Actively Seeking Work [24/05/20 – 2.380 up 1,540 on previous year] • Claimants for GoJ co-funded payroll scheme [24/05/20 – 2,950 businesses, covering 14,490 employees]
Affordable living	*Period 27/04/20 to 23/05/20* • No. referrals to emergency housing [182] • No. cases referred to emergency housing due to threat of eviction [9]

	• Income support 6,550 claims 29/5 up from 5,610 at end of May 2019 – 17% increase
ENVIRONMENT	
Natural environment	• Vehicles passing through tunnel [week ending 24/05/20 – 141,730] • Total weekly bus passengers [week ending 24/05/20 – 14,750 vs. over 100,000 passenger journeys in the corresponding week of 2019]

Table (ii) Summary of data collected to identify trends and impact in wider public health measures

COMMUNITY

Children

Children's Services has seen a significant reduction in safeguarding activity and Child & Adolescent Mental Health Services (CAMHS) has reported a significant reduction in referrals. There is likely to be a number of factors at play, but schools in particular act as a protective factor for many children (where referrals are generated by concerned staff members).

The Safeguarding Partnership Board has also noted:

- There is an enhanced opportunity for online exploitation
- Increased risk of food poverty
- Worsening of health and medical conditions due to fear of attending ED, hospital and primary care appointments
- Missed opportunities for intervention with children on edge of care.

Other information needs further interrogation to be fully understood. For example, there has been a reduction in missing children incidents (March 2020 = 47, April 2020 = 20, May 2020 (to date) = 14). Similarly, SOJP report that the referrals to MASH have reduced. (March 19 – May 19: 300 referrals compared with 178 referrals March 20 – May 20).

The view and experiences of children and young people via the survey conducted by CYPES and the Children's Commissioner (sample size: 2105) afforded the following data:

- Almost half (48%) of children stated that they were feeling worried
- About one in three children expressed some sort of concern, such as anxiety, sadness, or safety concerns. Of these, anxiety was most common, affecting around 10% of primary children and 15-20% of older children
- Around 8% of children of any age mentioned safety concerns. Given Jersey's school population, the data experts say this equates to around 2,000 children experiencing anxiety and 1,000 having safety concerns.

Health and wellbeing

The COVID-19 preparedness actions taken by Health and Community Services (HCS)[19] and wider health and care system partners has impacted significantly on core and routine health and care service provision. High level impacts include:

- An increasing number of patients on the waiting list for outpatient appointments and inpatient procedures
- Decrease in child and adult safeguarding referrals throughout the period of preparedness
- Screening programmes have been interrupted e.g. diabetic retinopathy. This could potentially lead to adverse outcomes such as loss of sight
- Until 1st June, dental treatment stopped with the exception of basic urgent treatment such as extractions
- A number of failed suicide attempts linked to the economic impact of COVID-19
- Some evidence that patients (adults and children) are not attending the hospital for urgent care.

HCS is concerned that negative mental health effects due to social isolation may be particularly pronounced among older adults and households with adolescents, as we know these groups are already at risk of depression or suicidal ideation. Research demonstrates that job loss is associated with increased depression, anxiety, distress, and low self-esteem and this may lead to higher rates of substance use disorder and suicide. Mental Health services report that people who have lost income or employment are reporting negative mental health impacts from worry or stress over coronavirus.

Referrals to CAMHS have significantly reduced during April as a direct result of COVID19.

There are increasing risks to vulnerable persons as a result of COVID-19. There are particular risks relating to the elderly, frail, housing challenges, mental health and those with low income.

SOJP are reporting an increase in the number of welfare calls from 250 in 2019, compared with 350 in 2020 for the same period. Adult Protection Notices have increased, with a growing concern for vulnerable persons (140 cases 2019 v 175 cases 2020 for the same period), and the number of people detained in Police custody due to a concern for their mental health has increased by 150%, during the period 30th March – 27th May 2020.

Safety and security

During the period 30th March – 27th May 2020, SOJP report that overall crime has decreased by 37%, reported domestic incidents have increased by 10%, reports raising concerns for adults have increased by 19%, whilst reports raising concerns for children have decreased by 24%. The reduction in the reports raising concerns for children is a cause of concern to SoJP and CAMHS.

Vibrant and inclusive community

[19] Health & Community Services, Post COVID-19 Health Care Review and Recovery Planning, May 2020

The Community Task Force report an increase in the numbers of volunteers registered with them increasing from approximately 2,600 on 1st April 2020 to approximately 3,200 on 9th May.

ECONOMY

Jobs and growth

This paper highlights some of the connections between the economic impact of the pandemic, and its effects on individuals' health and wellbeing. More detailed economic analysis can be found in Appendix 5 'The COVID-19 Pandemic Strategy: Economic Analysis' which estimates that the impact of lockdown could reduce GVA in the Jersey economy by £100 million – 120 million per month.

On 24th May 2020 the total number of people registered as Actively Seeking Work was 2,380; this total is 50 higher than a week earlier and 1,540 higher than at the end of the comparable week a year earlier.[20]

Affordability

The number of individuals/families referred to Emergency Housing at the week ending 27th March was in single digits. This has steadily increased throughout the lockdown period to a figure of just over 140 in the week ending 8th May 2020. During the same period the number of food parcels distributed has increased from 98 (to 50 households) to 571 (to 262 households).

ENVIRONMENT

Vehicle movements

In the first week of lockdown, vehicles passing through the tunnel had fallen to 79,100, compared to 116,340 a week earlier. In the week ending 24 May there were 141,730 movements.

10.8.4 Developing further data sources

Over the coming weeks, further evidence will be collected and become available to help inform decision-making. A number of newly commissioned research studies are being undertaken to understand and measure effects that are unique to these unprecedented circumstances. These include:

- Research into the use of outdoor natural spaces (Government of Jersey)
- A statistical snapshot of Islanders' wellbeing, attitudes and behaviours during the public health restrictions (Statistics Jersey).

[20] https://www.gov.je/News/2020/Pages/Weekly-economic-indicators-published-29-May.aspx

Outputs from local research agencies are also being monitored. This includes Island Global Research's series of surveys tracking the impact of COVID-19 on people living in Jersey, Guernsey and the Isle of Man and 4insight's online community IMPACT research gauging young Islanders' experiences.

10.8.5 International research on wider impacts

To complement the local data set, evidence from international studies and research can also help to build a picture of potential longer-term health and wellbeing impacts. Key findings are outlined below, again framed by the Jersey Performance Framework sustainable wellbeing indicators. There are of course differences between Jersey society and the UK and other jurisdictions presented in research, and so the evidence below should be considered carefully.

COMMUNITY

Children

School closures and/or protracted non-attendance are likely to have the greatest impact on children from disadvantaged families. Previous studies show that they typically lose one month of learning during the summer break, compared to their peers[21]. During early years, we know that parental involvement is critical. And whilst parental engagement has a positive effect on a child's academic attainment – regardless of age or socio-economic status, it is likely that public health measures will have a greater impact on disadvantaged families who are less able to give the necessary time to their young children.[22]

An OECD report on combatting COVID-19's effect on children highlights that the impact of school closures goes beyond a loss of education, particularly for those from low-income backgrounds:

> "*During COVID-19 poor nutrition* [through lack of access to free school meals programmes] *is paired with home confinement and lower levels of physical activity. This may, increase the risk of weight gain for some children outside of that found during the summer months when out of school*"[23]

The report also notes that children with separated parents are more at risk from negative impacts, due to heightened vulnerability in terms of increased family stress, greater vulnerability if a parent becomes sick, 'weak supervision' if parents are required to work

[21] Alexander, K., D. Entwisle and L. Olson (2007), "Lasting Consequences of the Summer Learning Gap", *American Sociological Review*, Vol. 72/2, pp. 167-180, http://dx.doi.org/10.1177/000312240707200202.

[22] https://educationendowmentfoundation.org.uk/public/files/Publications/ParentalEngagement/Parental_Engagement_-_Evidence_from_Research_and_Practice.pdf

[23] http://www.oecd.org/coronavirus/policy-responses/combatting-COVID-19-s-effect-on-children-2e1f3b2f/

without access to childcare; and those in a shared custody arrangement, may experience disruption to routine and increased parental conflict.

Consequences of 'lockdown' measures can also act as a catalyst for an increase in child maltreatment (overcrowded housing, social isolation, intimate partner violence and parental substance abuse). It is anticipated that,

> *"...among families who were already struggling, COVID-19 will create greater need for support. In addition, families who were coping well enough in usual circumstances might now also need support"*[24]

Whilst digital access can mitigate against certain impacts of school closures and stay at home measures, such as social isolation and loss of education, increased access to the internet also increases risk of exposure to unsuitable content and sexual exploitation, as highlighted by the National Crime Agency[25].

The stress and uncertainty associated with 'lockdown' measures may have significant negative effects on children's mental health. In a poll by UK charity 'Young Minds' of under-25 year olds with existing mental health problems, 83% of respondents reported that the pandemic had worsened their mental health.[26]

Health and wellbeing

Stay at home measures are likely to have a psychological impact on large numbers of the population.

An Ipsos MORI survey conducted in the UK, *'How is COVID-19 impacting people?'*[27], published 27th May 2020, indicates a number of changed behaviours, which may persist beyond the lifting of lockdown measures, interrelated to mental health and wellbeing. It concludes that Britons are most likely to be experiencing anxiety under lockdown than other health concerns.

- Almost 3 in 10 (28%) say they are suffering from anxiety under lockdown, more than the global average of 24%. This increases to a third of women (34%), while only 21% of men cite its impact.
- Other health concerns include over-eating and under-exercising, of which a quarter of Britons are struggling with (both 25%). Women are again most likely to be experiencing this, 31% are over-eating and 28% are under-exercising. Among men, only 19% are eating too much while 22% aren't doing enough exercising. Only 4% of Britons say they are under-eating while in lockdown and 3% say they are over-exercising.

[24] OECD, ibid.
[25] https://www.nationalcrimeagency.gov.uk/news/onlinesafetyathome
[26] https://youngminds.org.uk/about-us/reports/coronavirus-impact-on-young-people-with-mental-health-needs/
[27] https://www.ipsos.com/ipsos-mori/en-uk/anxiety-most-common-health-concern-among-britons-under-coronavirus-lockdown

- 16% of Britons are experiencing insomnia and depression while in lockdown due to the coronavirus outbreak.
- Of the 16 countries surveyed, Britain (and Canada) have seen the highest increase in alcohol consumption. Over 1 in 10 (13%) say their consumption of alcoholic beverages has increased, globally, only 8% say the same. Only 4% of Britons say they have seen a decrease in how much alcohol they have consumes while in lockdown compared to 6% globally.
- However, Britons are among the least likely to have increased smoking. Only 7% say they are smoking more, compared to 9% globally. Only Japan and France have seen a smaller uptake (5% and 6% respectively).

Safety and security

Whilst levels of domestic abuse and intimate partner violence are showing an increase during the phase of lockdown, the relationship between domestic violence and attributing factors (including substance misuse and mental health problems), could mean that increased levels persist beyond the imposition of restrictive measures.[28]

Vibrant and inclusive community

Short-term indicators show a mixed picture of increased social isolation alongside an increased sense of community and volunteering; however as outlined by a recent World Economic Forum report, over the longer-term there is a real risk of increasing inequality and social deprivation.[29]

ECONOMY

Jobs and growth

The OECD has concluded that:

> "*The initial direct impact of the shutdowns could be a decline in the level of output of between one-fifth to one-quarter in many economies"*, and "*The scale of the estimated decline in the level of output is such that it is equivalent to a decline in annual GDP growth of up to 2 percentage points for each month that strict containment measures continue*" [30]

Local data is revealing the economic impact of reduced employment levels. However, the impact of job losses on the individual goes beyond financial difficulties. Over the longer term, unemployment has a large negative impact on physical and mental health.[31] Including meta-analysis reporting a 76% increase in all-cause mortality in people followed for up to 10 years after becoming unemployed.[32]

ENVIRONMENT

[28] https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002995
[29] http://www3.weforum.org/docs/WEF_COVID_19_Risks_Outlook_Special_Edition_Pages.pdf
[30] http://www.oecd.org/coronavirus/policy-responses/evaluating-the-initial-impact-of-COVID-19-containment-measures-on-economic-activity-b1f6b68b/
[31] https://www.sciencedirect.com/science/article/abs/pii/S0001879109000037?via%3Dihub
[32] https://www.bmj.com/content/369/bmj.m1557

Natural environment

The OECD highlights the number of lives that have been cut short in recent years, calculating that air pollution caused more than 3 million premature deaths in 2010 alone, with elderly people and children the most affected.[33] Lockdown in large parts of China and northern Italy rapidly resulted in reductions in air pollution, which is likely to prove beneficial to people with respiratory problems and asthma.[34] Longer-term public health measures and behavioural change could extend this benefit and potentially reduce the number of premature deaths and economic consequences associated with air pollution.

10.8.6 Further evidence collection

Internationally, countries' responses to COVID-19 and its effects are able to continually improve as research continues at pace and new evidence becomes available. Similar to the leaps in knowledge around the virus and its transmission over recent weeks, evidence of the wider effects on our society continues to grow and will do so over the long-term.

Research into the short and long-term effects of the pandemic, and the associated public health measures, is being monitored and will continue to be fed into decision-making. People severely vulnerable to COVID-19 may continue to shield for months whilst restrictions are relaxed for others in the community. Evidence suggests that the quarantine is associated with negative psychological effects, including for some long-lasting post-traumatic stress symptoms.[35] A key area of focus going forward is to ensure support for people shielding from COVID-19 is fully informed as further evidence on both potential harms – and effective mitigations - develops.

Key sources

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https://www.gov.je/SiteCollectionDocuments/Education/ID%20Jersey%20Children%20and%20Young%20People%20COVID-19%20Survey%20Results%2027032020.pdf

Statistics Jersey, Weekly economic indicators
https://www.gov.je/News/2020/Pages/Weekly-economic-indicators-published-29-May.aspx

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https://www.ipsos.com/ipsos-mori/en-uk/anxiety-most-common-health-concern-among-britons-under-coronavirus-lockdown

OECD - *COVID-19 Protecting People and Societies*
http://www.oecd.org/coronavirus/policy-responses/COVID-19-protecting-people-and-societies-e5c9de1a/#section-d1e778

OECD- *Combatting COVID-19's effect on children*

[33] https://www.oecd.org/env/air-pollution-to-cause-6-9-million-premature-deaths-and-cost-1-gdp-by-2060.htm
[34] https://www.esa.int/Applications/Observing_the_Earth/Copernicus/Sentinel-5P/Air_pollution_remains_low_as_Europeans_stay_at_home
[35] S.Brooks, R.Webster,L Smith, et al: 2020: The psychological impact of quarantine and how to reduce it: rapid review of the evidence: The Lancet 395: pp912-20 n

http://www.oecd.org/coronavirus/policy-responses/combatting-COVID-19-s-effect-on-children-2e1f3b2f/

BMJ - *Mitigating the wider health effects of COVID-19 pandemic response*
https://www.bmj.com/content/369/bmj.m1557

YOUNG MINDS -*Coronavirus: Impact on young people with mental health needs*
https://youngminds.org.uk/about-us/reports/coronavirus-impact-on-young-people-with-mental-health-needs/

EDUCATION ENDOWMENT FOUNDATION - How Can Schools Support Parents' Engagement in their Children's Learning? Evidence from Research and Practice
https://educationendowmentfoundation.org.uk/public/files/Publications/ParentalEngagement/Parental_Engagement_-_Evidence_from_Research_and_Practice.pdf

JOURNAL OF VOCATIONAL HEALTH - *Unemployment impairs mental health: Meta-analyses*

KINGS COLLEGE LONDON – *Life under lockdown: Coronavirus in the UK*
https://www.kcl.ac.uk/policy-institute/assets/coronavirus-in-the-uk.pdf

THE LANCET*: The psychological impact of quarantine and how to reduce it: rapid review of the evidence*

WORLD ECONOMIC FORUM - *COVID-19 Risks Outlook A Preliminary Mapping and Its Implications*
http://www3.weforum.org/docs/WEF_COVID_19_Risks_Outlook_Special_Edition_Pages.pdf

Mental disorders and intimate partner violence perpetrated by men towards women: A Swedish population-based longitudinal study
https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002995

10.9 SAFE EXIT FRAMEWORK TABLE

At the time of publication of this strategy, the current Safe Exit Framework Table is based on evidence available up to 11 May 2020. It is due to be updated in advance of Level 2, following full review of the epidemiological conditions and developing information about the effectiveness of control measures in Jersey and overseas.

It can be found here:
https://www.gov.je/SiteCollectionDocuments/Government%20and%20administration/ID%20Safe%20Exit%20Framework.pdf