



**XIV
2020**

BILLET D'ÉTAT

WEDNESDAY, 17th JUNE 2020

THE BUSINESS OF THE MEETING

1. Policy & Resources Committee - Revive and Thrive: Our Recovery Strategy for Guernsey Together, P.2020/106
2. Committee *for* Home Affairs - Committee *for* Home Affairs Membership, P.2020/107

BILLET D'ÉTAT

TO THE MEMBERS OF THE STATES OF THE ISLAND OF GUERNSEY

I hereby give notice, pursuant to the provisions of Rule 2(4) of the Rules of Procedure of the States of Deliberation and their Committees, that at the Meeting of the States of Deliberation to be held via **MICROSOFT TEAMS LIVE**, on **WEDNESDAY**, the **17th June, 2020** the items listed in this Billet d'État are submitted for debate.

R. J. McMAHON
Bailiff and Presiding Officer

The Royal Court House
Guernsey

11th June, 2020

THE STATES OF DELIBERATION
of the
ISLAND OF GUERNSEY

POLICY & RESOURCES COMMITTEE

REVIVE AND THRIVE
OUR RECOVERY STRATEGY FOR GUERNSEY TOGETHER

The following Proposition is laid in accordance with Rule 17(9) of the Rules of Procedure of the States of Deliberation and their Committees.

States are asked to decide:-

Whether, after consideration of the policy letter “Revive and Thrive: Our Recovery Strategy for Guernsey Together” dated 10th June 2020, they are of the opinion:-

1. To agree “Revive and Thrive: Our Recovery Strategy for Guernsey Together” as the strategic framework governing the scope of future initiatives of the States of Deliberation and to agree that committees of the States shall discharge their functions in a manner which is consistent with, and intended to support and give effect to, the outcome established by the Recovery Strategy.
2. To direct the Policy & Resources Committee to consult further in preparing the Recovery Action Plans for the Recovery Strategy and report back to the States as soon as practicable.

The above Propositions have been submitted to Her Majesty's Procureur for advice on any legal or constitutional implications in accordance with Rule 4(1) of the Rules of Procedure of the States of Deliberation and their Committees.

THE STATES OF DELIBERATION
of the
ISLAND OF GUERNSEY

POLICY & RESOURCES COMMITTEE

REVIVE AND THRIVE
OUR RECOVERY STRATEGY FOR GUERNSEY TOGETHER

The Presiding Officer
States of Guernsey
Royal Court House
St Peter Port

10th June, 2020

Dear Sir

1 Executive summary

- 1.1 To meet the immediate and medium-term challenges posed by the impact of COVID-19 and its concomitant effect on the Island's economy and community, the States of Deliberation must act decisively and expediently. Balancing the best possible public health environment with the recovery of the economy and the community is the priority.
- 1.2 Appended to this policy letter are two critical documents to guide the States of Deliberation and the community through the easing of emergency measures and recovery: the 'Exit from Lockdown - A Framework for Lifting the COVID-19 Restrictions in the Bailiwick of Guernsey' published by the Committee *for* Health & Social Care; and 'Revive and Thrive: our recovery strategy for GuernseyTogether', published by the Policy & Resources Committee.
- 1.3 The States of Deliberation have resolved to debate the latest iteration of the 'Exit Framework' to be lodged by the Civil Contingencies Authority for the States' meeting on 19th August, 2020.
- 1.4 The Recovery Strategy sets the high-level strategic policy principles and has been laid in advance of returning to the States with more detailed plans. It aims to strike the right balance between aspiration and action, providing a framework to progress the development of component recovery action plans as set out in section 5 of the Strategy:

- The Sustainable Economy Plan
- The Health and Care Plan
- The Community Plan

- 1.5 It seeks to build a more sustainable economy, growing new sectors and whilst also addressing pressing social and environmental issues. It will deliver improved infrastructure through major investment, in turn supporting local industry. And it will look to improve our health, wellbeing and build on the strong sense of community already present and shown over the last few months.
- 1.6 It explains how the States will kick-start recovery with short term actions; and outlines the further work which must follow, including a commitment to engage with bodies external to government in the development of recovery action plans, highlighting that a decision on borrowing is absolutely key to the shape of the plans.
- 1.7 The Strategy has been developed at pace through a sub-committee of the Policy & Resources Committee that brought together the Presidents of each of the Principal Committees and of the States' Trading Supervisory Board to inform and support recovery (the COVID-19 Recovery Advisory Group). It has been developed for Guernsey but significant elements of it will apply to Alderney (because of the close relationship both fiscally and for public service delivery) or the Bailiwick as a whole.
- 1.8 Importantly, the Strategy is designed to guide the development and delivery of the recovery action plans for the medium-term, which will be in partnership between government, public service providers including the voluntary sector, employers, community bodies, and residents and families across the Island. Work streams will then be prioritised on the basis of best meeting the agreed objectives for delivery of recovery.
- 1.9 Engagement with stakeholders and prioritisation of resources will be co-ordinated by the Policy & Resources Committee, informed by the framework provided by the Recovery Strategy and supported by the work of the sub-committee.
- 1.10 The anticipated magnitude of the impact of the pandemic locally and internationally means that recovery will take years, not weeks and months. This requires a combination of short-term and medium-term measures designed to revive in 2021 and to thrive within three years. Recovery may take longer than three years to achieve but this time horizon provides a clear focus and will enable progress to be tested and future plans adjusted before designing any further phases.

1.11 It is important for the community to have confidence that the response to the crisis will be felt in the short-term. The Strategy therefore includes short-term economic actions, based on work streams already approved by the States of Deliberation, and which has been included to drive recovery in 2021 (the “revive” phase):

- Connectivity
- Digital
- Investment
- People and skills

1.12 These components of competitiveness have been prioritised for investment and will be critical for our economic recovery. In determining they should be the early, short term focus for action, no other prioritisation of government work has been undertaken.

1.13 The vision for our recovery is:

“We will work in partnership to recover our economic prosperity, build on our inclusive community values and capitalise on our many strengths to make Guernsey a safe haven based on sustaining health, wealth and community.”

1.14 We will know we have succeeded through achieving a single outcome together to revive the large majority of Guernsey’s economic activity in 2021 and exceed the previous growth path for the economy within three years which will allow our community to thrive.

2 Introduction and background

2.1 In March, 2020, emergency regulations¹ came into force in the Bailiwick of Guernsey to prevent the spread of the virus Severe Acute Respiratory Syndrome Coronavirus (SARS-CoV-2) (“**coronavirus**”). These have imposed restrictions on personal and business activities on-island in order to provide a proportionate balance between maintaining public health and seeking to limit the number of deaths in the community on the one hand, and maintaining personal liberties and economic activity on the other.

2.2 The States of Guernsey, at both political and operational levels, has had to prepare for, and respond to, rapidly-changing local and global events. This has come in the context of a global economic downturn as well as a global health crisis. Maintaining as far as possible the business-as-usual delivery of public

¹ Made by the Civil Contingencies Authority under Part 3 of the Civil Contingencies (Bailiwick of Guernsey) Law, 2012.

services through this period has been a significant challenge but one which has been met.

- 2.3 During the present public health emergency, it is appropriate and necessary that the States of Deliberation (or “**Assembly**”) give priority to those core functions of government which are critical to maintaining life, our community health and well-being, our critical infrastructure, and our economy.
- 2.4 As the immediate threat to public health is easing through the effective management of the coronavirus pandemic on-island, an Exit Framework from lockdown measures has been developed (section 5). The community is currently in Phase Four of a six-phased exit. Now resources must also be focused, for the short-term and medium-term, on addressing the social, economic and environmental consequences to the Island of the coronavirus pandemic and the unprecedented and necessary steps taken by the States of Deliberation to reduce its spread.
- 2.5 To meet these challenges, the States of Deliberation must act decisively and expediently. Balancing the best possible public health environment with the recovery of the community and the economy is the priority. However this is in the context of two of the major challenges posed by the current coronavirus pandemic: the medium term threat to public health from future COVID-19 outbreaks as restrictive measures are eased (the so-called “second wave”); and the ongoing support for individuals and businesses through a financial recovery phase for an undetermined period of time.
- 2.6 There is some way to go before the resumption of business-as-usual in the Island and travel to and off from it. Indeed, what was business-as-usual for the Island, and elsewhere, may never be the same again as businesses, individuals and the public service adapt to the post-pandemic reality.
- 2.7 The States of Deliberation are managing a faster progression out of lockdown than was anticipated when the Exit Framework was initially published on 5th May, 2020 and have robust public health measures in place to manage second wave infections. However a return to a lockdown state could very significantly worsen the currently forecast economic position.
- 2.8 Some jurisdictions have eased lockdown measures to be hit by further peaks; some have navigated the process successfully, balancing risk and phasing exit by working in partnership with the community. It is highly probable that further cases will develop as restrictions ease in the Island and particularly when border controls are relaxed.
- 2.9 Managing the consequences of the public health protections will be critical as the Bailiwick moves from pandemic crisis to recovery. The Policy & Resources

Committee is therefore proposing a single Recovery Strategy to take government, the community and businesses forward in an inclusive way, setting out a shared vision and overall approach to recovery (section 4).

- 2.10 Through the exercise of emergency powers, the States of Deliberation have been able to make essential decisions rapidly, which they have communicated promptly and with credibility to the public, businesses, and other organisations on and off-island. This has enabled government to build and maintain public trust at a time of significant uncertainty.
- 2.11 It is important that the States of Deliberation are able to maintain this momentum both to continue to manage the present situation and the recovery to follow.
- 2.12 It is critically important to minimise the cost of the outbreak to the community, and the economy, through co-ordinated recovery action plans guided by the Recovery Strategy and co-designed and delivered across government, business, the community and the third sector. This can build on the benefits of Guernsey being able to restart parts of its domestic economy at an earlier stage than other jurisdictions.
- 2.13 The Policy & Resources Committee recognises that whilst the exercise of emergency powers is necessary and proportionate to managing immediate threats and situations, it is not an appropriate means of governing beyond the short-term.
- 2.14 In normal circumstances, policy and legislation is developed in an iterative and collaborative process which can take months or years to conclude. Committees develop policy proposals, often in consultation with the public, business and other stakeholders. These proposals are then debated, and sometimes amended, by the Assembly, and if approved, any legislation required would be added to the legislative drafting schedule and subsequently laid before the Assembly for approval. At various stages of this process, there are opportunities for the established scrutiny functions to provide further challenge to government.
- 2.15 The more usual process for managing the development of overarching government strategy would therefore likely have taken too long for today's circumstances. The Policy & Resources Committee has in its place established a sub-committee to expedite discussion and take soundings before bringing the general policy approach to the Assembly as quickly as possible, on the understanding that the Committee will return with more detailed proposals.
- 2.16 In laying Propositions under Rule 17(9) of the Rules of Procedure of the States and their Committees, the Committee is also cognisant that it is leading on a

policy approach to revive the economy and lay the foundations for the community to thrive when the Assembly may bring forward the date of the General Election, which at the time of writing is scheduled for 16th June 2021.

3 Economic and Financial Landscape

- 3.1 Economic modelling based on several scenarios demonstrates that, without fiscal stimulus, the economic recovery could take up to a decade. Consequently, the restoration of Guernsey's public finances would also take a similar period as the global and local economy recovers.
- 3.2 Initial estimates suggest the impact on public revenues in 2020 could total £75m across almost all revenue streams. Although it is likely that much of this lost revenue will be restored in 2021 as activity resumes, receipts in 2021 could remain some £30m to £40m short of their 2019 level. If we do nothing that will translate into a fall in taxes received by the States and a gap in public finances of roughly £400m over that 10-year period.
- 3.3 This underlines the importance of adopting a recovery strategy designed to accelerate growth in the economy in a sustainable and resilient way. Should we not do so the States would be in a position where they would have to exhaust reserves or borrow (or both) simply to balance the books. This would inevitably lead to the need to radically cut public services and also likely result in higher taxes.
- 3.4 The economic aim of this strategy will be to develop and invest in initiatives which demonstrably improve the recovery curve and accelerate the return of jobs and wealth to our community.
- 3.5 The Strategy has at its core the ambition not just of restoring the majority of economic activity in 2021, but also promoting sufficient economic growth to exceed the previous growth path for the economy within three years. Achieving this ambition will require employers to be able to re-employ the majority of staff and have access to sufficient liquidity to invest in recovery. Our ambition is to consider fiscal stimulus - primarily around construction, financial and professional services and information and communication services – enabling growth rates to improve by an average of 1% per annum.
- 3.6 This scenario would see GVA exceed its previous growth path by 2023 and provide a cumulative increase in GVA of some £1.4bn between 2021 and 2030.
- 3.7 As well as exceeding the previously predicted GVA, stimulating the economy will improve States' revenues. If it is assumed that between 20% and 25% of additional GVA is translated to tax revenues, this represents an additional £280m to £360m of government revenues over the course of a decade. Such stimulus should also reduce unemployment levels, improve household income and reduce reliance on means-tested benefits.

- 3.8 The States of Deliberation have followed a prudent approach to public finances for generations which has put us in an excellent position entering this unprecedented period. We have strong reserves, along with a stable government and fiscally prudent approach, which has led to us retaining a strong AA- credit rating.
- 3.9 We entered this year in a strong financial position including a budget surplus, significant reserves and modest borrowing. However, unlike larger economies, Guernsey does not have its own central bank, so we do not have the option to initiate quantitative easing or increase the money supply in the economy in any meaningful way.
- 3.10 There is a strong case developing to invest in our recovery now. We could provide a fiscal stimulus to our economy that would help create jobs and opportunity as well as improving our environment and our infrastructure. We could cover the gap in public finances in the short term to allow our public services to continue to keep us safe and healthy.
- 3.11 When the Policy & Resources Committee returns to the Assembly with the detail of the recovery action plans, be that this Committee or its successor, it will necessarily have to test the appetite for managed risk by borrowing what the States of Deliberation can afford to service to invest, revive and thrive.

4 Recovery Strategy

- 4.1 The Recovery Strategy must give the community and business confidence that recovery is well-planned, building on the successful management and community trust in government following the COVID-19 outbreak. Planning our recovery presents us with opportunities: while the health, economic and social impacts of the pandemic are already of concern, this is also the opportunity to be ambitious and bold, to work collaboratively, and to plan to thrive.
- 4.2 The States of Deliberation will need checks and balances for strategic planning and decision-making. For this purpose the Recovery Strategy at Appendix 1 sets out a shared vision; establishes a clear outcome for focused action; identifies the critical component of competitiveness for the immediate attention of the Assembly; and sets the framework for the planning and delivery of the recovery action plans that will follow.
- 4.3 All strategic planning starts with an evaluation of the operational context. Data gathering has been in progress throughout the management of the coronavirus pandemic in the Bailiwick, when economic support strategies were quickly created and implemented by unprecedented expeditious action of committees and the public service. The States of Deliberation knows the cost of the support but has yet to be able to understand fully the impact of the outbreak.

- 4.4 Having established the COVID-19 Recovery Advisory Group (CRAG) as a sub-committee bringing together the Presidents of the Principal Committees and the States' Trading Supervisory Board to inform and support recovery, the Policy & Resources Committee has received its advice and guidance in developing the Recover Strategy. CRAG considers it important that its views are formally communicated to both the Policy & Resources Committee and the wider States of Deliberation. Its letter of comment is appended at Appendix 2.
- 4.5 The Recovery Strategy sets out at a high level the socio-economic landscape; this analysis will be enhanced through more detailed impact assessments to establish the new baseline and used as evidence to inform prioritisation of recovery actions.
- 4.6 **Vision**
- 4.7 The 20-year strategic vision for Guernsey has not changed and forms the backdrop to this Strategy. However, the starting point is clearly different as evidenced by the data already available. The crisis has afforded us an extraordinary opportunity to think afresh about what is important for the Bailiwick and how we can build a thriving community for all.
- 4.8 The States of Deliberation now have a strategic opportunity to go beyond simply returning to the pre-virus status quo and can strive to achieve longer-term socio-economic resilience and transformational outcomes for our community.
- 4.9 The vision is the capstone of the Recovery Strategy. It is the lens through which all policies, action plans and engagement is viewed. The Recovery Strategy is necessarily based on a 'task and finish' approach; is shorter-term than that of a 20-year horizon government plan; and is the starting point for the urgent work needed to regain economic resilience. However equally important components in the strategy are the recovery actions plans, not only for the economy but also for health and care and for the community.
- 4.10 The vision for our recovery is:
- “We will work in partnership to recover our economic prosperity, build on our inclusive community values and capitalise on our many strengths to make Guernsey a safe haven based on sustaining health, wealth and community.”
- 4.11 **Outcome**
- 4.12 The most important overall outcome of the Recovery Strategy will be the creation of added public value within the Bailiwick of Guernsey; in other words, the delivery of the various work streams set out in the component recovery action plans will have the effect of adding demonstrable and measurable value to the community.

- 4.13 This is exceptionally challenging to define but for this Strategy has been expressed in the single outcome:

“Guernsey has revived the large majority of economic activity in 2021 and exceeded the previous growth path for the economy within three years which allows our community to thrive.”

- 4.14 In order to deliver that high-level overall outcome, it will be necessary to work towards realising a number of subordinate objectives, and it is at this level that it is possible to consider more detailed matters. These necessarily must be developed together with business, the community and the third sector. This process is commencing shortly and the recovery action plans that result will be considered by the States of Deliberation.

4.15 Recovery action plans

- 4.16 The Recovery Strategy establishes the framework for recovery action plans to be co-designed between government, business, the community and the third sector to revive the economy so the community can thrive. Each will be reviewed and updated in response to new information and the changing local and global context and reported against regularly to the Assembly.

- 4.17 CRAG will continue to work with the Policy & Resources Committee as part of the process developing the recovery action plans, the important first step of which will be to identify the objectives which provide additional context for prioritisation and resourcing.

- 4.18 The Assembly already has a portfolio of activity – policy, capital and transformation projects. It has previously established legislative priorities to review and Resolutions to discharge. Some will likely be instrumental in recovery, others less so. Some may need to be halted in order that other areas can be resourced to deliver at pace. Reviewing and prioritising all this activity against the objectives of the recovery action plans is critical to managing resources to achieve targeted success on those areas of focus that will make the most significant impact. Outside the short term actions established by the Recovery Strategy, nothing has yet been prioritised or deprioritised by the Policy & Resources Committee; indeed the Assembly itself has continued to meet and resolve its actions on a continuing and diverse list of policy matters since the outbreak of COVID-19 in Guernsey.

- 4.19 Now is the opportunity for the Assembly to demonstrate that it understands and will maximise this opening to rethink its approach. Successive government plans have a common hallmark of over-ambition that results in disappointment and delay for the community. Prioritisation has been ineffective and compromise and

consensus has meant that more work-streams have been added to overall plans when instead the approach should have been to pare back.

4.20 To be successful, this Assembly must truly work collaboratively; fully accept the democratic prioritisation of policy development, capital investment, and transformation of service provision. It must focus intently on the recovery action plans and not deviate nor distract. It is important for the economy and the community that the Assembly leads in the collaborative approach to develop and implement the initiatives that will have the greatest impact for the community.

4.21 This is essential as there is also the need to recognise the capacity of the public service to deliver if tasked on too many fronts. It has commendably met the challenge in servicing government's emergency response to the outbreak and will be undergoing a regulated return to work ready for recovery. However it will be most effective when resources are focused to complete recovery work streams from innovative development to efficient operational delivery without distraction of further, new initiatives, or revisiting previous decisions.

4.22 **Engagement**

4.23 The swift development of inter-connected action plans that form the sole focus of government's work is essential to effectively revive the economy and enable our community to thrive.

4.24 Engagement with the community, the third sector and business will develop the draft recovery action plans, their objectives, and the work streams required to deliver the objectives of the Recovery Strategy.

4.25 **Resources**

4.26 This is not the time for austerity but the careful management of public resources remains critical. While affordability will by necessity continue to be the cornerstone of future decision-making which may on occasion constrain our options, the Assembly now has a new chance to conduct the business of government with guiding principles that reflect our core values as a community.

4.27 The Policy & Resources Committee has made a necessary 'good house-keeping' request of committees of the States with respect to prudent management of the resources allocated to them in 2020, most especially centred on recruitment and discretionary expenditure.

4.28 It will also be requesting that committees seek to prepare budgets for 2021 which are in line with those allocated by the States in 2020, after allowing for inflation, whilst recognising the impact of the new reality on operating income and that there may be some unavoidable cost pressures which need to be managed and funded. By looking carefully at the resources expended on

delivering 'business as usual', it is the intention that more funding will be available to target at the achievement of the ambition to revive and thrive.

- 4.29 The Policy & Resources Committee is intending to prepare a budget which includes a specific additional allocation focussed on recovery which will allow investment, innovation and job creation opportunities that need to be maximised, as the well-being of the community should be kept at the heart of the recovery. The Committee has stressed in the Recovery Strategy that there will be investment in recovery and an enabling plan will be developed focussing on this.

5 Exit Framework

- 5.1 The 'Exit from Lockdown - A Framework for Lifting the COVID-19 Restrictions in the Bailiwick of Guernsey', published by the Committee *for* Health & Social Care on 5th May, 2020, sets out a range of steps and measures to guide the easing of lockdown restrictions on a phased basis. The focus of the Exit Framework is on the protection of the community from a public health perspective and the management of the risks presented by COVID-19. It is aligned with the authority granted to the Committee *for* Health & Social Care through the emergency legislation currently in place in response to the pandemic.
- 5.2 By reflecting on the evolving public health evidence, the feedback of senior officers of the States of Guernsey on the Strategic Co-ordinating Group and comments and observations from businesses and the community, the Directions (and associated Authorisations) have given legal effect to the decisions of the Committee. This has gradually evolved to ensure that despite the unprecedented circumstances, restrictions have only remained in place for as long as there was a demonstrable public health need which was proportionate and could not be addressed in a less intrusive manner. Consultation has also taken place with Alderney and Sark representatives, supported by regular operational meetings to ensure that consideration has been given to all Bailiwick islands.
- 5.3 With the above in mind, the Exit Framework was consciously prepared to be a living document. It is subject to ongoing review and designed to respond proactively to evolving public health evidence along with other health, social and economic factors to ensure the Bailiwick's response remains proportionate, equitable, and supportive of the health and well-being of islanders.
- 5.4 The Exit Framework, which is provided at Appendix 2 to this policy letter in accordance with the Resolution of the States of Deliberation (Billet d'État No XII dated 11th May, 2020, P.2020/93 Article II 1B), reflects the position as at 4th June 2020.

6 Next steps

- 6.1 The States are asked to demonstrate support for the ambition, approach and direction of travel established by the policy principles within the Recovery Strategy.
- 6.2 To best co-ordinate policy development, operational delivery and resourcing, the Policy & Resources Committee firmly believes that this must be the only government plan until Guernsey has revived the large majority of economic activity, the target for 2021, and is exceeding the previous growth path for the economy within three years.
- 6.3 It will return to the Assembly with the component recovery action plans for debate.
- 6.4 There will be clear governance and reporting measures in place to ensure that the States of Deliberation will be able to direct and influence the Recovery Strategy and its recovery action plans, and to identify when the wider policy agenda can be reconsidered.
- 6.5 The recovery action plans will require objectives and priority work streams to be established by government working with stakeholders and aligned with the single outcome established by the Recovery Strategy.
- 6.6 These recovery action plans will therefore be tested and further developed through wider engagement to determine if business, the community and the third sector can add, challenge or make a case for change before the Assembly is asked to consider the proposals.
- 6.7 The Assembly will also be asked to consider political governance arrangements for the three recovery action plans. The recovery action plans are interdependent and there is very considerable pressure on committees developing work streams within the action plans to ensure their policy decision-making is evidence-based, including taking full consideration of all factors impacting the Bailiwick, and is not unnecessarily limited by restrictive interpretations of their mandates.
- 6.8 The public service will align its Public Service Reform programme to support these plans.

7 Compliance with Rule 4

- 7.1 Rule 4 of the Rules of Procedure of the States of Deliberation and their Committees sets out the information which must be included in, or appended to, motions laid before the States.

- 7.2 In accordance with Rule 4(1), the Propositions have been submitted to Her Majesty's Procureur for advice on any legal or constitutional implications. She has advised that there is no reason in law why the Propositions should not to be put into effect.
- 7.3 In accordance with Rule 4(4) of the Rules of Procedure of the States of Deliberation and their Committees, it is confirmed that the propositions above have the unanimous support of the Committee.
- 7.4 In accordance with Rule 4(5), the Proposition relates to the Resolution directing the Policy & Resources Committee to report to the States, during the course of the States' Meeting due to commence on 17th June, 2020, on its progress in developing plans designed to support the Bailiwick's recovery from the current emergency and to agree that appended to that Policy Letter should be the latest version of the document entitled "Exit from Lockdown – a framework for lifting the COVID-19 restrictions in the Bailiwick of Guernsey" as published by the Committee for Health & Social Care.

Yours faithfully

G A St Pier
President

L S Trott
Vice-President

J P Le Tocq
T J Stephens
A H Brouard

Revive and Thrive

Our recovery strategy for GuernseyTogether



States of
Guernsey



elpepys

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LADIES
MARC CAIN
MICHAEL KORS
HUGO BOSS
PATRIZIA PIRELLA
JIL SANDER
BVLGARI
PAUL & JO
JIL SANDER
TRUE RELIGION
LEVI
REPLAY
POLO RALPH LAUREN

BURTON

MONSIEUR

BURTON

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Introduction

The Bailiwick of Guernsey has faced an unprecedented public health and economic shock as a result of the COVID-19 pandemic.

While the public health threat is now being effectively managed, its socio-economic consequences will pose a serious challenge for an unknown period.

Economic modelling for the impact in 2020 predicts a loss of GVA¹ of an estimated 8%, or approximately £300m, in real terms and its recovery to previous levels, without any action, could take a decade. Unmanaged, the consequences for our community are severe, with impact on islanders' physical and mental health, their life chances and opportunities, and the well-being of our community.

Guernsey must restore its financial security through an approach which is innovative, dynamic and co-designed with the community. To revive and thrive, our vision for recovery requires investment and confidence rather than cuts and austerity.

Our Recovery Strategy will guide and coordinate action plans to achieve recovery. Our vision goes beyond simply recovering from the impact of the pandemic (revive): it seeks to capitalise on community engagement and

cohesion; to learn lessons from past strategies and plans; and to grasp the opportunity to revive, renew and revitalise – to thrive.

Before the pandemic the Future Guernsey Plan was centred on a 20-year vision. This vision has not changed and forms the backdrop to recovery. However, we now have a unique strategic opportunity to learn from the COVID-19 experience and go beyond simply returning to the pre-virus status quo. We can do something special and strive to achieve longer-term economic resilience and transformational wellbeing outcomes for our community.

Our vision for recovery is:

“We will work in partnership to recover our economic prosperity, build on our inclusive community values and capitalise on our many strengths to make Guernsey a safe haven based on sustaining health, wealth and community.”

Success will rely on balancing risk and embracing opportunity to achieve at pace a confident recovery delivered through a series of interdependent action plans.

¹ Gross Value Added – calculated as Gross Domestic Product (GDP) before the inclusion of taxes and the removal of subsidies on products.

What is the Recovery Strategy?

Why do we need a recovery strategy?

The COVID-19 pandemic has had a grave impact on jurisdictions worldwide, including the Bailiwick. While the pandemic has first and foremost presented a public health crisis, the necessary emergency measures that governments have instituted to stem the spread of the virus now threaten the global economy and community well-being.

Governments have invoked wide reaching powers to isolate their populations, which has brought large sections of their economies to an almost complete standstill. The international airline fleets sit largely redundant on airport aprons; oil prices have tumbled as demand has fallen to a record low; and unemployment has soared. Financial markets have not been immune; in March 2020 the FTSE 100 posted its biggest quarterly fall since the Black Monday crash in 1987.

Unparalleled economic support by way of wage subsidies, specific sector and employer support, liquidity support and new social benefits have been introduced by many governments in order to help their communities through the crisis. Global economies are in uncharted waters and analysts and economists are now forecasting a profound economic downturn in the short term with long term consequences.

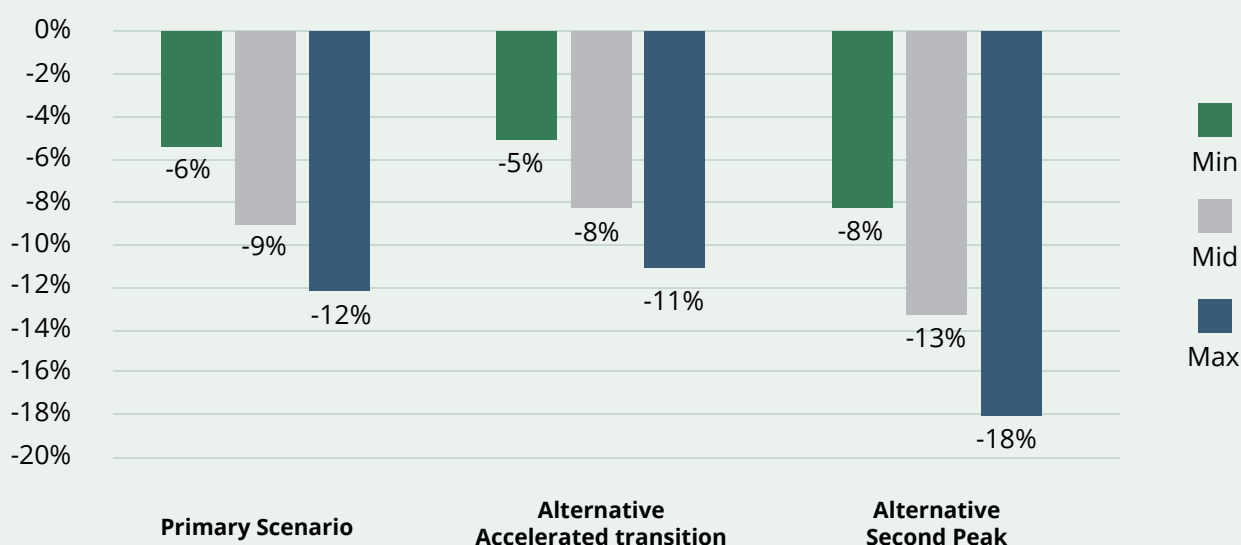
Guernsey has been fortunate in that the finance sector has only been minimally impacted by the crisis, to date, which has kept a significant proportion of our population employed and in a position to begin spending again as restrictions lift. However, the Bailiwick will not be immune to the global economic crisis, albeit that the full impact may be delayed.

Several sectors of the economy, such as tourism, hospitality, aviation, retail and construction have been, and continue to be, severely affected. Some employers have responded to the social restrictions by adapting their operating models but, nonetheless, unemployment has increased sharply.

The Bailiwick is now at the stage where emergency restrictions are gradually easing as part of the planned phased exit from lockdown. Data from previous pandemics, and the experience from other jurisdictions in relaxing their isolation measures, show that second peaks of infection (leading to further lockdown restrictions) are a real possibility. While the virus has not yet been detected in Alderney, Sark or Herm, these islands have not been immune from the impact of the emergency measures and will feel their socio-economic consequences.

There is some way to go before the resumption of business-as-usual. Indeed, what was business-as-usual for the Bailiwick, and elsewhere, may never be the same again as employers, individuals and the public service adapt to the post-pandemic reality.

2020 Economic Growth Forecasts



Economic modelling for the impact on the Guernsey economy in 2020 predicts a loss of GVA of an estimated 8% in real terms (based on the current accelerated exit from lockdown). This is a very significant recession, equivalent to the loss of more than 10% of the workforce over the course of the year. For context, the 2008 global financial crisis resulted in a loss of 2.6% of GVA.

We are managing a progression out of lockdown with greater pace than was predicted. We also have robust public health measures in place to manage a second peak of infections. However, modelling also shows that the requirement to return to a lockdown state would have a material negative impact on output.

Managing the socio-economic consequences of the public health protections will be critical as the Bailiwick moves from pandemic crisis to recovery. We therefore need a single Recovery Strategy to take the community, employers and the government forward in an inclusive way and sets out a shared vision and overall approach to recovery.

The purpose of having a Recovery Strategy

The Recovery Strategy must give business and the community confidence that recovery is well-planned, building on the successful management and community's trust in government following the COVID-19 outbreak.

It should aim to take this opportunity to revive, renew and revitalise by working collaboratively with Islanders to develop and deliver the action plans for recovery.

It will provide the checks and balances for strategic planning and decision-making. It will set out a shared vision and the overall approach to recovery, and establish the path for the planning and delivery of programmes of work.

This strategy:

- ▶ defines what “recovery” will look like for Guernsey;
- ▶ establishes principles to guide how government, public services, employers, the third sector and islanders can work together towards recovery;
- ▶ sets up the appropriate governance structure to oversee and co-ordinate recovery;
- ▶ establishes the desired socio-economic outcome;
- ▶ identifies areas of focus and priority initiatives for recovery efforts in interdependent recovery action plans; and
- ▶ commits to measuring and reporting on progress toward recovery.

Who is the Recovery Strategy for?

The development of this Strategy has been led by the States of Guernsey but is for the islands’ communities – GuernseyTogether.

The development and delivery of the associated action plans will be in partnership between government, public services, employers, the community and voluntary sector and residents and families across the island.

The Strategy has been developed for Guernsey but elements of it will apply to Alderney (because of the close relationship both fiscally and for public service delivery) or the Bailiwick as a whole.

There will be a need for close working between the States in Guernsey and Alderney and Chief Pleas in Sark to ensure that revive and recovery opportunities can be shared and that the islands’ recovery plans are, where beneficial, aligned.



Economic and Financial Landscape

The pandemic's impact on the economy and public finances is significant.

Guernsey has been relatively fortunate in that the finance sector, which represents 40% of the economy, is in large part sufficiently diversified and digitally equipped to enable it to continue operating remotely. This has kept a significant proportion of our population employed and productive.

However different parts of the finance sector will be impacted in different ways and by different factors. The challenge is to support the different parts of the sector in remaining competitive in a significantly changed global environment and the inevitable global recession.

Many external factors that existed before the pandemic – Brexit, changing international standards, consolidation, digitisation – remain. We do not know what their future influence will be, but we must monitor and continue to adapt at pace to capitalise on the opportunities they present.

Transport connectivity, data security and resilience, risk-based regulation and an effective long-term approach to skills and population will be among the critical factors in this work, as will be effective external relationships, reputation management and promotion.

Several sectors of the economy, such as tourism, hospitality, aviation, retail and construction continue to be severely affected. Employers have responded to the social

restrictions by adapting their operating models but, nonetheless, unemployment has increased sharply, and wages have fallen in some sectors.

Businesses will have applied a substantial amount of reserves to weather the period of enforced inactivity. This will have depleted the amount of working capital available to local businesses and, without it, a return to a smooth flow of money through the economy may be slow unless stimulus can be provided by government.

There is a practical role for public stimulus to play in promoting activity by providing liquidity and demand for services in the likely absence of demand from the private sector. Such demand stimulus, and other measures, may help manage increased levels of unemployment as we move beyond the crisis, but they will need to be carefully designed and co-ordinated within the whole Strategy.

For households a recession on this scale is likely to have significant effects. Most notably:

- ▶ Higher levels of unemployment persisting beyond the release of internal restrictions;
- ▶ Negative real earnings growth when comparing jobs on a like for like basis; and
- ▶ Lower household incomes.

The modelling undertaken indicates that the effect on Guernsey's public finances of the pandemic in 2020 will be in the region of £190m, comprised of:

- ▶ Direct business financial support schemes;
- ▶ Reduction in States' revenues;
- ▶ Increase in States' expenditure;
- ▶ A reduction in States' operating income; and
- ▶ A significant impact on some of the States' trading entities, notably the ports and airline.

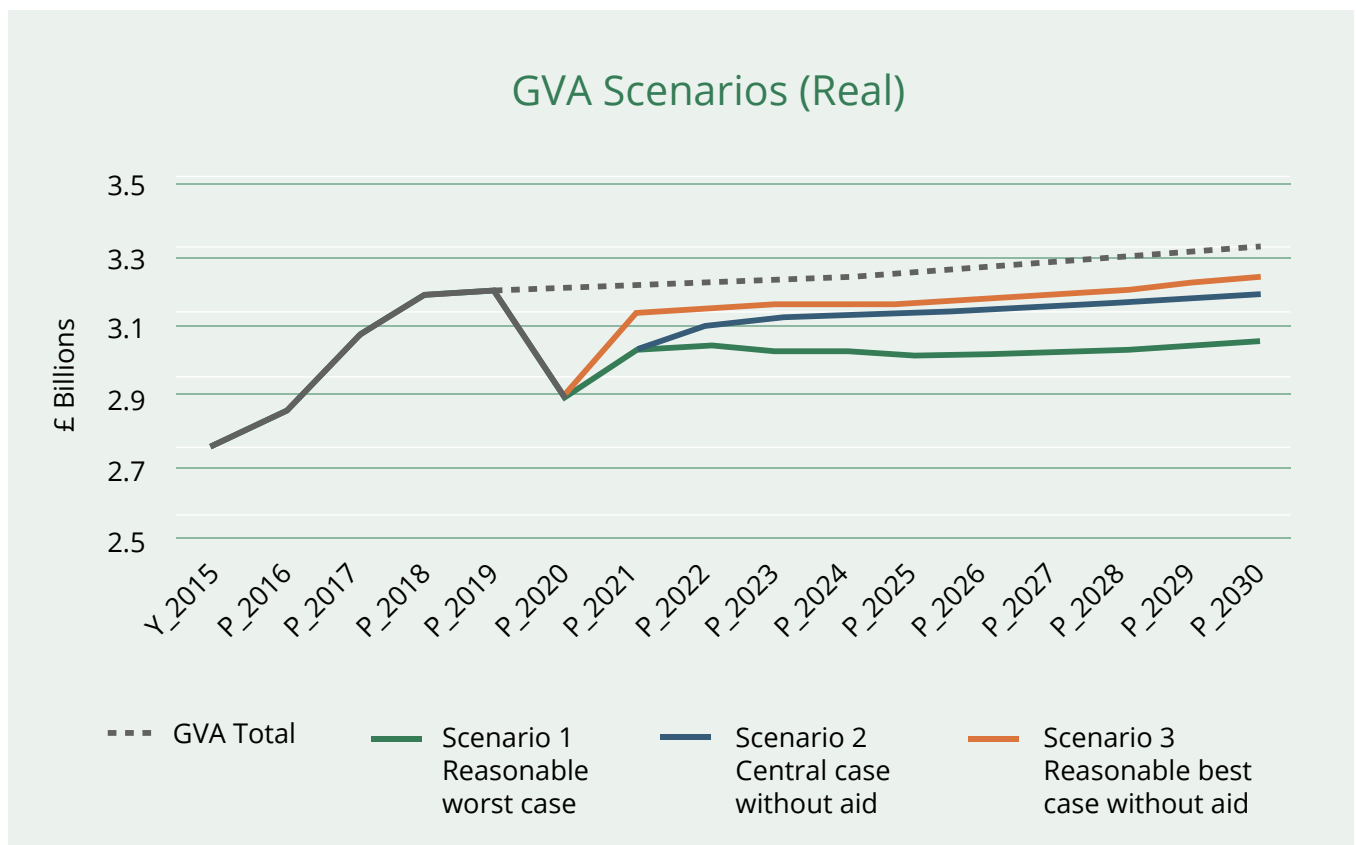
Based on the projected impact to the public purse, prioritisation and affordability must now be at the heart of all government and operational decision making. This will be vital to enable investment to be targeted for recovery which has the best overall impact.

Economic modelling based on several recovery scenarios demonstrates that, without fiscal stimulus, the economic recovery could take up to a decade.

Consequently, the recovery in Guernsey's public finances would also take a similar period as the global and local economy recovers.

Initial estimates suggest the impact on public revenues in 2020 could total £75m across almost all revenue streams. Although it is likely that much of this lost revenue will be restored in 2021 as activity resumes, receipts in 2021 could remain some £30m to £40m short of their 2019 level.

This underlines the importance of adopting a recovery strategy designed to accelerate growth in the economy in a sustainable and resilient way. The economic aim of this strategy will be to develop and invest in initiatives which demonstrably improve the recovery curve and accelerate the return of jobs and wealth to our community.



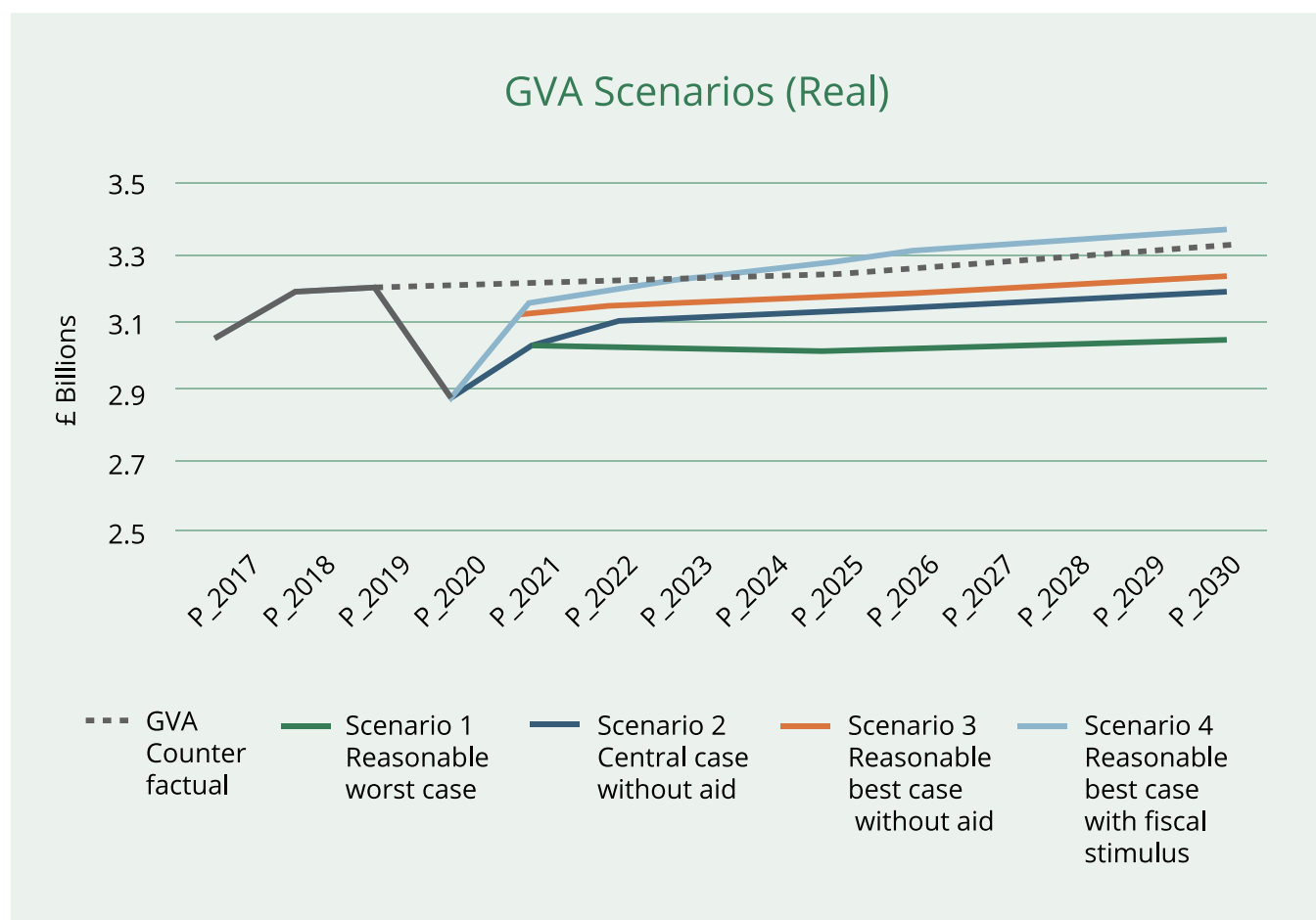
The Strategy has at its core the ambition not just of restoring the majority of economic activity in 2021, but also promoting sufficient economic growth to exceed the previous growth path for the economy within three years.

Achieving this ambition will require employers to be able to re-employ the majority of staff and have access to sufficient liquidity to invest in recovery. Our ambition is to consider fiscal stimulus - primarily around construction, financial and professional services and information and communication services - enabling growth rates to improve by an average of 1% per annum.

This scenario would see GVA exceed its previous growth path by 2023 and provide a cumulative increase in GVA of some £1.4bn between 2021 and 2030 compared to the 'central case' illustrated.

As well as exceeding the previously predicted GVA, stimulating the economy will improve States' revenues. If it is assumed that between 20% and 25% of additional GVA is translated to tax revenues, this represents an additional £280m to £360m of government revenues over the course of a decade.

Such stimulus should also reduce unemployment levels, improve household income, reduce fiscal stress on household incomes and reduce reliance on means-tested benefits.



Community Landscape

The pandemic has had repercussions across the community, as a result of the significant economic impacts and the changes to daily life created by the lockdown.

Data on social indicators in Guernsey is being gathered and evaluated and will be used to establish the new community baseline.

Economic Vulnerability

There has been a rapid increase in the number of individuals experiencing some degree of economic vulnerability. The community monitoring tool² identified that 44% of employed respondents were at one stage unable to continue to work fully, rising to 84% of self-employed respondents.

There have been almost 3,000 additional benefit claims approved since lockdown and unemployment is estimated to have increased to over 1,000 (an increase of some 300%).

Education

The partial closure of schools has substantially disrupted the school year for students from pre-school through to higher education.

It also impacted parents' ability to work. A survey by Island Global Research reported that 53% of employed or self-employed parents had had their capacity work affected by childcare².

Mental Health

Concerns over the risk of contracting the virus, the economic impact of lockdown, domestic stresses from working at home while home-educating children, and the more limited social interaction and activity all have the potential to impact individuals' well-being. Some 20% of respondents to the Community Monitoring Tool requested information on emotional and mental health.

Physical Health

Longer-term physical health impacts in the community are a real risk. It is likely that individuals have avoided medical appointments or treatment due to concern over contracting the virus or financial limitations. Additional areas of concern are the decreased visibility of more vulnerable individuals who might be shielding, and the delay in medical procedures, treatments and appointments due to restriction of movement.

Housing

The growth in economic vulnerability has increased the number of people at risk of becoming homeless. This has been visible through an increasing number of households on the waiting list for social housing.

Domestic Abuse and Children at Risk

The pandemic has resulted in financial insecurity, stress, and uncertainty, as well as the decreased visibility of households. A 30-40% increase in domestic abuse cases has been observed, as well as a spike in referrals for children at risk. It is likely that the number of recorded cases will increase as agencies return to more normal working practices.

Third Sector Vulnerability

The impact of the pandemic has resulted in greater demand for services provided by the third sector, from food banks to refuge accommodation. At the same time it has impacted on the third sector's ability to raise the funds required to provide those services.

Inequality

The effects of the pandemic will not impact all people equally. Some parts of the community will have been disproportionately disadvantaged. For example, sectors such as hospitality and tourism are suffering greater losses than those businesses able to operate and deliver services by remote working.

It is possible that the relaxation of emergency restrictions will resolve many of the social impacts of the pandemic. However, some will take longer to emerge or require more resource to manage and support. Stimulating the economy in a sustainable and resilient way will help to improve individuals' capacity to support themselves and the States' capacity to provide social support where and how it is needed.

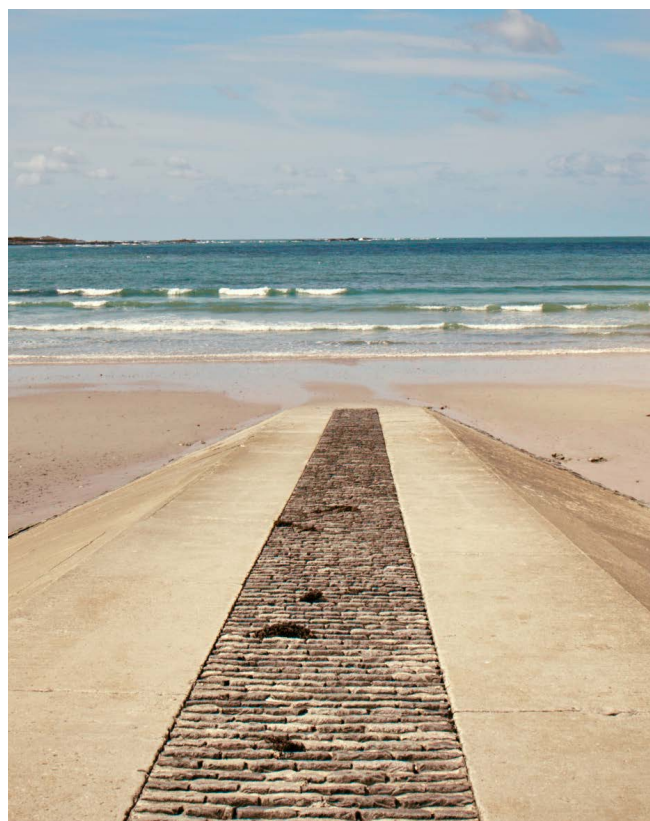
Positive Impact

There have been some positive effects which the community has identified itself. For example, the traffic levels in Guernsey have reduced by approximately 60%; air quality is improved, and more people appear to be exercising.

Recovery efforts will seek to build on the opportunities generated by positive impacts to support new ways of working and sustainable practice. Some jurisdictions, for example, are considering attaching so-called 'green strings' to fiscal support, ensuring that businesses are rewarded by continuing to consider environmental and social, as well as financial, outcomes.

2 The community monitoring tool was launched on 27th March and 5,518 members of the community have registered to participate

3 Island Global Research, Our Reports, Impact on Children's Education <https://www.islandglobalresearch.com/Our-Reports> completed by 1,684 respondents, 685 in Guernsey



Guiding Principles

Ten principles have underpinned the development of the Recovery Strategy and should guide further development and delivery:

Guernsey Together

Recovery is a collaborative effort between government, public services, business, Islanders and the third sector. It is essential to have constructive relationships built on trust and openness to co-design the recovery action plans.

Take an integrated approach

Each recovery component's success will be dependent on the others and the links will be identified and managed to achieve the greatest overall benefits.

Look forward, not backwards

Recovery initiatives will not simply focus on reinstating the pre-pandemic status quo. An open mindset will be used in identifying and exploiting opportunities in order to deliver and sustain enhancements to pre-pandemic baselines.

Promote resilience and efficiency

Resources will be used wisely so that recovery is timely, affordable, and delivers value for money.

Innovate

Creative and resourceful solutions will be adopted including alternative operating, funding and delivery models.

Use the best available information

The availability of a wide range of data and its proactive analysis will be key to providing insight and in decision-making. This will help improve transparency, promote best practices and enable the community to engage effectively.

Care about each other

Recovery initiatives will recognise islanders' mental health, physical and social needs. They will promote equitable outcomes and recognise diversity.



We care about our Islands

We are blessed with a rich and diverse natural environment and a unique Anglo-Norman cultural heritage. We should nurture these to support environmental and community renewal, our economic diversification, and to promote the Bailiwick as a unique part of the world.

Balanced decision-making

Decisions will balance action and desired outcomes with risk. They will focus on the outcome set out in the Strategy and consider the need for positive action, speedy responses and certainty.

Clear and transparent communication

Communication must be clear, transparent and based on fact. It must give stakeholders the information they need, when they need it, in an easily understood format and via accessible channels.

Our Approach to Recovery

“Recovery is defined as the process of rebuilding, restoring and rehabilitating the community following an emergency, but it is more than simply the replacement of what has been destroyed and the rehabilitation of those affected.”⁴

The ability to ‘revive’ is an essential element of our recovery and one on which we must focus in the very short term to ensure we achieve economic, environmental and social recovery.

For the purposes of this Strategy, “recovery” does not simply mean returning the community, economy and public service to how it was at the outset of the pandemic.

Planning our recovery presents us with opportunities: while the health, economic and social impacts of the pandemic already appear significant, so is the chance for renewal. The ‘revive’ phase will provide the platform toward a new model, recognising that positive financial, environmental and social outcomes are inter-dependent and inter-connected and not mutually exclusive.

Guernsey Together

Before the pandemic the Future Guernsey Plan has been centred on a 20-year vision:

“We will be among the happiest and healthiest places in the world, where everyone has equal opportunity to achieve their potential. We will be a safe and inclusive community, which nurtures its unique heritage and environment and is underpinned by a diverse and successful economy.”

This vision has not changed and forms the backdrop to this Strategy. However, the starting point has changed significantly: the crisis has afforded us an extraordinary opportunity to think afresh about sustainable economic development; how we deliver public services; which projects and policies are important now; and how we can bring the community together to revive and thrive and ensure our well-being like never before.

The lockdown has magnified for many what is special about our Islands. We have seen an outpouring of community spirit, and for many the extra family time has enabled Islanders to rediscover our natural and heritage assets.

⁴ The UK government paper Emergency Response and Recovery Non statutory guidance accompanying the Civil Contingencies Act 2004 (October 2013) (<https://www.gov.uk/government/publications/emergency-response-and-recovery>)

Opportunities for investment, innovation and job creation need to be maximised, and the well-being of the community should be kept at the heart of the recovery.

We now have an opportunity to go beyond simply returning to the pre-virus status quo and can strive to achieve longer-term socio-economic resilience and transformational outcomes for our community.

The vision is the capstone of the Recovery Strategy. It is the lens through which all policies, action plans and engagement is viewed.

The vision for our recovery is:

“We will work in partnership to recover our economic prosperity, build on our inclusive community values and capitalise on our many strengths to make Guernsey and the Bailiwick a safe haven based on sustaining health, wealth and community.”

Components of Recovery

The recovery is made up of three action plans which are set out in more detail in section 7:

- ▶ sustainable economy
- ▶ community
- ▶ health and care

All of these action plans are interlinked, must be developed together and will be underpinned and framed by fiscal stimuli and investment to catalyse growth over the short and medium term. Without action, the impact on public revenues of the ‘central case’ could

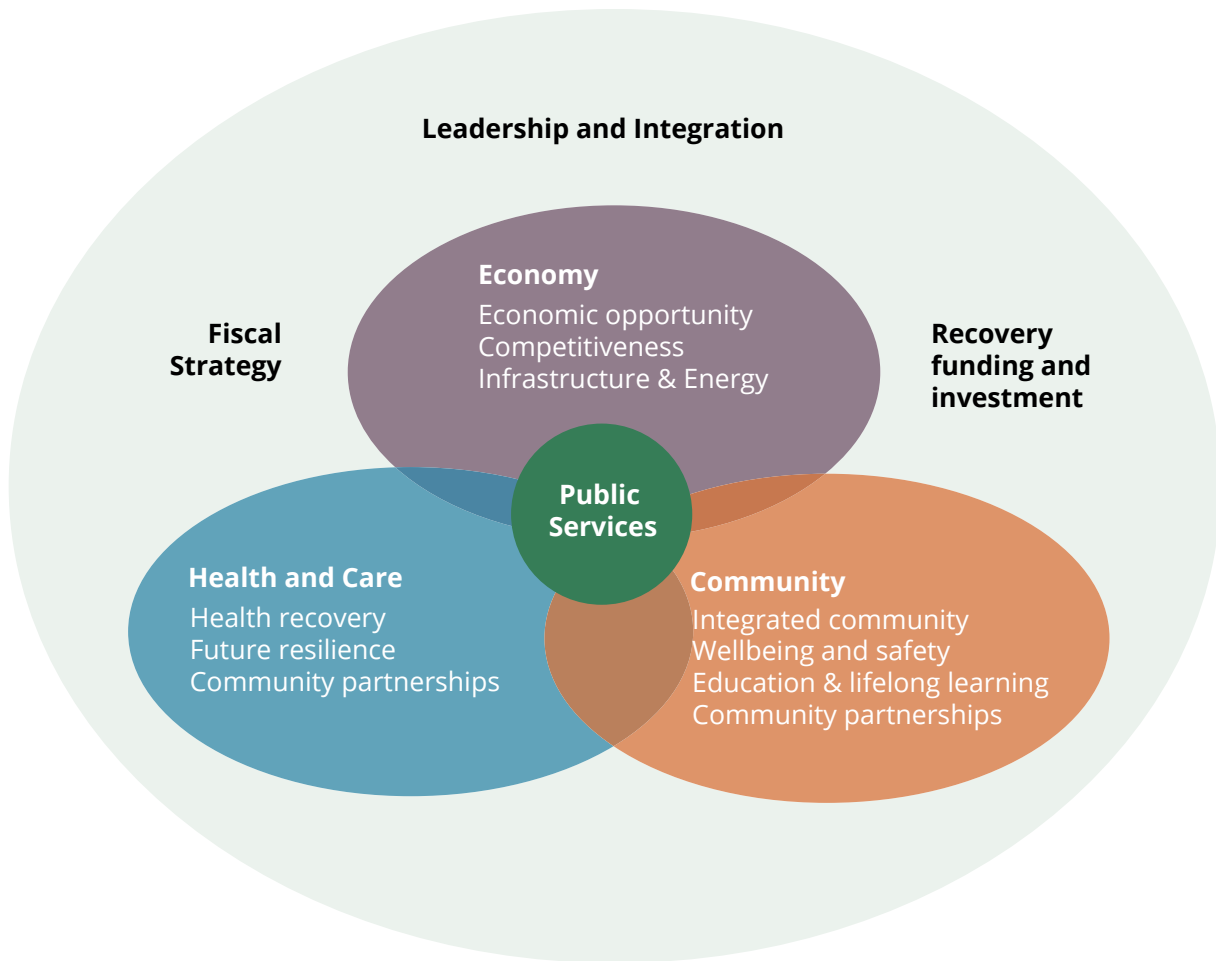
be in the region of £400m over a ten-year period, which would necessitate borrowing to fund day to day expenditure in the absence of drastic austerity measures.

Borrowing to invest in recovery could improve this position by some £280m - £360m over the same period as well as restoring confidence, growth and well-being to the community.

A fiscal strategy will be an important foundation for recovery. It will evaluate the structure of taxes and the role they will play in closing the gap (through tax cuts, rises, new taxes or temporary schemes) as well as the size and cost of public services. This will ensure that Guernsey is financially sustainable and stable, is able to invest in recovery, and is resilient and prosperous, while also meeting its obligations to the islands of the Bailiwick.

The public service will be critical - from development through to delivery of the action plans – be that the delivery of services or commissioning of same. Using recent experience, the public service will continue to adapt to deliver the transformed, efficient and resilient public services the community will require.

For successful recovery there must be leadership and integration across the Strategy which must be based on research and information, communication, and the governance, coordination and management of recovery activities.



Policy principles

We have developed a set of policy principles to guide the development of our detailed recovery action plans:

- ▶ We are striving for a resilient and successful economy and so will encourage and reward economic diversity and innovation that promotes opportunities for sustainable growth and innovation which benefit the whole community
- ▶ We will consider the potential consequences in our decision-making and actions on the wellbeing of Islanders, today, tomorrow and in future generations
- ▶ We will actively consider climate change impact, taking care to mitigate or compensate for any negative consequences of our decisions
- ▶ We want to be an inclusive society known for international excellence in creating and sustaining wealth, health and community and will not leave anyone behind
- ▶ The access to public services should follow the principle of proportionate targeting for those with the most need



Outcome

The UN Global Goals for Sustainable Development are recognised standards which are outcome-based. As amended for the Bailiwick, they can form the 'thread' between the vision, the policy principles and our outcome for recovery.

In the context of recovery, we will develop a much more targeted set of outcomes than we have worked within before. Our action plans will all develop clear and measurable outcomes for success designed to achieve the outcome for recovery:

Guernsey has revived the large majority of economic activity in 2021 and exceeded the previous growth path for the economy within three years which allows our community to thrive.

Timeframes

The anticipated magnitude of the impact of the pandemic locally and internationally means that recovery will be a multi-year effort.

We will focus on a combination of short- and medium-term measures designed to revive in 2021 and thrive within three years.

We recognise that recovery may take longer than three years to achieve but this time horizon provides a clear focus and will enable progress to be tested and future plans adjusted before designing any further phases.

Competitiveness is critical to our economic recovery. We have long been a good place to do business. In order to recover, we must become a great place to do business.

There are bedrocks for competitiveness that we know we must work at pace to put in place: connectivity; data resilience; investment; and skills.

Work is already ongoing as part of the implementation of the States' Economic Development Strategy, but it now needs to be implemented – with even greater momentum – and in the context of recovery.

We have seen that during the lockdown period, these were the critical components of competitiveness that businesses needed. Now they form the basis on which we must build our future economy and prosperity.

Connectivity

Transport connectivity must be addressed. The reviews of strategic air and sea links infrastructure and of aviation policy will be completed. There will be clear recommendations on the future role of Aurigny as an economic enabler, the provision of long-term resilient lifeline sea links, the potential for investment in our ports, and the network of destinations we need to connect into.

Digital

The review of the use and licensing of 5G technology will now include an overhaul of our existing telecoms strategy, with clear recommendations for future investment for business, home and government users. Through this, we will build a data infrastructure that is resilient, secure and world class. We will become a recognised global leader in respect of data.

Investment

We will provide a plan for investment in Guernsey's critical national infrastructure; in our economic infrastructure, including transport and data; and in the regeneration of our seafront and our built environment. We will also ensure that the Island Development Plan is used as the tool to meet our objectives and secure the outcomes our community needs.

People and skills

The strategic review of population management will be restarted with a revised scope to identify the people and skills our economy needs to recover and grow, and to set out the changes needed to ensure we can do that at pace. We will also start work on a human capital strategy that combines attracting the people we need from off-island with the training and equipping of our on-island population to meet the challenges of recovery.

The Recovery Strategy will be delivered through a framework of interconnected action plans which will allow the economy and community to thrive.

Each will be developed, reviewed and updated in response to new information and the changing local and global context, but their development will be guided by:

Sustainable economy

Will seek to build back better by:

- ▶ identifying growth opportunities and resilience in new sectors and adjacent growth in existing sectors;
- ▶ establishing the framework within which we can retain long-term competitiveness for supporting and attracting new businesses; the growth of existing business; and to support the exploration and development of new economic opportunities;
- ▶ supporting environmental and social sustainability through economic outcomes; and
- ▶ putting in place an infrastructure framework, including energy resilience, that prioritises and accelerates investment in areas that support the overall recovery strategy as well as the local economy.

Health and care

Will adopt an integrated approach to meet the community's needs by:

- ▶ developing the holistic health and care system, its services and infrastructure to meet community needs;
- ▶ ensuring that services are centred around the needs of islanders and are accessible and affordable;
- ▶ ensuring that health and care services are sustainable and resilient against future challenges;
- ▶ ensuring backlogs built up during the crisis are eliminated; and
- ▶ improving population health outcomes through addressing the social determinants of health.



Community

Will enable the community to thrive by:

- ▶ ensuring the recovery is inclusive, just and proportionate to need;
- ▶ fostering whole community wellbeing and resilience;
- ▶ nurturing our natural environment and unique heritage;
- ▶ making greater and more innovative use of our natural and cultural assets;
- ▶ ensuring the community has access to education and lifelong learning;
- ▶ working to support those in hardship as a result of Covid-19 and to minimise future deprivation;
- ▶ focusing on improving cohesion and connectivity; and
- ▶ enhancing and creating new meaningful community partnerships.

Supporting plans

The three action plans will be supplemented by further supporting and enabling plans:

Fiscal strategy

Seeks to maximise the opportunity for recovery through ensuring:

- ▶ the fiscal structure supports and promotes recovery and innovation;
- ▶ we are able to deliver affordable and sustainable public services; and
- ▶ Guernsey is financially sustainable, stable and resilient.

Public services

The public service will be the engine that drives all of the action plans - from development through to delivery - and will play its part in recovery through:

- ▶ continuing to adapt to deliver the transformed, efficient and resilient public services the community will require;
- ▶ effectively managing and co-ordinating the recovery of public services during and following the “exit” from lock-down, addressing the impact of any service disruption and clearing any resulting backlogs; and
- ▶ delivering a new operating model for the public service that ensures provision remains affordable, sustainable and appropriate for future needs.

Funding and investment

In order to deliver a confident and successful recovery, it will be necessary to ensure it is appropriately resourced and funded. The aim of this work will be to:

- ▶ understand the investment needs for delivery of the action plans;
- ▶ ensure government funding is put in place to catalyse growth;
- ▶ examine opportunities for co-funding and joint investment; and
- ▶ determine necessary borrowing requirements and the mechanisms for repayment.

Monitoring, reporting, communications

Monitoring and Reporting

The States of Guernsey have adopted the OECD's⁵ Regional Well-Being Index, which is part of its Better Life Initiative, to monitor progress against the Future Guernsey Plan. The Index looks not only at the economic well-being of a region, but also at the experiences and living conditions of its population.

This approach to monitoring and reporting will be adopted as part of the regular reporting on progress with the delivery of the Recovery Strategy and supporting action plans which will include:

- ▶ progress of action plans and progress towards milestones and delivery of outputs;
- ▶ fiscal, economic, social and environmental measures of progress monitoring progress towards outcomes; and
- ▶ any proposed changes to the Strategy or action plans based on experience.

The progress reports will be published for the community and available for public and political scrutiny.

Financial monitoring and reporting will need to be rigorous and must ensure transparency and accountability for the decision-making and spending of public funds. It will include

predictive analysis and have an emphasis on measuring value for money as well as accounting for expenditure.

The Recovery Strategy is owned by the community through its elected representatives in the Assembly. It will be reviewed by the Policy & Resources Committee as required to keep it current and relevant, taking account of feedback and direction from the States Assembly.

Communications

An open, clear and evidence informed approach to communication will be adopted and our guiding principles are:

- ▶ transparency and openness;
- ▶ clarity and consistency; and
- ▶ engagement with our community, in person and online.

⁵ Organisation for Economic Cooperation and Development

Recovery will require co-operation, collaboration and genuine engagement.

In designing the governance, it will be critical to secure agility to take quick strategic decisions on cross-cutting issues and avoid any significant decisions being taken in isolation. No one group can achieve recovery alone. Collaboration is essential to connect government, and engage the public service, business, Islanders and the third sector in the recovery effort.

The Policy & Resources Committee is accountable to the Assembly for the Recovery Strategy in accordance with its mandate responsibilities to lead, monitor and report on government policy and fiscal matters, economic affairs and the public service.

The governance model adopted will need to provide effective and efficient engagement across government, enable effective partnerships, inform decision making and assist with holding delivery committees to account.

Governance Principles for Recovery

- ▶ business and community advisory groups will be established to ensure economic recovery is developed and delivered through partnerships;
- ▶ a Recovery Coordination Group will be the senior public service governance body supporting government in its strategic leadership of recovery;

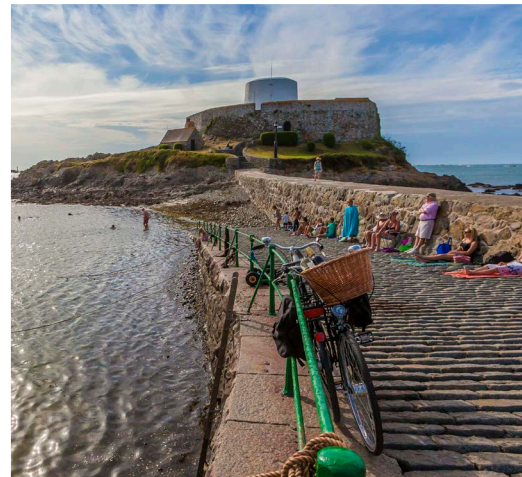
- ▶ governance must be aligned across all recovery activity;
- ▶ there will be clearly defined and consistently applied roles and responsibilities for all governance bodies and their members; and
- ▶ decision making should be at the appropriate level.

Collaboration and Engagement

For the Strategy to be implemented successfully action plans must be co-designed and owned jointly by stakeholders and their elected representatives who are the decision makers in government. Business and the community may be engaged in different ways and at a numerous milestones during the development and delivery of the recovery action plans.

This is likely to evolve over the recovery period and should be innovative and accessible to reflect the ambition of the Strategy. More traditional methods of communication and engagement - such as website information or public meetings - will also be considered and deployed as appropriate.







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COVID-19 Recovery Advisory Group

President
Policy & Resources Committee
Sir Charles Frossard House
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GY1 2FH

10th June 2020

Dear Deputy St Pier

Recovery Strategy

As the recovery strategy is about to be considered by the States, the members of the Covid Recovery Advisory Group (CRAG), which was set up to assist the Policy & Resources Committee with its development and implementation, consider it important that its views are formally communicated to both your Committee and the wider States.

Although CRAG has, to date, met formally on only three occasions, members have been pleased that the Group is proving helpful in facilitating open and collaborative discussion. Of necessity, the recovery strategy has had to be developed at pace but this has not been at the expense of transparency, which is both welcome and necessary.

The recovery strategy is an ambitious, high-level document that, in the opinion of the Group, strikes the right balance between aspiration and action. Members are pleased to note that in response to feedback provided by CRAG, commitments to short-term economic actions based on work streams already approved by the States, have been included to drive recovery in 2021 (the “revive” phase). For example, we can expect to see infrastructure investment in the coming year, which will drive employment opportunities locally. Also, in response to feedback, we can expect to see improved connectivity, both digitally and in respect of travel. As discussed by the Group, it is important for the community and businesses to have confidence that the response to the crisis will be felt in the short-term, and the strategy makes it clear that results will start to be seen as early as next year.

Given the time scales involved, the Group recognises that it would not have been possible to have developed the three recovery action plans outlined in the strategy document, particularly as it is important to work with others outside the States on these, but by prioritising the five aspects of the Economic Development Strategy highlighted in the short-term actions, the States will be laying the foundation for the next phases of the strategy implementation. Consequently, the Group considers that the approach set out in the strategy is the right one for the current circumstances, in so far as it sets out high-level ambitions; explains how we will kick-start the implementation of the strategy; and outlines

the further work which must follow, including a commitment to engage with bodies external to the States in the development of recovery action plans.

As acknowledged above, members believe that CRAG is proving a helpful forum for both collaboration and constructive challenge. Both will be crucial to the implementation of the strategy, particularly in respect of prioritising work streams, which must be done in the context of the bigger picture and therefore cannot be achieved by Committees working in isolation.

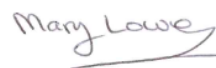
All members of CRAG have had to compromise over some aspects of the recovery strategy, which is inevitable when working in a group representing such a broad spread of responsibilities. However, they agree that the high-level strategy is the right starting point for the island to “revive and thrive” and they therefore endorse it and look forward to working together on its implementation.

We should be grateful if you would arrange for a copy of this letter to be appended to your Committee’s policy letter regarding the recovery strategy for the information of all States’ members.

Yours sincerely



B L Brehaut



M M Lowe



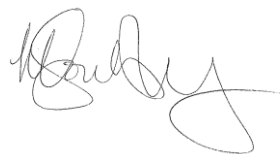
M J Fallaize



C N K Parkinson



P T R Ferbrache



H J R Soulsby



M K Le Clerc



L S Trott



Committee *for*
Health & Social Care

Exit from Lockdown- A Framework for Lifting the COVID-19 Restrictions in the Bailiwick of Guernsey

Version Control

Document version number	Summary of changes made to the document	Date of approval by the CfHSC	Publication date
Version 1	n/a	3 rd May 2020	5 th May 2020
Version 2	<ul style="list-style-type: none"> Recreation time in Phase 2 increased from 2 hours to 4 hours per day (updated on p.36 and p.50) Table of Contents updated (p.3) 	6 th May 2020	
Version 3	<ul style="list-style-type: none"> Definition of Phase 3 updated (p.37-38) Changes in Phase 3 include: <ul style="list-style-type: none"> limited non-essential retail on a pilot basis (p.37 & p.49) updated guidance for businesses (p.46-51) childminders/nannies of children of essential workers able to operate, subject to controls (p.38 and p.50) expansion of the household bubble from 2 households to 4 households in total, on a reciprocal basis (p.38 & p.56) public gatherings of up to 10 people for wedding ceremonies and funeral services only (p.38, p.56-57) Table of contents updated (p.3) 	13 th May 2020	
Version 4	<ul style="list-style-type: none"> Table of contents updated (p.3) Updating of the foreword (p.4–8) Background section updated <ul style="list-style-type: none"> This was to reflect changes to adaptive triggers and ‘immunity passports’ (p.10–11) Direction 6, 7, 8 and 9 included (p.13–14) Clarification on the authorisation of non-pharmaceutical interventions (p.16) Updated considerations for the over 65s and vulnerable groups (p.18) Exit from lockdown consideration section <ul style="list-style-type: none"> Wider considerations section (p.20). Changes in Phase 4 include: <ul style="list-style-type: none"> non-essential retail expanded 		

	<ul style="list-style-type: none"> ○ non-essential travel permitted but with compulsory self-isolation on return • Updated information included from ECDC Technical Report and information from the COVID-19 World Health Organisation Strategy Update included (p.26–28) • Graphs and tables update (p.19–24) • Technical information from the World Health Organisation and the European Centre for Disease Prevention and Control included (p.23–26) • Vaccine information updated (p.30) • Immunity permits updated (p.31–32) • Information on the Bailiwick Enhanced Testing Strategy included (p.33) • Further information on the consequences of easing measures included (p.34) • Updated modelling graphs (p.34–35) • Information on the World Health Organisation Public Health criteria to ease lockdown (p.37–38) • Full lockdown timing update (p.40) • Phase 1 timing update (p.41) • Phase 2 timing update (p.42) • Phase 3 timing update (p.43) • Updated Phase 4 guidance (p.45–47) • Updated Phase 5 guidance (p.47) • Updated Phase 6 guidance (P.48–49) 		
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Foreword

On behalf of the Committee *for* Health & Social Care, and with the agreement of the Civil Contingencies Authority, I am pleased to present this revised version of the exit framework. This builds upon the provisional transition plan published on 5th April 2020 for the gradual easing of restrictions in the Bailiwick of Guernsey, which have been in place in response to the COVID-19 (Coronavirus) pandemic. It describes the transitional measures taken to restore business activity and to allow the community to take part in a greater breadth of social, cultural and recreational activities on a phased basis. Central to this work is the need to protect island residents from infection with SARS-CoV-2, the virus that causes COVID-19. The practical implementation of this framework will continue to be dependent upon the continued support of the Civil Contingencies Authority and informed by the Bailiwick's experiences.

The first case of COVID-19 was diagnosed on 9th March 2020 in an individual who had recently returned to Guernsey from Tenerife. Initial cases seen in Guernsey were mostly travel-related or identified among close contacts of known cases following contact tracing. The Bailiwick risk profile increased with the identification of the first case of infection where transmission was from an unidentified community source of the virus. This led to the Bailiwick going into full lockdown on the 25th March 2020.

The efficacy of this full lockdown, with the implementation of stringent non-pharmaceutical interventions (NPIs) and promotion of a hygiene message, is demonstrated by a 'flattening of the curve' (see pages 20 and 35).¹ Number of infections reduced, something that would not have occurred without the measures put in place to prevent transmission of this virus in our community.

How exactly the outbreak will evolve when lockdown and other NPI measures are lifted remains to be determined, both globally and for the Bailiwick. If undetected cases remain in the community lockdown easing may spur new cases through increased person-to-person contact. The questions of when case numbers may increase and by how much cannot be answered with certainty but must be considered, and so far as possible mitigated, in any exit framework. It is important that any local framework must take into account the Bailiwick-specific needs and demographics.

This exit framework includes reference to a number of public health indicators, known as 'triggers', to inform the decisions that will be taken at each stage. The 'release' triggers provide an indication of the risk to the community of COVID-19 and whether or not it is possible to move forward to the next phase of lockdown on an incremental basis. The adaptive 'reversal' triggers describe those indicators that will be used by Public Health Services to inform the advice given to the Committee *for* Health & Social Care as to whether further efforts should be taken to contain the virus. Containment efforts may require a step back to an earlier phase. If the evidence is compelling to do so, it may be necessary to roll back through a number of phases to mitigate against the presenting public health risk.

¹ Non pharmaceutical interventions (NPIs) include public health interventions such as social distancing, border closure, school closure, and working from home in order to limit physical contact with others as well as hygiene messages such as hand washing

The time spent in each phase is informed by the release triggers, but the phases may be longer than indicated in this framework depending on the evidence presenting at that stage. Conversely, as has been demonstrated, if the evidence is favourable, we may be able to progress through the phases more rapidly.

This document reflects the need to ensure that we are proportionate, and balance the risks posed by COVID-19 with the broader health and wellbeing of islanders. This includes economic wellbeing and the desire to resume business activity - as far as is safe to do so - as soon as possible. Similarly, it is acknowledged that for the benefit of our mental health and general wellbeing, we must take steps towards greater social connectivity, albeit in a measured way.

With this in mind, this framework describes how, in the different phases, we have been able to expand our 'bubbles'. By this we mean expanding our household contacts on a gradual basis, by initially inviting one other household to share our household bubble, to allow us to spend time with some of our family or friends. By Phase 3 we were able to spend time with up to four households, with a subsequent move away from household bubbles in Phase 4 with the aim of reaching a Bailiwick-wide bubble in Phase 5.

This framework takes account of the needs of the Bailiwick and uses local data to guide decision-making to inform our progression out of lockdown. We continue to learn as new public health evidence emerges and have incorporated this learning in both our decision making and our communication with the community. We continue to develop the detail of the later phases of the suggested transition and the document will be refreshed as events unfold and populated with more information as it becomes available. We will continue to focus on ensuring that the approach is proportionate to the public health risks. Where there is a need for more detailed consideration of the specific needs of the communities in Alderney, Sark or Herm, this will be developed as events unfold.

Medical appointments, rescheduling of operations, and other similar issues we know are essential are being looked at more closely under the leadership of the Medical Director.

The framework does not detail the decisions being made in respect of how schools or colleges will operate. This is outside the remit of the Committee *for* Health & Social Care but has been proactively managed by the Committee *for* Education, Sport & Culture, in line with their mandated responsibility for pre-schools, primary, secondary and further education, equally informed by the latest Public Health advice.

We recognise that islanders will also have questions about when it will be possible to travel outside of the Bailiwick for business or pleasure. While this falls outside of the remit of the Committee *for* Health & Social Care, with the agreement of the Civil Contingencies Authority, in this updated version an allowance is included for non-essential travel in Phase 4. As has been in place for all such travellers since March for all individuals entering the Bailiwick, there will be compulsory self-isolation on return. Travel to areas with on-going community transmission of the virus that causes COVID-19 carries an infection risk, and this risk needs to be taken into consideration by travellers.

However there are exceptions and exemptions for essential and compassionate travel, which were set out by Public Health on 18th March 2020.

Whilst we do not have a definitive solution to this at present, it is important to acknowledge the possibility of a re-introduction of infection from outside of the Bailiwick. The Civil Contingencies Authority considers that travel restrictions remain of vital importance in managing our response to the risk of COVID-19 as we exit from lockdown safely. One option is to open our borders when a vaccine or effective treatment becomes available, though this may not be a reality for the foreseeable future. Alternative strategies may include an evaluation of the risk of infection in a particular jurisdiction, with possible 'air' or 'sea-bridge' connections to places with acceptable low prevalence rates, similar to the approach used pre-lockdown to prioritise SARS-CoV-2 testing based on travellers' country of origin.

This document is unlikely to provide answers to all of the questions you might have regarding what lockdown means for our community over the forthcoming weeks and months. We have taken on board many of the enquiries that have been received and included this information where possible. Please contact COVID-19 enquiries on tel: 01481 717118 or email: covid19enquiries@gov.gg if you need more information or would like to provide your feedback.

Recent weeks have been challenging for us all, but everyone has helped to make a difference and to tackle the virus by staying at home and going above and beyond to support each other as a community. It is precisely because of this community response that we have been able, so far, to progress through the planned phases more rapidly. Thank you.

Deputy Heidi Soulsby
President
Committee *for* Health & Social Care

Lifting the Lockdown Restrictions: Strategic Aims and Broad Principles

The strategic aims for a phased transition through lockdown relate to the authority granted to the Committee for Health & Social Care through successive regulations issued under the Civil Contingencies (Bailiwick of Guernsey) Law, 2012 to further the Civil Contingencies Authority's role in preventing, controlling and mitigating the impact of COVID-19 on the Bailiwick.

Aligned with this purpose, the strategic aims of this exit framework are to:

1. Mitigate and minimise the impact of COVID-19 on the community;
2. Protect and preserve life;
3. Minimise the economic, social and environmental impacts;
4. Promote the restoration to normality as soon as possible.

It therefore follows that the restoration of business, social, cultural and recreational activity to the population of the Bailiwick has been, and must be, considered alongside the need to protect islanders from infection with the virus that causes COVID-19. The need to ensure proportionality, and to align with the wider health and wellbeing of islanders as we progress through the different phases of lockdown, with efforts to prevent the transmission of a new virus in the community, is recognised.

Activating each of the phases set out in this exit framework is dependent on modelling the impact of the virus (number of cases, hospital admissions, etc.) and continued alignment with the strategic aims (above) and broad principles of the transition from lockdown.

The broad principles are:

1. To support physical, social and mental wellbeing;
2. To act on the advice of Public Health Services;
3. To support the overall exit strategy;
4. To align social, cultural and recreational activities with phased lifting of economic restrictions;
5. To maintain public confidence.

Background

The initial control of the spread of SARS-CoV-2 (“COVID-19”) in the Bailiwick of Guernsey (“the Bailiwick”) focused on contact tracing and promoting good hygienic practices through hand washing and ‘Catch it, Bin it, Kill it’ campaigns. This was augmented with a public awareness campaign highlighting the symptoms associated with COVID-19. Case identification was, and still is, followed by a programme of extensively tracing the close contacts of positive cases who are then isolated, monitored and, if necessary, tested to interrupt the cycle of onward transmission from index cases.²

The containment efforts focused on stopping transmission completely in an effort to prevent any community transmission of COVID-19. This was followed by the introduction of a wider range of control and public engagement measures including limiting travel; further improvement of public awareness through the media; press conferences; a telephone helpline and dedicated website, together with the introduction of on-island testing on Guernsey which serves the whole of the Bailiwick. The latter allowed for wider and timelier identification, as well as retesting of cases of COVID-19 in the Bailiwick to confirm recovery. This was augmented by the implementation of stringent non-pharmaceutical interventions (NPIs). These measures preceded the Bailiwick going into lockdown on the 25th March 2020, as outlined below.

Initial indications as we progress through lockdown release are that the combined effect of measures taken has exceeded expectations. However, it remains early days and we need to assess how the outbreak will evolve as we progressively remove restrictions. Our success has meant that we have been able to modify our adaptive triggers and progress more rapidly from Phase 1 to Phase 4. Despite our achievements, the possible consequence of relaxing current measures is that we may see new, previously undetected cases in the Bailiwick. The questions of when this increase may occur and by how much? cannot be answered with certainty but must be considered, and so far as possible mitigated, in any exit framework. Looking at other jurisdictions can provide us with useful information, but any local framework must take into account the Bailiwick-specific needs and demographics.

Reliance on the development of ‘herd immunity’ as a goal for sustainable protection was not considered optimal for the Bailiwick, for two reasons.³ First was the reduced ability of local healthcare surge resources to cope with additional cases of COVID-19 with a single hospital in Guernsey; and second was some uncertainty about whether immunity from prior exposure is long-lasting for this disease. This has also been considered in the context of so-called ‘immunity passports’. Here the World Health Organisation (WHO) has continued to review the evidence on antibody responses to SARS-CoV-2 infection. They note that most studies show that people who have recovered from infection have antibodies to the virus. However, there is uncertainty as to

² Index cases are the first identified cases which transmit disease to others, known as contacts.

³ Herd immunity occurs when most of a population is immune to an infectious disease. This provides indirect protection to those who are not immune to the disease.

whether the presence of antibodies to SARS-CoV-2 confers immunity to subsequent infection by this virus in humans.⁴

Specifically the WHO state:

“At this point in the pandemic, there is not enough evidence about the effectiveness of antibody-mediated immunity to guarantee the accuracy of an “immunity passport” or “risk-free certificate.” People who assume that they are immune to a second infection because they have received a positive test result may ignore public health advice. The use of such certificates may therefore increase the risks of continued transmission.”⁵

This is supported by European Centre for Disease Prevention and Control technical paper on travel (12th May 2020) which states that:

“There is currently limited evidence about the immunity or protection against COVID-19 disease provided by antibodies detected in sera of recovered patients. The quantity, quality and duration of the human immune response to SARS-CoV-2 is not clear yet. In addition, we lack validated serology tests that can ascertain immunity to the virus.

This lack of correlation with disease immunity is not expected to be resolved in the coming months and it will take years to be established for long-term immunity. No statements about immunity can currently be made, solely based on a serological test result. There is therefore not enough scientific basis to use serology or other immune markers to determine access to public facilities, travelling or employment. Any immunity certification for COVID-19 is not supported by ECDC given the evidence available at the moment”.⁶

South Korea followed a ‘Trace, Test, Treat’ strategy. Early indications of the success of this model were influential in shaping the local response. By 30th March 2020, S. Korea had recorded 9,661 cases with 158 deaths out of a population of 50 million people. High volume, sustained testing was a key attribute of the response and again this shaped the planning undertaken in Guernsey. By 20th March 2020, South Korea had conducted 316,664 tests.⁷ Drive-through testing pods were used to good effect and contact tracing and quarantine measures proved to be useful and effective. This process was augmented by strict social distancing and imposed lockdowns on specific facilities with outbreaks, but not whole areas or regions. Schools were closed, people were encouraged to work from home and large gatherings were stopped.⁸

⁴ WHO.int. 2020. “Immunity Passports” In The Context Of COVID-19. [online] Available at: <<https://www.who.int/news-room/commentaries/detail/immunity-passports-in-the-context-of-covid-19>> [Accessed 26 April 2020].

⁵ <https://www.who.int/news-room/commentaries/detail/immunity-passports-in-the-context-of-covid-19>. Accessed 24th May 2020.

⁶ European Centre for Disease Prevention and Control. Considerations related to measures for travellers to reduce spread of COVID-19 in the EU/EAA. Stockholm 2020.

⁷ Our World in Data. 2020. [online] Available at: <<https://ourworldindata.org/covid-testing>> [Accessed 30 April 2020].

⁸ National University of Singapore, 2020. COVID-19 Science Report: Lockdowns. COVID-19 Science Report. [online] Saw Swee Hock School of Public Health. Available at: <https://sph.nus.edu.sg/wp-content/uploads/2020/04/COVID-19-Science-Report-Lockdowns-20-Apr_updated.pdf> [Accessed 17 April 2020].

Lockdown

Through successive emergency regulations made by the Civil Contingencies Authority and underlying Directions made by the Committee for Health & Social Care, the States of Guernsey has taken steps to slow the spread of COVID-19, most notably through a 'lockdown' effective across the Bailiwick. The Bailiwick went into lockdown on the 25th March 2020 at 00.01 hours.

The word 'lockdown' is not a single intervention but has different meaning for different countries. For the Bailiwick lockdown has meant:

- Requiring people to stay at home, except for very limited purposes;
- Closing non-essential shops and community spaces;
- Stopping all gatherings of more than two people in public, except for those who live alone who were permitted to meet up with one other household;
- The enhancement of social distancing and enhanced hygiene measures.

The main triggers for the Bailiwick to move into lockdown were:

- The identification of community seeding in a case where there had been no recent travel and no contact with a known case of COVID-19;
- Questions over the long-term availability of direct viral detection through Polymerase Chain Reaction (PCR) testing at UK laboratories, as England moved to testing hospital patients only;
- Questions regarding the volume of tests that may be available to the islands and the swab-to-result delay when tests were performed off-island;
- Reports from Primary Care were that GPs were seeing patients with cough and fever in the community in higher-than-typical numbers for the time of year during the week preceding the 25th March 2020.

Table 1: Results from 24th March 2020 immediately preceding lockdown

Number of samples taken	Negative results	Positive results	Awaiting results
398	286	23	89

The lockdown in its initial Phases saw a general prohibition on entering and remaining on the following premises:

- Licensed premises;
- Cinemas and theatres;
- Restaurants, cafes, takeaways and kiosks;
- Retail outlets, other than essential retail outlets;
- Libraries;
- Community and youth centres;

- Indoor and outdoor leisure facilities;
- Community places within parks;
- Places of worship;
- Hotels, guest houses, any other premises used for the purpose of the provision of sleeping accommodation, board, lodging or board and lodging for reward and campsites.

Subject to minor exemptions relating to the management of the premises and essential workers, there was also a general prohibition on events, gathering and meetings of more than two persons unless:

- Specifically authorised;
- Consisting of members of the same household;
- Relating to shopping for basic necessities, daily exercise, attending a medical or dental appointment, visiting a pharmacy, caring or helping for a vulnerable person; or
- Relating to essential workers and their customers or patients.

Each set of Directions has been made with the clear objective of taking a proportionate approach, based on balancing the public health needs of the community with the rights and needs of those living and working in our community. This means that exceptions and exemptions have been made to enable flexibility for individuals, families, service providers and employers who have a specific and clear need.

The Directions set by the Committee were kept under constant review to ensure that they remained in line with the authority contained in Regulations made by the Civil Contingencies Authority and were proportionate, equitable, and supportive of the health and wellbeing of islanders. By reflecting on the evolving public health evidence, the feedback of senior States of Guernsey staff on the Strategic Co-ordinating Group and comments and observations from businesses and the public, the Directions (and associated Authorisations) have gradually evolved to ensure that despite the unprecedented circumstances, restrictions only remained in place for as long as there was a demonstrable Public Health need which could not be addressed in a less restrictive manner. Consultation has also taken place with Alderney and Sark representatives, supported by regular operational meetings to ensure that consideration has been given to all Bailiwick islands. In general terms, the community has responded very well to the circumstances of lockdown, though we are mindful of the social and economic disruption that it has caused for many, which can affect mental health and wellbeing.

Understanding the Bailiwick's unique situation has meant it has been possible to shape the proposals over time. From the initial stages in March where emergency home repairs were permitted in case of weather damage to May when the sale of children's clothes was permitted recognising the change in season, steps have been taken to directly respond to the concerns of islanders. Importantly, the Framework has not operated in isolation. Dedicated States of Guernsey teams have been in place since the restrictions came into force to answer questions from the public and industry and explore how the restrictions practically impacted on different business types and ensure consistency of advice. By understanding the practical realities of different businesses, we

have been able to supplement Directions by extensive Guidance, ensuring that any requirements are proportionate to the risks presented.

As an island, maintaining control of our borders and ensuring social isolation on arriving in the Bailiwick remains a critical part of the public health strategy. However, as a jurisdiction, we cannot, and have not sealed ourselves off completely from the world, which is why the Director of Public Health has been able to exercise discretion in her statutory powers when considering whether to require individuals entering the Bailiwick to self-isolate for example. In limited circumstances, where there is a time sensitive need for individuals to be allowed to work in Guernsey in order to fulfil a critical role, alternative restrictions on the individuals' movement have been able to be applied in order that the public health risks can be mitigated while enabling crucial work to be undertaken.

Between 25th March and 29th May, the Committee has made nine separate Directions, a summary of which is set out below.

Direction 1	25 th March 2020–29 th March 2020	Full lockdown — broad restrictions to facilitate a full lockdown but enabling essential work to continue and for those premises which were closed to be maintained and secured. Restrictions on gatherings of over two people. Clarity through an Authorisation regarding essential home maintenance.
Direction 2	29 th March 2020–7 th April	Amendments to the definitions of essential worker and clarity through new Authorisations issued regarding vehicle maintenance for essential workers.
Direction 3	8 th April–18 th April	Phase 1 — Permitted home delivery in limited cases subject to specific conditions. Clarity through new Authorisations issued regarding Members of the States using Sir Charles Frossard House for the purposes of attending remote meetings of the States of Deliberation and permitting individual workers and workers working in pairs outside in Sark.
Direction 4	19 th April–24 th April	Expanded home delivery permitted to include non-essential retail.
Direction 5	25 th April–8 th May	Phase 2 — Enabled some businesses to resume trading subject to satisfying a notification requirement and observing a number of measures (including in particular social distancing) intended to inhibit the spread of the virus. Clarity through authorisations allowing expanded household bubble and the operation of outdoor leisure facilities.

Direction 6	9 th May–15 th May	Increased permitted recreational time from 2 hours to 4 hours.
Direction 7	16 th May–29 th May	Phase 3 — Enabled some limited non-essential retail activity to take place in Phase 3; eased some of the earlier restrictions for the operation of other workplaces; allowed takeaway services to operate and provided for further expansion of the household bubble to 4 households in total.
Direction 8	18 th May–29 th May (in force concurrently with Direction 7)	Minor technical drafting points.
Direction 9	30 th May–(in force until) 12 th June	Entry into Phase 4 — Broad reopening of most Bailiwick businesses with a distinction made between ‘controlled’ and ‘uncontrolled’ environments and gatherings of 30 people permitted (with larger gatherings permitted through exemptions including for weddings and funerals).

Since first publishing the Exit framework on 5th April 2020, the Committee has stressed that it is a living document. The timings set out in the document have therefore always been indicative, and where the evidence has shown it has been possible to move at a faster pace, while still protecting the health of the islanders, the Committee has done so and will continue to do so. This has seen the Committee move to Phase 4 with effect from the end of May 2020. However should circumstances deteriorate, the Committee will move at a slower pace and/or revert to an earlier stage if evidence shows that this is necessary to protect previous gains and safeguard Public Health.

Exit from Lockdown: Considerations

1. Non-Pharmaceutical Interventions (NPIs) to prevent the spread of COVID-19

As part of considering the exit from lockdown, the role of NPIs and their use in the Bailiwick have been assessed.

NPIs applied so far have included school closures, remote working and quarantine. It is worth noting that estimates of the effect of NPIs on reducing transmissions of SARS-CoV-2 are approximate and the combined effect of multiple measures implemented together are not robustly quantified. Internationally NPIs have generally been scaled up over time in response to the magnitude of the outbreak in each respective country. While the precise effect of each intervention can only be estimated these measures have been shown to be effective at reducing the transmission of pandemic influenza and we implemented them on the assumption that they would also be applicable to COVID-19.⁹

⁹ Neil M Ferguson, Daniel Laydon, Gemma Nedjati-Gilani et al. Impact of non-pharmaceutical interventions (NPIs) to reduce COVID-19 mortality and healthcare demand. Imperial College London (16-03-2020), doi: <https://doi.org/10.25561/77482>.

Globally a wide range of NPIs have been implemented. Information from the UK Government published on 16th March 2020 considered the categories of NPIs illustrated in Table 2.

Table 2: Categories of Non-Pharmaceutical Interventions (NPIs)¹⁰

Intervention	Description	Bailiwick of Guernsey equivalent
Case Isolation in the home	Symptomatic cases stay home for 7 days from symptom onset	Compulsory quarantine of 14 days or until asymptomatic (other than persistent chronic cough) for cases positive on PCR; negative test required to release
Home quarantine / self-isolation	Following identification of symptomatic case in household, all household members remain at home for 7 days	Mandatory self-isolation for household contacts of confirmed positive cases for 14 days; testing for symptomatic contacts of cases
Social distancing of those aged >65	Personal and physical interactions reduced	Social distancing advice
Social distancing of entire population	Personal and physical interactions reduced	Social distancing advice
Closure of schools and Universities	Closure of all schools and majority of universities	Closure of schools and pre-school care settings

Additional NPIs not included in the ICL paper include:

- Personal protective measures such as hand hygiene;
- Environmental measures such as disinfection and ventilation; and
- Travel related measures such as travel restrictions.¹¹

A review of the scope and timing of NPIs, their description and when they were introduced into the Bailiwick is outlined in Table 3. It must be noted that not all of the below fall under the authority of the Committee for Health & Social Care but are included for completeness, acknowledging that they collectively provide the context in which the Committee has made decisions.

¹⁰Neil M Ferguson, Daniel Laydon, Gemma Nedjati-Gilani et al. Impact of non-pharmaceutical interventions (NPIs) to reduce COVID-19 mortality and healthcare demand. Imperial College London (16-03-2020), doi: <https://doi.org/10.25561/77482>.

¹¹ Neil M Ferguson, Daniel Laydon, Gemma Nedjati-Gilani et al. Impact of non-pharmaceutical interventions (NPIs) to reduce COVID-19 mortality and healthcare demand. Imperial College London (16-03-2020), doi: <https://doi.org/10.25561/77482>.

Table 3: Non-Pharmaceutical Measures in place in the Bailiwick

Measure	Description	Date
Border restrictions	Measures to restrict travel from outside into the Bailiwick	6 th February 2020: Compulsory self-isolation for people returning from defined affected areas
	Avoiding crowding in airports and other transport hubs	25 th February 2020: Countries defined as Group A and B countries with compulsory self-isolation for 14 days for all travellers returning from Group A countries and self-isolation from Group B countries if symptoms develop
	Compulsory self-isolation of returning travellers	18 th March 2020: Travel restrictions for all but essential travellers and returning citizens
		18 th March 2020: Compulsory self-isolation for all people returning to the Bailiwick, irrespective of country of origin
Isolation / Quarantine	Separation of persons with a contagious disease from susceptible persons with the declaration of SARS-CoV-2 as a notifiable agent and COVID-19 as a notifiable disease	18 th February 2020: COVID-19 made a notifiable disease and SARS-CoV-2 a notifiable agent
		18 th February 2020: Compulsory self-isolation of all cases and contacts of COVID-19
Contact tracing	Robust and thorough contact tracing of those likely to have been exposed to infection from known cases; testing of symptomatic contacts of cases	From first confirmed case on 9 th March 2020
Schools	Enhanced social distancing measures	10 th March 2020: Enhanced social distancing measures introduced into schools
	Closures of schools and pre-school settings across the Bailiwick	16 th March 2020: School closure
Crowding	Measures to avoid crowded places, for example banning large gatherings or only associating with members from your own household	20 th March 2020: All licenced premises closed
		25 th March 2020: All gatherings of more than two people in public stopped
		25 th March 2020 People asked to stay at home, except for very limited purposes
		26 th March 2020: Guidance issued on shielding the most vulnerable in the population for 12 weeks

Workplace closures and remote working measures	Closures of workplaces with advice to work remotely where possible	25 th March 2020: Closure of all but essential workplaces 7 th April 2020: Lockdown extended but relaxation of non-essential deliveries under strict guidance
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Local measures, as outlined above, were implemented quickly with a focus on emerging evidence. The key aim of these interventions was to reduce the effective reproduction number, R_0 (the average number of new infections resulting from each positive case), with a view to bringing the pandemic under control.¹²

The optimal duration and combination of NPIs remains unclear. Studies from pandemic influenza have also shown that the timing and duration of interventions will impact on effectiveness. For example, with influenza there are restricted benefits to time-limited interventions, with a potential reduction in mortality by up to 30% being eroded if the control was applied too late or lifted too early.¹³

Early information on the efficacy of travel bans on imported cases of COVID-19 are beginning to emerge. A recent study on Australia quantified impact of its travel restrictions and travel ban of travellers from mainland China to have reduced imported cases by 79% over 4 weeks.¹⁴ In the Bailiwick, the proportion of positive cases which were imported by returning travellers substantially reduced after travel advisories and restrictions came into force (see Figure 5). These restrictions remain of vital importance to protect the community from further importation of infection.

2. The Over 65s and Vulnerable Groups

With the implementation of strict new measures coming into force in the Bailiwick from Wednesday 25th March 2020, it was recommended that anyone over 65 or who has an underlying medical condition did not leave their house unless it was essential. This was to protect not only the person themselves, but also other members of the community. Examples of underlying medical conditions that put people at a higher risk include solid organ transplant recipients and people with specific cancers.

The impact that lockdown has had on the broader physical and mental wellbeing of all islanders has been recognised and so as the Bailiwick progresses out of lockdown we have worked with the community to look at how we can minimise risks to these groups. Importantly as the Bailiwick has transitioned through the Phases, we have been able to provide advice on how older islanders and those with many underlying health conditions can mitigate risk as far as possible. With the

¹² DOI: <https://doi.org/10.25561/77731>. [Accessed 10 April 2020].

¹³ Bootsma, M. and Ferguson, N., 2007. The effect of public health measures on the 1918 influenza pandemic in U.S. cities. *Proceedings of the National Academy of Sciences*, 104(18), pp.7588-7593.

¹⁴ Anzai, A., Kobayashi, T., Linton, N., Kinoshita, R., Hayashi, K., Suzuki, A., Yang, Y., Jung, S., Miyama, T., Akhmetzhanov, A. and Nishiura, H., 2020. Assessing the Impact of Reduced Travel on Exportation Dynamics of Novel Coronavirus Infection (COVID-19). *Journal of Clinical Medicine*, 9(2), p.601.

progression to Phase 3 some social distancing measures were being relaxed, for example with the formation of household 'bubbles'. Over 65s and those with chronic health conditions were advised that they could join 'household bubbles' as long as they had not been advised differently by a healthcare professional. Now in Phase 4, with the exception of those islanders with serious medical conditions still shielding on medical advice, it is simply recommended that older islanders exercise common sense in their social interactions and, in line with the wider community, adopt good hand hygiene.

Critical as the Bailiwick eases out of lockdown is a consideration of how Care Home residents and staff are protected against COVID-19. Care Home residents are particularly vulnerable to the serious consequences of infection and there will be a continued focus on providing testing and support for this sector, as required.

3. Wider Considerations

When considering the implementation of control measures, it is important to strike a balance between early application to reduce the peak of the epidemic, whilst ensuring that they can be feasibly maintained for an appropriate duration. This was considered carefully with each control measure that was put into place in the Bailiwick.

Globally it is estimated that the number of infections is under-reported. This has been due to limited testing resources and a focus on testing in hospital settings rather than in the community. The Bailiwick, by contrast, moved early to acquire the equipment required to perform testing locally and has sustained and expanded community testing since the earliest opportunity. The attack rate is the percentage of the population that contracts the disease in an at risk population during a specified time interval. In Europe the attack rate has been estimated at 4.9% on average [95% CI 1.9%-11.0%].¹⁵ For the UK the estimate is 2.7% [95% CI 1.2%-4.5%] and France 3.0% [95% CI 1.1%-7.4].¹⁶ This suggests that the populations of Europe, and our closest neighbours, are not close to herd immunity, which would require a minimum of 85% population immunity to prevent infection. The attack rates in the Bailiwick, and in Europe, do need to be further investigated with population-based serological studies which will measure the presence or absence of antibodies to COVID-19 as an indicator of indicate prior infection. However, the current data does indicate a significant vulnerability to re-introduction into the Bailiwick from multiple sources should border restrictions be relaxed.

¹⁵ CI: Confidence Interval. A 95% confidence interval is a range of values that you can be 95% certain contains the true mean of the population.

¹⁶ Imperial College COVID-19 Response Team, 2020. *Report 13: Estimating The Number Of Infections And The Impact Of Non-Pharmaceutical Interventions On COVID-19 In 11 European Countries*. Imperial College COVID-19 Response Team. [online] Imperial College COVID-19 Response Team. Available at: <<https://spiral.imperial.ac.uk:8443/bitstream/10044/1/77731/10/2020-03-30-COVID19-Report-13.pdf>> [Accessed 10 April 2020].

Linked to this is the possible role of asymptomatic and pre-symptomatic people in sustaining community infection. Based on data from Japanese evacuees from Wuhan, the estimated proportion of all cases who were asymptomatic is 30.8% [95% CI 7.7%–53.8%].¹⁷

The lag time between becoming infected, developing symptoms, and progressing to severe symptoms also needs to be considered. The mean incubation period for COVID-19 is believed to be 4–5 days (range 2–14 days) and it is estimated that it would take five days from the onset of symptoms to the point of hospitalisation for those cases where severe disease will develop.¹⁸ Acting promptly when indicators suggest imminent community spread may be beneficial in controlling the outbreak. Flattening the curve, through NPIs, is also essential to maintain capacity in hospitals.

The risk of a second wave of the virus also needs to be considered. If we continue on our pathway towards elimination of SARS-CoV-2 from our community, any re-emergence of infection will result from a new introduction from outside of the Bailiwick. Importation of infection into the Bailiwick was apparent in early March 2020 and declined rapidly with the imposition of strict border controls in the latter part of that month.

While not a matter for consideration by the Committee for Health & Social Care, continued focus continues to be given across the States of Guernsey to travel restrictions; recognising they remain of vital importance in managing our response to the risk of COVID-19 as we exit from lockdown safely. This will be considered separately under the auspices of the Civil Contingencies Authority as the focus on this update is to expedite the progression to Phase 5 of the exit from lockdown. Whilst this may be when a vaccine or effective treatment becomes available, it is acknowledged that these may not be available for the foreseeable future. Alternative strategies may include an evaluation of the risk of infection in a particular jurisdiction, similar to the approach used pre-lockdown to prioritise SARS-CoV-2 testing to those returning from higher risk countries of origin.

A second wave of infection could put pressure on healthcare capacity. For this reason, the planned expansion of hospital bed capacity has been completed. However, the maintenance of strict border controls is a key component in mitigating against the risk associated with a surge in healthcare requirements.

As we ease out of lockdown, the message for islanders remains to stay at home if they have any of symptoms of COVID-19 and to seek further advice through their GP or the Coronavirus clinical helplines Tel: 01481 756938 or 01481 756969.

¹⁷ National University of Singapore, 2020. *COVID-19 Science Report: Lockdowns*. COVID-19 Science Report. [online] Saw Swee Hock School of Public Health. Available at: <https://sph.nus.edu.sg/wp-content/uploads/2020/04/COVID-19-Science-Report-Lockdowns-20-Apr_updated.pdf> [Accessed 17 April 2020].

¹⁸ UKOT COVID-19 modelling information summary. Released 23/03/20. Email attachment (from PHE Global Public Health UKOT Representative) to Director of Public Health; Imperial College COVID-19 Response Team, 2020. *Report 9: Impact Of Non-Pharmaceutical Interventions (Npis) To Reduce COVID-19 Mortality And Healthcare Demand*. [online] Imperial College COVID-19 Response Team. Available at: <<https://www.imperial.ac.uk/media/imperial-college/medicine/sph/ide/gida-fellowships/Imperial-College-COVID19-NPI-modelling-16-03-2020.pdf>> [Accessed 16 March 2020].

Current Analysis of Cases of COVID-19

1. Case numbers and distribution

The first case of infection with SARS-CoV-2 was diagnosed in Guernsey on the 9th March 2020 in a person returning from holiday in Tenerife. The cumulative total of case numbers is illustrated in Figure 1.

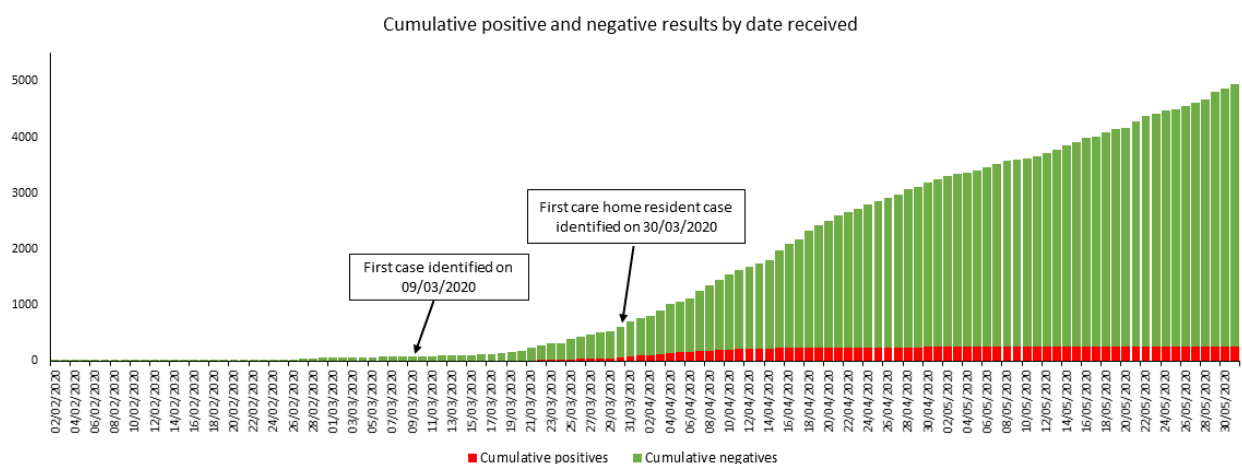


Figure 1: Cumulative positive and negative results by date of sample receipt

The case summary of the 252 cases of COVID-19 is illustrated in Figure 2. Recovery is defined here as having no detectable virus on their nose/throat swab on day 14, or later if a person is still symptomatic on day 14. Active cases are the total number of cases minus those who have recovered or are deceased.

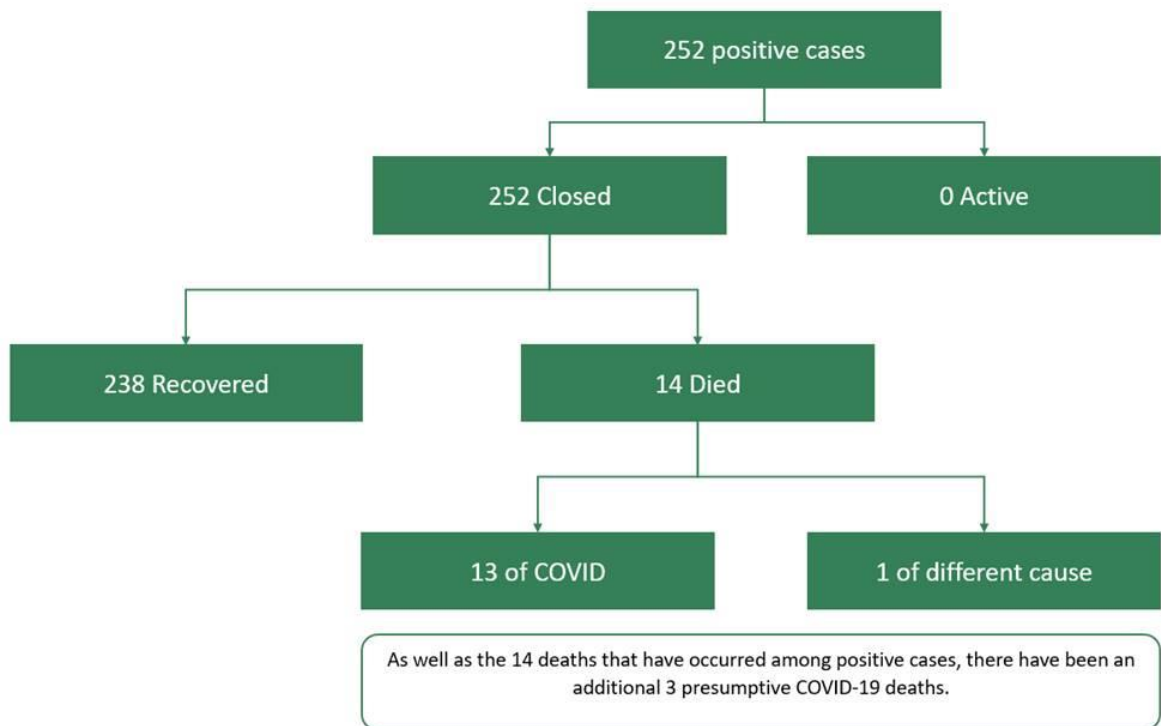


Figure 2: Case Summary

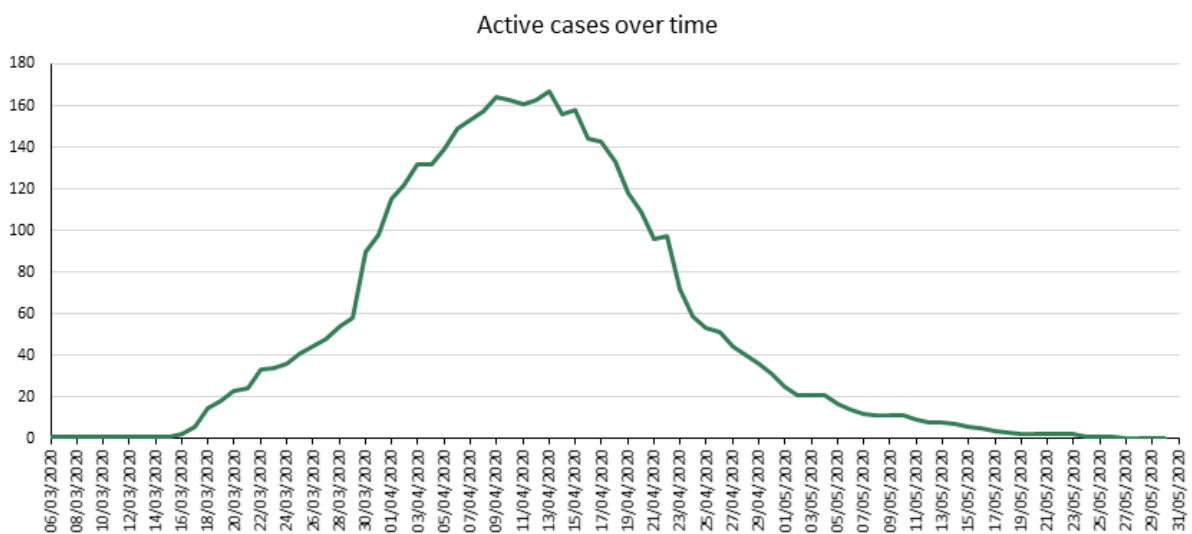


Figure 3: Active cases by Date of Diagnosis

2. Categorisation of cases

Bailiwick cases 1–252 were examined. Five main descriptive categories emerged. These are illustrated below in Figures 4 and 5.

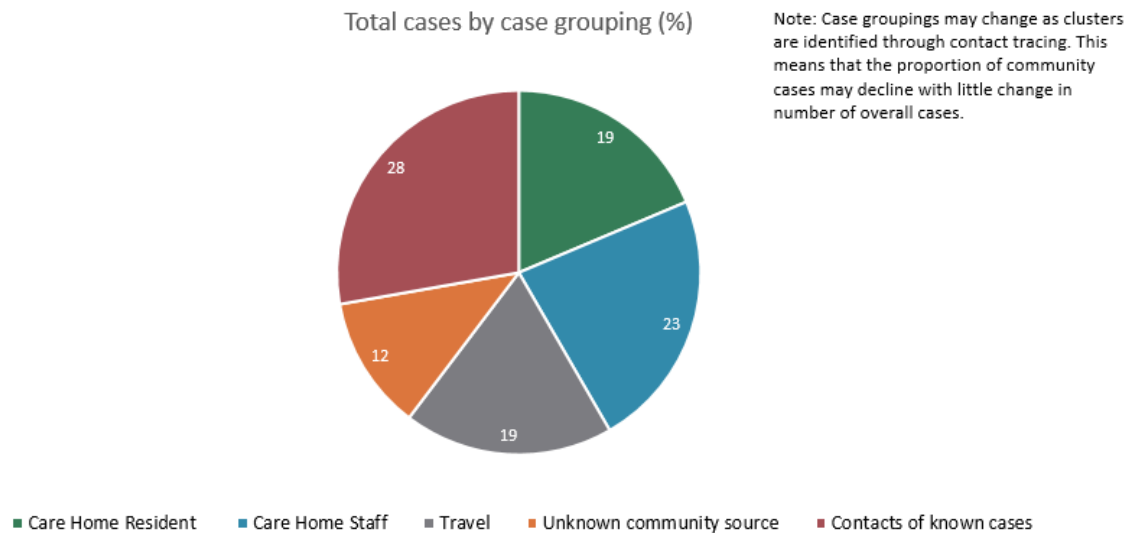


Figure 4: Total Cases by Grouping (%)

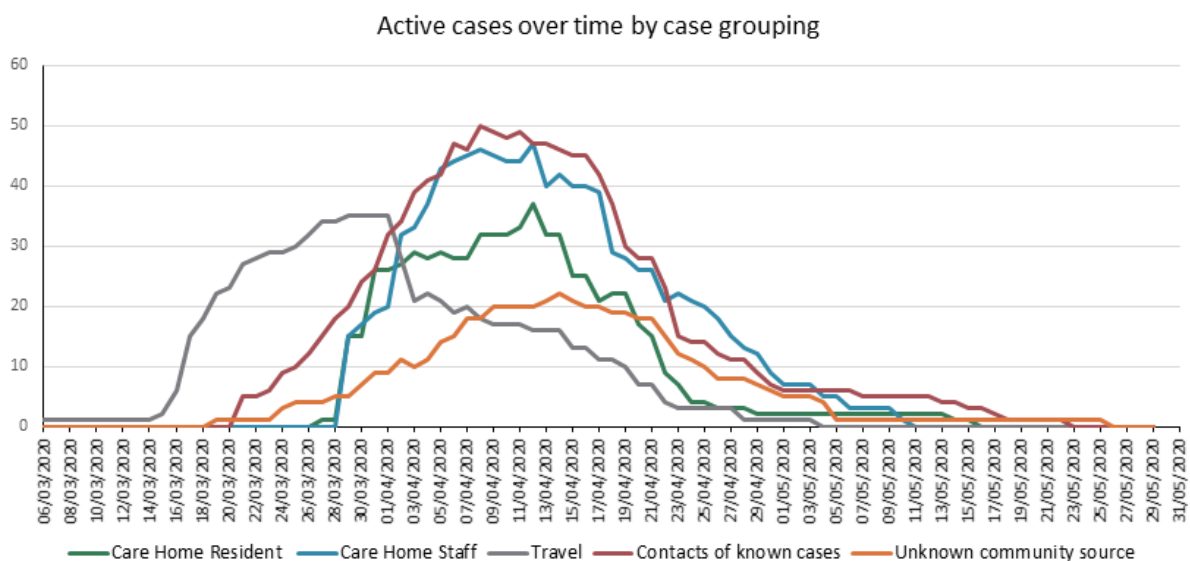


Figure 5: Case Grouping by Date of Diagnosis

Two outbreaks in local nursing and residential homes account for 40% of Bailiwick cases. In both care homes, all staff and residents were tested, irrespective of symptoms. Furthermore, 28% of cases have been identified through our contact-tracing processes, with more infections detected among contacts of confirmed cases over time in line with the increase in total cumulative case count. Cases where there was a history of recent travel were initially high but reduced as travel restrictions and passenger movements declined.

No positive results have been detected in either Alderney or Sark.

3. Demographics

Analysis of the 252 confirmed cases showed that:

- 63% of cases were among females; 37% among males;
- Infections have been recorded in individuals aged from 0 to 99;
- 96% of infections have been in adults aged 18 and over; 4% have been among children under age 18,

The age and sex profile of cases is shown below in Figure 6.

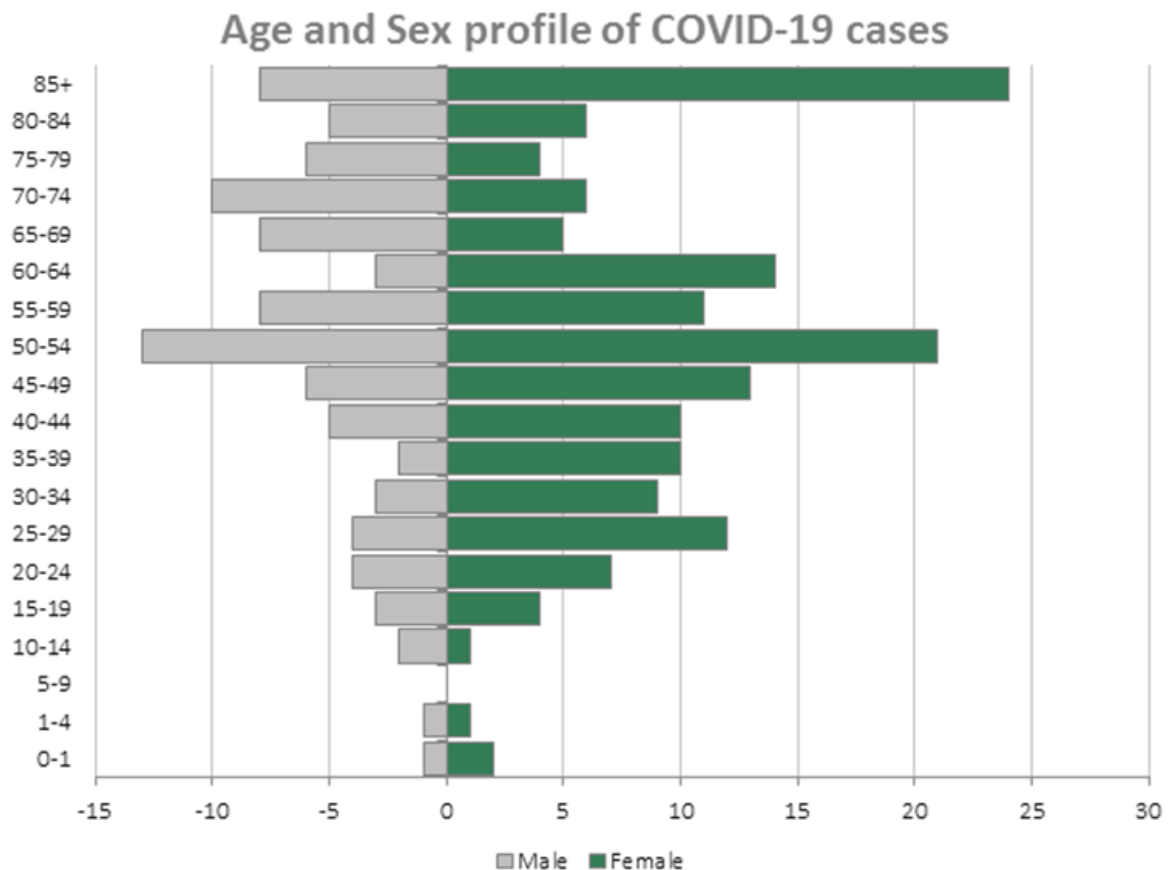


Figure 6: Age-sex distribution of Bailiwick cases 1–247

The sex-skew towards females may reflect the preponderance of elderly females relative to males in the population and a sex bias in occupational roles with more women working in caring roles (e.g. in the care homes where multiple infections were detected among staff).

4. Analysis of symptoms

The initial case definition adopted in the Bailiwick used three symptoms, defined by Public Health England, which focussed on the presence of fever, cough or shortness of breath.

Following an analysis of the symptoms present in the first 150 COVID-19 cases in the Bailiwick, and considering emerging reports of symptomatology in international publications, testing criteria were broadened from the 8th April 2020 to include:

- Fever (rigors, chills, difficulty getting warm, high temperature);
- Muscle ache (fatigue, exhaustion);
- Headache (sinus pain, pain around eyes);
- Loss of smell/taste;
- Cough (usually as a late symptom);
- Sore throat;
- Shortness of breath, chest tightness; and
- Over 80s and 90s – loose stool, mild fever, increased confusion and a person being described as ‘not themselves’, with a cough presenting later.

The case definition was modified to identify more positive COVID-19 cases through testing which, in turn, allowed better control and containment of infections.

5. Mortality

Details of deaths registered in Guernsey from 1st January to the 18th April 2020 were extracted by the Health Intelligence Unit, Public Health Services, on 23rd April 2020.¹⁹ These were examined to determine the impact of the on-going COVID-19 pandemic on local death registrations for deaths from all causes.

The first death from COVID-19 occurred in Guernsey during week 13 and was registered in week 14. Therefore it is weeks 14 to 16 (Table 4, shaded) where one would expect the impact of COVID-19 mortality to have been seen.

Table 4: Death registrations in Guernsey during weeks 1–16 of 2020, with comparison figures from 2010–19

Week number	2020 (all registrations)	2020 (excluding COVID and ‘Possible/Probable’ COVID)	Average registrations in the 10 years 2010–19 (range)
1	6	6	8 (0–14)
2	13	13	13 (7–23)
3	11	11	13 (4–19)
4	9	9	13 (7–23)
5	8	8	13 (7–20)
6	7	7	12 (5–19)
7	12	12	10 (6–15)
8	14	14	13 (6–20)
9	11	11	11 (6–17)
10	11	11	9 (6–21)
11	12	12	9 (4–16)
12	10	10	12 (5–19)
13	9	9	11 (6–14)

¹⁹ Guernsey Greffe Death Registrations, 2020

14	12	9	12 (7–19)
15	20	13	12 (7–20)
16	8	5	11 (5–18)

Numbers of all-cause deaths during 2020 were close to or lower than the 10-year average for weeks 14 and 16. In week 15, however, the count of registrations (n=20) exceeded the 10-year average and was at the top of the range of values seen in single years between 2010 and 2019. This is likely to reflect excess mortality during 2020 due to COVID-19.

To examine whether we were seeing excess mortality from other causes as secondary, indirect effects of the COVID-19 pandemic (e.g. due to reduced access to timely medical care for other conditions), death registrations relating to COVID-19 or possible COVID-19 were removed and the remaining registration count examined. With COVID-19 deaths removed registration counts were found to be in line with, or lower than, average weekly registration counts for the previous ten years. This suggested there has been no adverse impact on all-cause mortality up to that point.

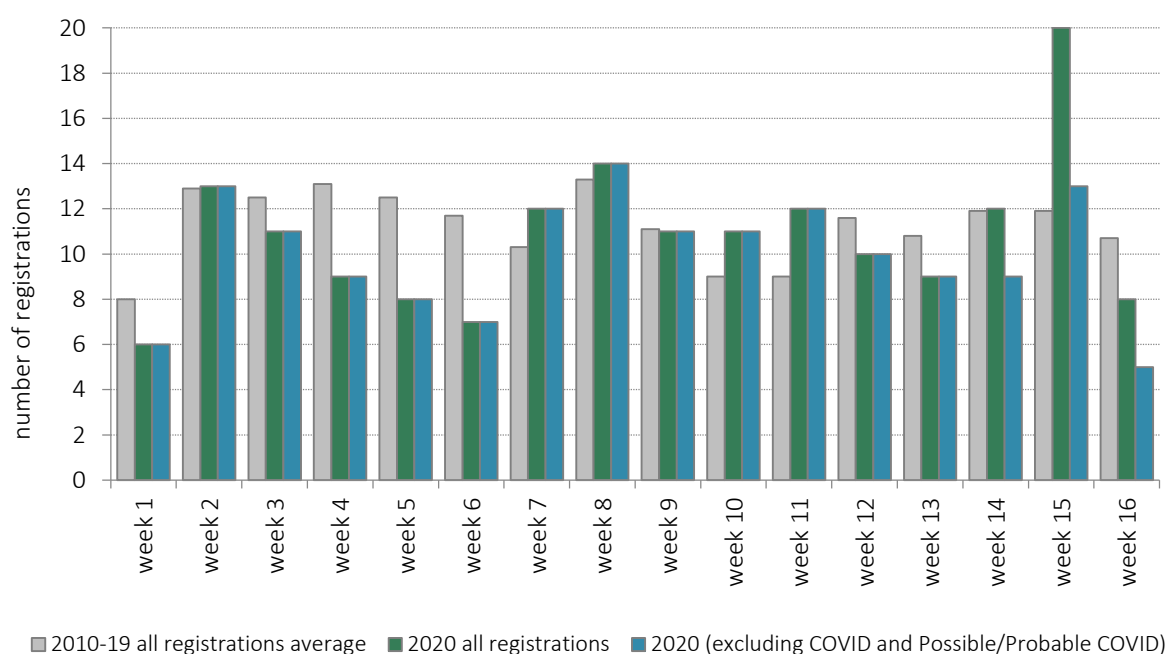


Figure 7: Weekly death registrations during 2020 and 2010–19

ECDC Technical Report: Considerations for measures related to travel to reduce spread of COVID-19 in the EU/EEA.

On 12th May the European Centre for Disease Control produced a technical report setting out considerations relating to travel and efforts to reduce the spread of COVID-19 in Europe. While travel is not within the remit of the Committee for Health & Social Care, these consideration provide a helpful international context for the Civil Contingencies Authority in its decision making and outline:

- That travel has contributed significantly to the spread of COVID-19 which is now circulating in all EU member states;
- That travel and tourism can lead to the transmission of SARS-CoV-2 in at least two ways, firstly following the mobility of people who may introduce the virus to the destination country following arrival and secondly stemming from the gathering of people at airports, resorts and so on during the act of travelling;
- That areas with low levels of community transmission will be vulnerable to inward net spread of the virus from areas with higher levels of community transmission; and therefore
- That the European Roadmap to lifting coronavirus containment measures states that, *“restrictions on travel should first be eased between areas with comparably low reported circulation of the virus”* (taking into account that confirmation of the true level of viral circulation can only be achieved with certainty where source countries have widespread testing facilities at regional and national level and where effective contact tracing is demonstrably in place).

The Bailiwick is connected to three other countries: the UK, France and Jersey. If the Bailiwick were to heed the ECDC European Roadmap advice, a prerequisite for unrestricted travel between Guernsey with any of UK, Jersey or France, the Islands would need to be confident that each country has:

- a) Robust testing infrastructure that can identify community cases of Covid-19, ideally in a timely manner;
- b) Few or no community cases of COVID-19.

At present, neither the UK nor France meets both of these criteria. Additionally the situation is complicated by the fact that the UK and France are both used by local travellers as gateway countries for onward travel to other destinations. At present, the Bailiwick has no robust means of verifying the ultimate source countries for travellers entering the Bailiwick through our nearest neighbours. This leaves the Islands vulnerable to introductions of infection from any part of the world.

The ECDC technical report notes that border closures are only likely to be effective if they are almost complete and if they are rapidly implemented during the early phase of an epidemic as may be possible in small, isolated island nations. The Bailiwick was exceptionally well-placed to exploit this opportunity to good effect through the decisive action taken by the Civil Contingencies Authority. Having reached a point of near-elimination locally, Public Health advice suggests that the biggest threat to our control strategy at the present time would come from the reintroduction of infections from nearby countries where the epidemic is not yet so well controlled. Re-introductions could spur new local outbreaks which, at worst, could overwhelm our health services and cause significant additional morbidity and mortality and which, at best, would likely cause our exit from lockdown to be slowed or reversed.²⁰

²⁰ European Centre for Disease Prevention and Control. Considerations related to measures for travellers to reduce spread of COVID-19 in the EU/EAA. Stockholm 2020. [Accessed 17 May 2020].

COVID-19 World Health Organisation Strategy Update: Transitioning to and maintaining a steady state of low-level or no transmission

The WHO published a COVID-19 Strategy Update on the 14th April 2020. Here they outline that for many countries and communities, managing a controlled and deliberate transition from a scenario of community transmission to a sustainable, steady state of low-level or no transmission is, at present, the best-case outcome in the short and medium term in the absence of a safe and effective vaccine.²¹ Low-level or no transmission will allow the Bailiwick to return to a far broader range of activities. The advice is to quarantine people from areas where there is community transmission of the virus that causes COVID-19.

Achieving either of these aims will hinge on the ability of national and/or subnational authorities to ensure that six key criteria are satisfied:

1. **COVID-19 transmission is controlled** to a level of sporadic cases and clusters of cases, all from known contacts or importations and the incidence of new cases should be maintained at a level that the health system can manage with substantial clinical care capacity in reserve.
2. **Sufficient health system and public health capacities are in place** to enable the major shift from detecting and treating mainly serious cases to detecting and isolating all cases, irrespective of severity and origin:
 - **Detection:** suspect cases should be detected quickly after symptom onset through active case finding, self-reporting, entry screening, and other approaches;
 - **Testing:** all suspected cases should have test results within 24 hours of identification and sampling, and there would be sufficient capacity to verify the virus-free status of patients who have recovered;
 - **Isolation:** all confirmed cases could be effectively isolated (in hospitals and/or designated housing for mild and moderate cases, or at home with sufficient support if designated housing is not available) immediately and until they are no longer infectious;
 - **Quarantine:** all close contacts could be traced, quarantined and monitored for 14 days, whether in specialised accommodation or self-quarantine. Monitoring and support can be done through a combination of visits by community volunteers, phone calls, or messaging.
3. **Outbreak risks in high-vulnerability settings are minimised**, which requires all major drivers and/or amplifiers of COVID-19 transmission to have been identified, with appropriate measures in place to minimize the risk of new outbreaks and of nosocomial transmission (e.g. appropriate infection prevention and control, including triage, and provision of personal protective equipment in health care facilities and residential care settings).

²¹ <https://www.who.int/publications-detail/covid-19-strategy-update---14-april-2020>. [Accessed 17 May 2020]

4. **Workplace preventive measures are established** to reduce risk, including the appropriate directives and capacities to promote and enable standard COVID-19 prevention measures in terms of physical distancing, hand washing and respiratory etiquette.
5. **Risk of imported cases managed** through an analysis of the likely origin and routes of importations, and measures would be in place to rapidly detect and manage suspected cases among travellers (including the capacity to quarantine individuals arriving from areas with community transmission).
6. **Communities fully engaged** and understand that the transition entails a major shift, from detecting and treating only serious cases to detecting and isolating all cases, that behavioural prevention measures must be maintained, and that all individuals have key roles in enabling and in some cases implementing new control measures.²²

Lockdown Exit / Modification Strategies

A key consideration for the exit from lockdown is the need to balance the infectious risk with the wider effects on the health and wellbeing of the community. So, as the length of the lockdown increases, there may be unsustainable economic, social and political issues that need to be considered.

However, Public Health Services considers that it is of paramount importance not to lose the gains achieved by the implementation of lockdown.

A summary of the possible strategies to exit or modify lockdown, which can either be used alone or in combination, are illustrated in Figure 8 below.²³

²² <https://www.who.int/publications-detail/covid-19-strategy-update---14-april-2020>. [Accessed 15 April 2020].

²³ Tony Blair Institute for Global Change, 2020. *Suppression Exit Strategies For Lifting Lockdown: Measures For The UK*. [online] Tony Blair Institute for Global Change. Available at: <<http://Tony Blair Institute for Global Change>> [Accessed 5 April 2020].

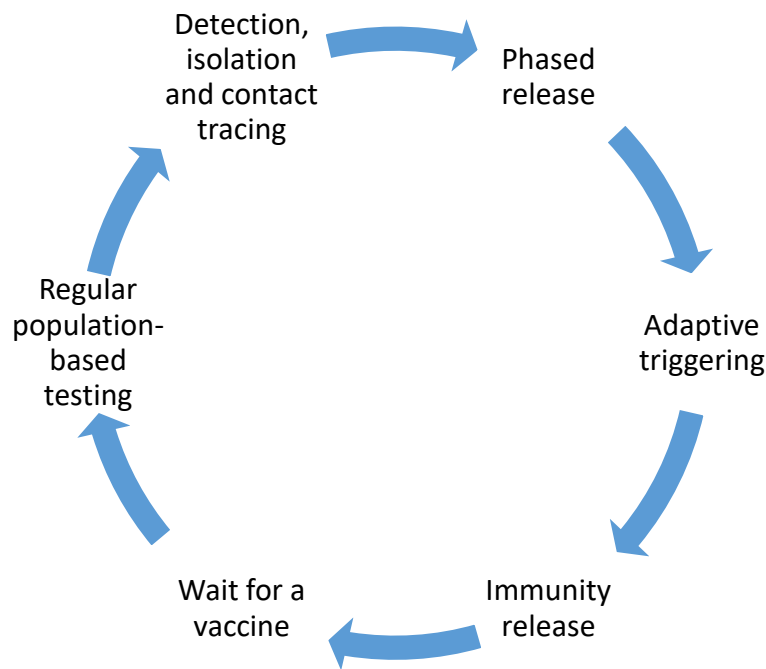


Figure 8: Strategies to exit lockdown²⁴

1. Lockdown until vaccine available

From a health-protection viewpoint, remaining in lockdown until a vaccine is available would be the best option for minimising morbidity and mortality from COVID-19. However, whilst there are a number of companies that are trying to develop a vaccine, it is uncertain as to when this will be available for clinical use.

Keeping the Bailiwick in lockdown for a year or more would have a significant impact on the health and wellbeing of our population and is unlikely to be acceptable. A key consideration is the fact that this may cause significant harm to the broader wellbeing of islanders, through economic hardship, loss of employment, bankruptcy and so on. Public Health Services have therefore continued its consideration of exit strategies on the assumption that lockdown until a vaccine becomes available may not be a viable option.

This approach has therefore been discounted as a way forward for the Bailiwick. However, it remains our intention to implement an immunisation programme as soon as a vaccine becomes available.

2. Phased release from lockdown

Research from Imperial College, London suggests that of all measures taken so far, only full lockdown may have reduced the R0 figure to around 1 (the maximum value at which an epidemic

²⁴ Tony Blair Institute for Global Change, 2020. *Suppression Exit Strategies for Lifting Lockdown: Measures for the UK*. [online] Tony Blair Institute for Global Change. Available at: <<http://Tony Blair Institute for Global Change>> [Accessed 5 April 2020].

may be brought under control).²⁵ Moving from full lockdown to a position where all suppression and mitigation interventions were removed at the same time would, certainly, lose the gains made to date. In the absence of any ongoing NPIs the outbreak would gain momentum once more with possible devastating consequences for the Bailiwick.

In principle, the favoured approach would be if it were possible to remove some of the measures currently in place while retaining others, in order to strike a balance between negative wider health, wellbeing and economic impacts while still keeping the reproduction number (R0) as much as possible to below or very close to 1.

3. Adaptive triggering

A further model probed by Imperial College London, is that of “adaptive triggering”. This uses Intensive Care (ICU) hospital admissions passing a given threshold to trigger a return to more stringent control measures. A possible approach would be to use this in combination with a phased release, where some measures are retained²⁵.

Combining adaptive triggering with other measures could mean that any period of lockdown might be of shorter duration and may prevent having to revert to more stringent controls. However, the same trigger could be used for increasing NPI measures if the ICU trigger threshold was passed²⁵. Consideration would need to be given to how the effect of erratic hospital activity could be minimised to prevent over-triggering. This is particularly relevant for a small jurisdiction where relatively small numbers of cases are occurring. Combining an adaptive trigger utilising a number of triggers, for example a combination of ICU admission, with ward admissions, mortality rates and evidence of community seeding would provide the Bailiwick with a more robust adaptive trigger.

4. Immunity permits

Detection of a SARS-CoV-2-specific antibody can identify those who have had the virus and are therefore potentially immune. This is another possible strategy for triggering a release from lockdown. As antibody assays become more widely available with technology that allows for the large-scale processing of samples, this strategy may become more feasible. The theory is if someone has detectable antibodies, they would be allowed to safely return to work. However, the WHO has cautioned against the reliance on antibody testing as an indicator of immunity.²⁶

Specifically the WHO states that:

²⁵ Imperial College COVID-19 Response Team, 2020. *Report 13: Estimating the Number of Infections and the Impact of Non-Pharmaceutical Interventions on COVID-19 in 11 European Countries*. Imperial College COVID-19 Response Team. [online] Imperial College COVID-19 Response Team. Available at: <<https://spiral.imperial.ac.uk:8443/bitstream/10044/1/77731/10/2020-03-30-COVID19-Report-13.pdf>> [Accessed 10 April 2020].

²⁶ WHO.int. 2020. *"Immunity Passports" In the Context of COVID-19*. [online] Available at: <<https://www.who.int/news-room/commentaries/detail/immunity-passports-in-the-context-of-covid-19>> [Accessed 26 April 2020].

“At this point in the pandemic, there is not enough evidence about the effectiveness of antibody-mediated immunity to guarantee the accuracy of an “immunity passport” or “risk-free certificate.” People who assume that they are immune to a second infection because they have received a positive test result may ignore public health advice. The use of such certificates may therefore increase the risks of continued transmission.”²⁷

The ECDC technical paper on travel (12th May 2020) states that:

“There is currently limited evidence about the immunity or protection against COVID-19 disease provided by antibodies detected in sera of recovered patients. The quantity, quality and duration of the human immune response to SARS-CoV-2 is not clear yet. In addition, we lack validated serology tests that can ascertain immunity to the virus.

This lack of correlation with disease immunity is not expected to be resolved in the coming months and it will take years to be established for long-term immunity. No statements about immunity can currently be made, solely based on a serological test result. There is therefore not enough scientific basis to use serology or other immune markers to determine access to public facilities, travelling or employment. Any immunity certification for COVID-19 is not supported by ECDC given the evidence available at the moment.”²⁸

Of additional consideration is that this strategy is only potentially most advantageous in communities where a high proportion of people are thought to have been infected already. Conversely this would pose least advantage (except for targeted testing among specific groups e.g. medical staff) where a low proportion of people are thought to have been infected. Researchers have modelled the possible percentage of the total population affected, as indicated in table 4²⁵. These results indicate that only the minority of European populations have been infected in the past two months. In the Bailiwick, where we know our containment measures have been effective at reducing spread of the virus, we would expect to see the same low infection rates at population level. Whilst these results need to be interpreted with caution, they are currently indicative of the problems of relying on population-based immunity. This model also presents some serious ethical considerations where people may try to become infected with SARS-CoV-2 so that they could return to work sooner.

More detailed population-based analyses in the Bailiwick are planned, but a strategy of immunity-release has been discounted because of the ethical considerations outlined above.

Table 5: Percentage of total population infection as of the 28th March 2020²⁹

Country	% of total population infected (mean [95% credible interval])
Austria	1.1% [0.36%-3.1%]
Belgium	3.7% [1.3%-9.7%]
Denmark	1.1% [0.40%-3.1%]

²⁷ <https://www.who.int/news-room/commentaries/detail/immunity-passports-in-the-context-of-covid-19>. [Accessed 24 May 2020].

²⁸ European Centre for Disease Prevention and Control. Considerations related to measures for travellers to reduce spread of COVID-19 in the EU/EAA. Stockholm 2020.

²⁹ MRC Centre for Global infectious Disease Analysis. Report 13. [Accessed 10th April 2020]

France	3.0% [1.1%-7.4%]
Germany	0.72% [0.28%-1.8%]
Italy	9.8% [3.2%-26%]
Norway	0.41% [0.09%-1.2%]
Spain	15% [3.7%-41%]
Sweden	3.1% [0.85%-8.4%]
Switzerland	3.2% [1.3%-7.6%]
United Kingdom	2.7% [1.2%-5.4%]

The results presented above are from March 2020. However, recent data from the Office for National Statistics in the UK shows that, as of 24 May 2020, 6.78% (95% confidence interval: 5.21% to 8.64%) of individuals from whom blood samples were taken tested positive for antibodies to the coronavirus (COVID-19). This indicates that the minority of people have been infected in England.³⁰

The cumulative count of COVID-19 positive cases for Guernsey at the time of this analysis (n=219) represents 0.3% of the Guernsey population (95%CI 0.3–0.4).

5. Regular population-based testing

Weekly PCR testing for the Bailiwick is another potential strategy to identify and capture current and emerging infections for the containment of COVID-19. This would depend on the availability of reagents and other testing materials as well as the logistical and workforce requirements of carrying out whole-Bailiwick testing.

The Bailiwick Enhanced Testing Strategy will provide important additional assurance as we ease out of lockdown. This programme will provide greatly increased testing for the virus that causes COVID-19 from late June 2020 in an attempt to find any remaining undetected SARS-CoV-2 infections in the Bailiwick of Guernsey and to interrupt onward viral transmission. Testing will be offered irrespective of the presence of symptoms. This proactive case-finding programme will be critical to support efforts to move the islands safely out of lockdown and towards an acceptable 'new normal'.

6. Identification of cases, contact tracing, testing and quarantine

The process of contact tracing entails identifying someone who has a disease, listing all those who are deemed to have had 'close contact' (corresponding to an elevated risk of exposure to infection) with a confirmed case, then monitoring and isolating those people. Key here is the ability to identify cases of COVID-19 with a short interval between symptom onset, testing and reporting of the test result. Our ability to do this has been enhanced by the greater on-island availability of testing as well as early preparation of contact tracing documentation and processes.

Analysis of the symptoms present in local cases also led to a broadening of the case definition in the Bailiwick, allowing more cases to be detected. The local contact tracing programme also consider the

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<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/coronaviruscovid19infectionsurveyypilot/28may2020> [Accessed 5th June 2020]

possibility of pre-symptomatic transmission, and in contrast to some other jurisdictions, takes the more conservative approach of including the 24 hours before the case became symptomatic. Where outbreaks have been identified in local care homes, all staff and residents have been tested irrespective of symptoms to ensure that we identify as many cases as possible. This strategy contributed to the detection of more than five infections in asymptomatic individuals who may otherwise have caused spread to more islanders.

The continuation of contact tracing, combined with an enhanced testing programme, will allow for the identification of as many cases as possible. Developments in app-enabled contact tracing will be monitored as a potential enhancement to the current process.

All lockdown exit strategies, or modification of lockdown parameters, need to balance the immediate infectious risk to our population, together with the wider impact on the wellbeing of islanders, which includes economic wellbeing.

The Bailiwick Approach

1. The local epidemic is currently well-controlled.

To monitor the trajectory of infections in the Bailiwick, Public Health Services monitor positive test results, as illustrated in Figure 9. Each positive test result is plotted against the day that symptoms began (or against testing date if no symptom-onset date is available).

We are assuming that for each positive test result, that there may be 1.67 actual cases of coronavirus on the Island. This assumption is based on research which suggests that around 40% of infected individuals may be asymptomatic. In other words we assume that we are detecting all symptomatic cases but missing another 40% who are asymptomatic; this represents the expected proportion of asymptomatic / mild cases that are not recognised as cases. This is then used to estimate the new number of new actual cases each day. Using this information the trajectory of the increase of coronavirus cases can be plotted for the Bailiwick. A five-day moving average is used to adjust for random fluctuation in daily cases and make the curve smoother and easier to analyse. What Figure 10 shows is that, even allowing for some undercounting, our cases numbers (blue line) have not risen exponentially as one would expect in a model mitigated by social distancing (orange line) alone. The grey dotted line shows what would have happened if there had been no mitigation. We have so far succeeded in flattening the curves we might otherwise have seen had we not put our actions in place to prevent the on-going transmission of the virus in our community with no cases recorded for 32 days on the 1st June 2020.

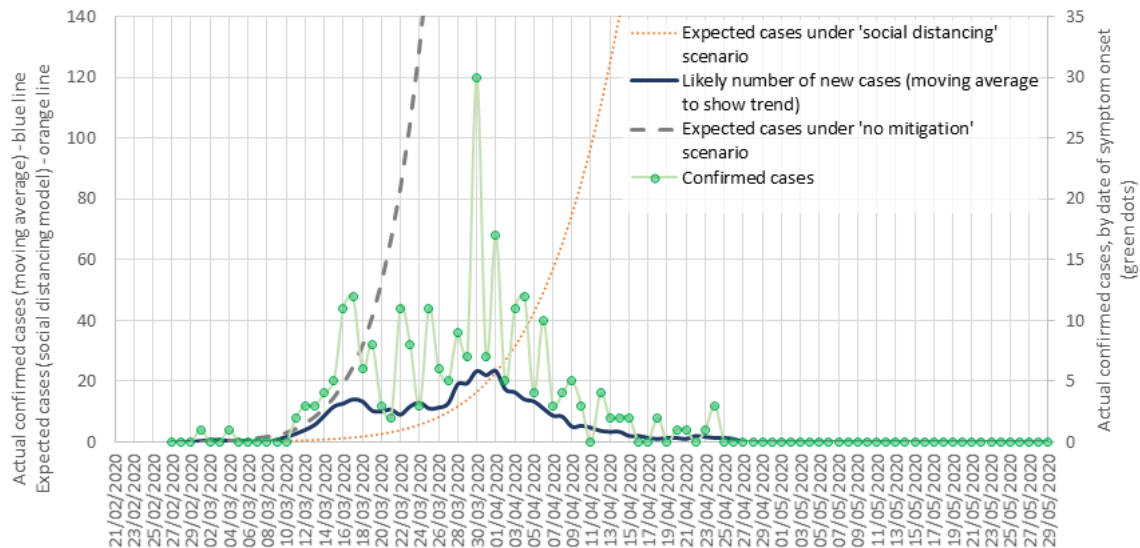


Figure 9: Five day moving model to illustrate trends in infection

Figure 10 illustrates a similar point, but on a logarithmic scale. On this scale, a straight diagonal upward line indicates exponential growth rate. Here the projected number of cases doubling in two, three and five days is illustrated with the grey dashed lines. This illustrates that the rate of spread in the Bailiwick has been in decline since mid-March.

In the absence of mitigation and suppression measures we would have expected a rapid increase in case numbers, morbidity and mortality. Our reasonable worst case planning model, informed by modelling from Imperial College, London and the UK Government's SAGE advice indicated we could have expected an intense epidemic wave lasting 8 to 9 weeks with up to 50,000 islanders infected and up to 1,200 deaths. Critical care capacity would likely have been breached by week 2 with scores of deaths from demand for ICU beds outstripping supply. Up to 1.8% of the total Bailiwick population may have died. Body storage capacity may have been breached. Implementation of lockdown has meant that we have effectively reversed this with a flattening and then reversal of the epidemic curve, as illustrated in Figure 10.

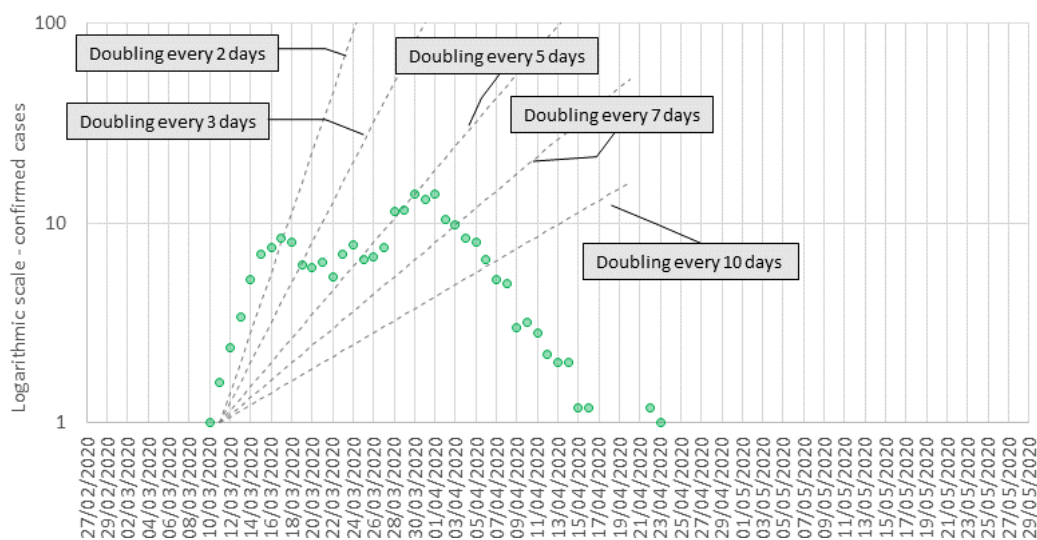


Figure 10: Confirmed Cases with doubling times

2. Lockdown and NPIs have been effective at reducing transmissions of COVID-19 in the Bailiwick.

Figure 11 illustrates the number of contacts identified per case before and after lockdown was introduced. The lag observed in the number of contacts per case aligns with the average incubation period from the time of infection to the development of symptoms of COVID-19.

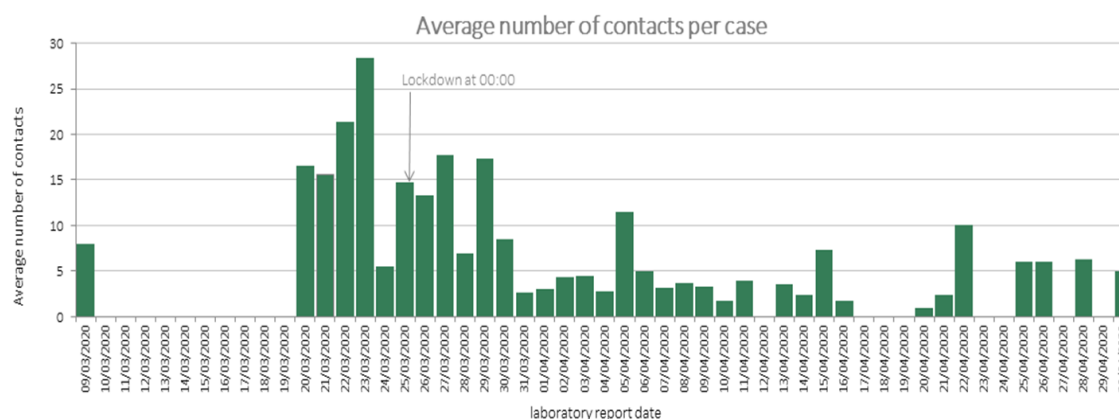


Figure 11: Average number of contacts per case before and after lockdown was introduced in the Bailiwick

The reduction in average contacts per case during lockdown demonstrates how there were fewer opportunities for the virus to be transmitted from person-to-person once lockdown was enacted. Contact tracing was also more efficient as the number of contacts for follow-up reduced.

The per capita rate of testing in the Bailiwick was high relative to other jurisdictions (Figure 12) once on-island testing commenced. This enabled us to find more active cases than we might otherwise have done.

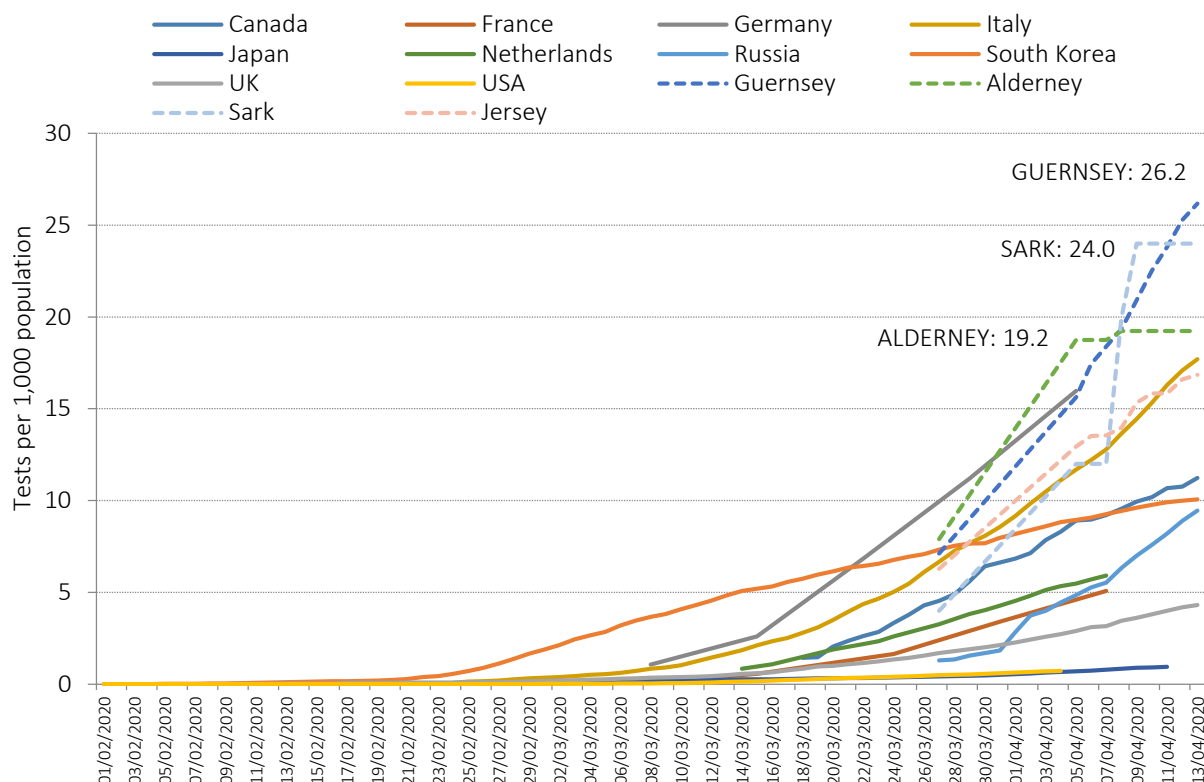


Figure 12: Tests per 1,000 population up to 13th April 2020³¹

3. Consequence of easing measures

The success of the interventions introduced in the Bailiwick will inevitably mean a resurgence of cases of COVID-19 if these interventions are all discontinued concomitantly. It is for this reason that a combined approach to the easing of lockdown on a phased basis is being recommended by Public Health Services (see below).

The easing of measures needs to be considered alongside the local availability of on-island testing. This is central to ensuring that the easing of measures is aligned to the ability to detect cases, contact trace and quarantine in a timely manner, such that we can disrupt the chain of transmission of the virus.

The World Health Organisation highlights the need for careful planning, and access to scaled up Public Health and clinical care facilities as a pre-requisite for moving out of lockdown. Without this, the lifting of measures implemented in lockdown may lead to an uncontrolled resurgence of COVID-19 transmission and an amplified second wave of transmission.³²

³¹ Guernsey Health Intelligence Unit

Our World in Data. 2020. [online] Available at: <<https://ourworldindata.org/covid-testing>> [Accessed 30 April 2020].

³² <https://www.who.int/publications-detail/covid-19-strategy-update---14-april-2020>. Accessed 15th April 2020.

4. Indefinite lockdown until a vaccine is available

Indefinite lockdown is not a viable option, nor is it justifiable when weighed against the current burden of disease from COVID-19. The wider impact on the physical and mental health of islanders needs to be considered and a prolonged period of lockdown will impact negatively on our population.

Public Health Recommendations for Easing of Lockdown

No modification of lockdown is without risk and the challenge is to balance the infectious risks of SARS-CoV-2 with the wider impact on the health and wellbeing of the Bailiwick. The Bailiwick is not equivalent to the UK, having brought in robust NPIs earlier, as well as rolling out an earlier and more proactive community testing policy. The recommended approach from Public Health to the easing from lockdown considers the risk to the population posed by COVID-19 as the key issue, but links this with the impact of lockdown on the broader health and wellbeing of islanders, as well as the economic and social impact.

The Public Health recommendations have therefore been and continue to be:

- That there is a gradual easing of lockdown using ‘test, trace and quarantine’ as the backbone of the release strategy;
- That this is linked to an adaptive trigger or triggers that could lead to a return to lockdown;
- That progression through the phases of lockdown should be informed by Public Health analysis on the current risk to the Bailiwick from COVID-19, social and economic wellbeing. We have called these our ‘release triggers’;
- That exploration of the further expansion of testing for the virus that causes COVID-19 needs to be scoped to further support the release of the Bailiwick from lockdown.

The interlinking model for transition from lockdown is illustrated in Figure 13.

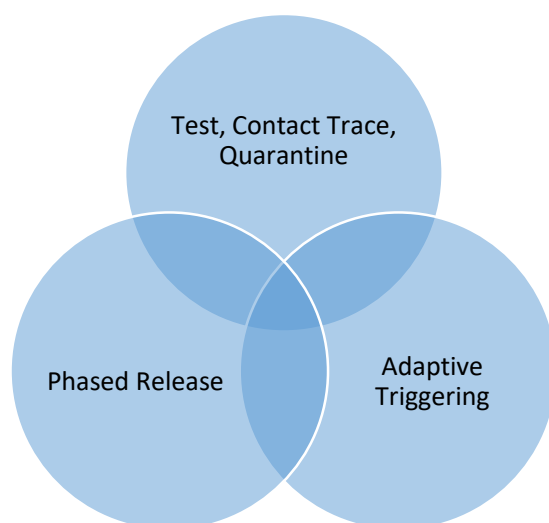


Figure 13: A Bailiwick Approach for Modifying Lockdown

The proposal supports the need for us to retain, and build on, the gains achieved since the 25th March 2020. This will use a backbone of testing, case identification, quarantine and contact tracing that will link with a phased release. The adaptive triggers to return to lockdown, as well as the release triggers for the staged easing of lockdown are outlined below.

On the 12th May 2020, the World Health Organisation published Public Health criteria to adjust public health and social measures in the context of COVID-19. Crucially there are three criteria that need to be considered when easing from lockdown. These are:

1. Epidemiology: Is the epidemic controlled?
2. Health System: Is the Health System able to cope with a resurgence of cases?
3. Public health Surveillance: Is the Public Health system able to detect and manage cases?

All these criteria are currently fulfilled in a Bailiwick context, and so the WHO requirements for transition from lockdown have been met.³³

Progression through Lockdown Easing

The four key components for lockdown release are illustrated in Figure 15. These put the need to protect islanders from the threat of COVID-19 at the centre of our considerations. However, with the success of the current approach, we need to now consider islanders' wider health and wellbeing, together with their economic wellbeing, their social connectivity and the educational needs of islanders.

Education and the re-opening of schools has been subject to further detailed consideration based on complex assessments and is not considered in detail in this document. Further information to support the transition for exiting from lockdown on a phased basis, as it applies to educational and early years' settings (nurseries, child minders, etc.) has been announced separately.

³³ WHO/2019-nCoV/Adjusting_apH_measures/Criteria/2020.1 [Accessed 18 May 2020].

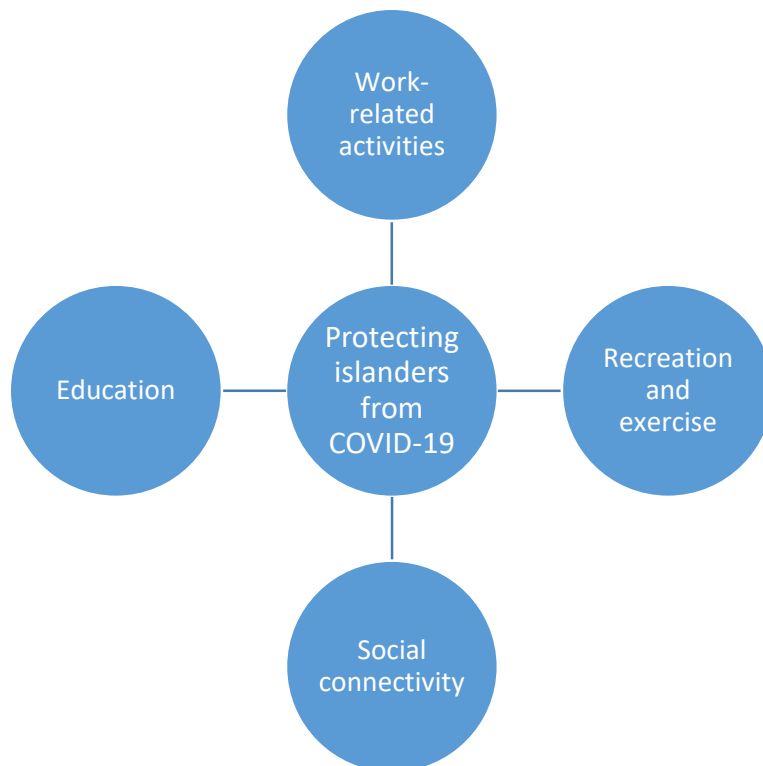


Figure 15: Components of lockdown release

Phases of Lockdown Release

The phases for lockdown release, together with the public health measures supporting each stage are presented below.

A number of ‘adaptive triggers’ and ‘release triggers’ are described in each phase:

- **Adaptive triggers** are clinical indicators or other factors that would inform a decision to ‘roll-back’ lockdown to an earlier phase. If the evidence is compelling to do so, it may be necessary to roll back through a number of phases to mitigate against the presenting public health risk. These may be triggered at short notice, depending on the degree of urgency.

It may also be the case that the presence of only one adaptive trigger would initiate a rollback to an earlier stage with more stringent controls depending on the risk from a public health perspective, or that a combination of factors may be necessary, depending on the context and severity; and

- **Release triggers** are those clinical indicators or other factors that will help to determine whether, from a public health perspective, it is possible to progress to the next phase. The period of time used for the release triggers is based around the incubation period for COVID-19 of 2–14 days, with a mean incubation period of 5 days. Although not an exact science, the maximum incubation period may be doubled to 28 days before decisions are

taken to relax any restriction to manage the risks of the virus to the community. If the next phase has a large increase in activities across the islands, then a longer time period has been recommended. This is to try and ensure, as far as possible, that the gains achieved during previous lockdown phases are maintained. This work is being augmented by modelling the R0 value³⁴.

The triggers outlined in this document, and the timescales suggesting the minimum time that may be spent in each phase, **are indicative only** and may be varied if new evidence becomes available or if other factors need to be taken into account at that time.

The details presented for the later phases of release from lockdown should be considered to be provisional only at this time and may be subject to later amendment.

Further information about the phased release from lockdown for the economy is provided in **Appendix A**.

More information about increasing access to a greater range of social, cultural and recreational activities through the different phases of lockdown is summarised in **Appendix B**.

Full lockdown

- **Definition**
 - **Full lockdown: restriction on all social, cultural and group recreational activities. Limited recreational activity with strict social distancing measures.**
 - Restricted movement of community, all non-essential businesses closed or operating remotely, schools closed, and all non-essential travel stopped. Anyone returning to the Bailiwick to self-isolate for 14 days.
 - Comprehensive case identification, contact tracing and case isolation.
 - Recreation permitted for up to 2 hours per day with members of own household only, or with one other person from outside of the household whilst maintaining 2m social distancing.
 - Permitted activities: walking, running, cycling, sea swimming and other open sea activities, and recreational fishing.
 - Public parks and beaches remain open as places to exercise. 2m social distancing must be maintained.
- **Timing**
 - 25th March–8th April 2020
- **Release Triggers for progression to Phase 1:**
 - Evidence of a reduction in the number of new cases following the introduction of full lockdown.
 - The continued availability of local testing for the virus that causes COVID-19.
 - Identification of the need for islanders to access certain goods to promote home working and support activities associated with the ‘stay at home’ message.

³⁴ The Basic Reproduction Number. The number of cases expected to result from one initial case.

Phase 1

- **Definition**
 - Full lockdown (as above) with restrictions on all but essential business activities, except retail home delivery.
 - No non-essential travel and anyone returning to the Bailiwick to self-isolate for 14 days.
- **Timing**
 - 8th April–24th April 2020
- **Same as full lockdown with the following modifications:**
 - **Business and work-related activities:** restriction on all but essential business activities, except retail home delivery and those businesses where strict social distancing and hygiene can be observed and with no contact with householders.
 - **Recreation:** Unchanged from full lockdown.
 - **Social Connectivity:** Islanders need to remain within their household bubble for non-work activities.
- **Release Triggers for progression to Phase 2 include:**
 - Evidence of stable or reducing numbers of new cases numbers following the progression to Phase 1.
 - Evidence of compliance for the majority of islanders to the ‘stay at home’ message with generally good community engagement.
 - The need to consider the broader issues connected to the health and wellbeing of islanders.
 - The continued availability of local testing for the virus that causes COVID-19.
- **Adaptive triggers for reversal to full lockdown include:**
 - More than 10 cases of unexplained community transmission in the previous 4 weeks.
 - The identification of new clusters of infections which pose a significant risk of onward transmission in the Bailiwick.
 - Evidence of significant community non-compliance with public health requirements, including maintaining social distancing and hygiene measures.
 - If on-island testing to detect the virus that causes COVID-19 was no longer available.
 - Hospital admissions for newly diagnosed cases of COVID-19 show an increasing trend.
 - Other indicators becoming apparent to Public Health Services indicating sub-optimal containment of the virus that causes COVID-19.

Phase 2

- **Definition**
 - **Full Lockdown with some gardening, building and other trades now able to work under strict controls. Some limited recreational activity with social distancing measures.**
 - Restricted movement of community, all non-essential businesses closed or operating remotely and with no contact with householders.
 - No non-essential travel and anyone returning to the Bailiwick to self-isolate for 14 days.
 - Some retail business permitted to offer contactless home delivery. Social distancing measures maintained.

- Some limited outdoor activities will be allowed, for a maximum of 2 participants (subject to social distancing). Private pleasure boating and other waterborne activities permitted, together with flying light aircraft for maintenance and servicing, with restrictions.
- Expansion of the household bubble to one additional household.
- 2 hours of recreation permitted as per the arrangements above. This will be kept under review and may be extended later during this phase.
- 2 hours of recreation time increased to 4 hours with effect from 7th May 2020.
- **Timing**
 - 25th April–30th May 2020.
 - Additional recreational activities with effect from 00:01 2nd May 2020.
- **Includes the following modifications from full lockdown:**
 - **Business and work-related activities:** restriction on all but essential business activities, except retail home delivery and those businesses where strict social distancing and hygiene can be observed and with no contact with householders.
 - **Recreation:** Expansion to include private pleasure boating and other waterborne activities permitted, together with flying light aircraft for maintenance and servicing, subject to observing social distancing. Limited outdoor activities where social distancing can be maintained, such as golf (excluding driving range), singles tennis and other similar activities, including 1:1 sport coaching/personal training for coach/trainer + 1 other person only. Limited to 2 people only even if from the same household.
 - **Social Connectivity:** Each household can add one other household to their household bubble. This needs to be a reciprocal arrangement with all parties agreeing to exist in a larger household bubble. Expansion of these household bubbles can include the over 65s, as long as they are aware of the risks and are able to maintain good hygienic standards. Social distancing within the expanded household bubble is not necessary. **This is for home activities only and NOT for activities away from the household premises.**
- **Release triggers for progression to Phase 3 include:**
 - Stable or reducing cases of COVID-19 acquired through unexplained community transmission in a rolling consecutive four week period from the start of Phase 2.
 - No new clusters of infections that pose a risk of onward transmission in the Bailiwick for a consecutive four week period from the start of phase 2.
 - Hospital admissions for COVID-19 stable or decreasing for a rolling consecutive four week period from the start of Phase 2.
 - The continued availability of local testing for the virus that causes COVID-19.
- **Adaptive triggers for reversal to an earlier Phase include:**
 - More than ten cases of unexplained community transmission in the previous 4 weeks.
 - The identification of new clusters of infection which pose a significant risk of onward transmission in the Bailiwick.
 - Evidence of significant community non-compliance with requirements for maintaining social distancing and hygiene.
 - If on-island testing to detect the virus that causes COVID-19 was no longer available.
 - Hospital admissions for newly diagnosed cases of COVID-19 show an increasing trend.
 - Other indicators becoming apparent to Public Health Services indicating sub-optimal containment of the virus that causes COVID-19.

Phase 3

- **Definition**
 - **Easing of lockdown with a progression towards greater social and economic activity within the Bailiwick with appropriate restrictions still in place to manage the ongoing risk.**
 - Further parts of the local economy able to function on a limited basis. This includes some limited non-essential retail on a pilot basis, with social distancing and hygiene measures in place.
 - Consideration may be given to expanding recreation time further and increasing the range of permissible recreational activities.
 - Restrictions on work practices, group gatherings (with limited exceptions), hand hygiene requirements and social distancing will remain in place.
 - The household bubble consisting of two households may now double up again so that the bubble contains four households. This agreement must be reciprocal.
 - No non-essential travel and anyone returning to the Bailiwick to self-isolate for 14 days. Spot checks will be carried out.
- **Timing**
 - 16th May 2020–30th May 2020.
- **Justification for early progression to Phase 3**
 - The Bailiwick progressed to Phase 3, one week ahead of schedule.
 - Critical to inform this decision was:
 - There had been no new cases of infection with SARS-CoV-2 diagnosed in the 16 days prior to the 16th May 2020 (at the time of decision-making there had been no new cases in the preceding 11 days).
 - The last case of infection was diagnosed as a result of unexplained community transmission on the 21st April 2020.
 - Hospital admission in the Princess Elizabeth Hospital were stable or decreasing.
 - There was no health intelligence indicating there were individual or clusters of cases with symptoms consistent with COVID-19 which posed a risk for on-going community transmission of the virus.
 - The Emergency Department did not report any concerns relating to possible COVID-19 activity.
- **Eased lockdown with the following:**
 - **Business and work-related activities:** some non-essential businesses will be able to resume in line with the guidance in Appendix A. This may include an expansion of the types of businesses able to operate. Hotels, restaurants and bars will remain closed, but takeaway food services may be able to open for collection and delivery, subject to controls. Childminders/nannies of the children of essential workers will be able to operate, subject to controls.
 - **Recreation:** Recreation time remains at 4 hours. Gatherings permitted in this phase include wedding ceremonies (not receptions) and funerals (not wakes) for a maximum of 10 people only, in addition to officials or celebrants. Public Health measures must be in place. Other venues where activity is higher risk are unlikely to be permitted to open in

this phase. Places of worship may open for individuals to pray by themselves. With the exception of wedding ceremonies and funeral services, congregation services not allowed. Other outdoor sports and outdoor recreational activities with limited social contact may be permitted.

- **Social Connectivity:** Possible options for extending our social connectivity through a measured expansion of the household bubble initiative are included in this phase. Up to four households may bubble together in total. This may be formed by the joining of two bubbles both of which comprise two households that have already formed a bubble, or by the addition of one or two single household bubbles with a two household bubble, For the avoidance of doubt, existing bubbles cannot 'split' and re-form with different households.
- **Release triggers for progression to Phase 4:**
 - No new cases of COVID-19 acquired through unexplained community transmission in the previous consecutive 8 weeks. Weeks in Phase 2 with no community transmission may count toward this total. This means the minimum time in phase 3 is four weeks and the maximum is not set as it requires 8 consecutive weeks of no community transmission.
 - No new clusters of infections that pose an ongoing threat to the Bailiwick.
 - Hospital admissions for COVID-19 are stable or declining.
 - The continued availability of local testing for the virus that causes COVID-19.
 - These were modified on the 20th May 2020 to:
 - An allowance for early progression to Phase 4 as the Bailiwick had had no new cases of COVID-19 in the past 22 days. This superseded the requirement for no cases of unexpanded community transmission in the preceding 8 weeks.
- **Adaptive triggers for reversal to an earlier Phase include:**
 - A sustained increase in cases of unexplained community transmission.
 - The reappearance of new clusters of infection which pose a risk of onward transmission in the Bailiwick.
 - Evidence of significant community non-compliance with public health requirements, including maintaining social distancing and hygiene measures.
 - A sustained increase in new hospital admissions for COVID-19.
 - If on-island testing to detect the virus that causes COVID-19 was no longer available.
 - Other indicators becoming apparent to Public Health Services indicating sub-optimal containment of the virus that causes COVID-19.

Phase 4

- **Definition**
 - **This phase represents a further progression towards a more normal level of activity within the Bailiwick. Further parts of the local economy, including retail and hospitality, hairdressers and beauticians, will be able to function although some restrictions on work practices, gatherings and social distancing will remain in place.**
 - Recreational time and range of activities permissible are increased.
 - Anyone who has any symptoms consistent with COVID-19, however mild, should stay at home and seek medical advice and testing.
 - Social distancing of 2 metres where possible should be maintained but if not practicable a minimum of 1 metre is permissible.

- More specifically, a differentiation needs to be made between controlled and uncontrolled environments:
 - Uncontrolled environments — e.g. supermarkets and other retail outlets, shops, parks, and playgrounds. When out and about, keep at least a 2 metre distance from people you don't know. This is because no record of attendance can be kept. Furthermore if a gym or sport facility cannot keep a record of attendance with details of timings and use of gym equipment, then a 2 metre social distance should be maintained.
 - Controlled environments — these include places such as work, church, clubs/groups, recreation and sports teams **where a record of attendance is kept**. Keep at least a 1 metre distance between people you don't live with or who were not part of your extended bubble in Phase 3. In restaurants there needs to be at least one metre between tables and aim for one metre between people sitting at the table if not from the same household or extended household bubble, if possible.
 - For gym and sport classes social distancing should aim for two metres but one metre is acceptable.
 - Contact sports are specifically excluded here and can only re-start in Phase 5.
- The household bubble is no longer required but gatherings of up to 30 people will be allowed subject to social distancing and hygiene measures. People should aim to maintain a social distance of one metre where possible. Sharing of utensils, cutlery and crockery should be avoided.
- Gatherings of up to 50 will be allowed for weddings and funerals services subject to social distancing and hygiene measures. Wakes and receptions would be subject to a limit of 30 people.
- More than 30 individuals may be present in educational settings, restaurants, hotels and work places which are subject to separate guidance.
- Businesses unable to operate fully or under social distancing restrictions in phases 2 and 3 will be permitted to operate under increased hygiene requirements, with the exception of bars and nightclubs. Other non-essential retail outlets may reopen with social distancing and hygiene measures in place.
- Non-essential travel can occur, but individuals entering the Bailiwick required to self-isolate for 14 days.
- Islanders are encouraged to keep a diary of their activities to facilitate contact tracing, should this be required.
- **Social Connectivity and Travel:** Travel restrictions will remain in place requiring anyone entering the Bailiwick to self-isolate for a period of 14 days. However, non-essential travel, with a 14 day quarantine on return, will be allowed. The impact of the compulsory 14 day self-isolation, together with the community 'track and trace' programme, in the UK on community transmission there will be closely monitored. We will also continue to assess other interventions that may be supportive of the easing of border restrictions.
- **Timing**
 - 30th May 2020.
 - **Justification for early progression to Phase 4**

- **Early progression to Phase 4 was recommended by Public Health Services on the 20th May 2020.**
- Critical to informing this recommendation was:
 - There had been no new cases of infection with SARS-CoV-2 diagnosed in the 20 days prior to the 20th May 2020.
 - The last case of infection was diagnosed as a result of unexplained community transmission on the 21st April 2020.
 - There were no hospital in-patients with COVID-19.
 - There was no health intelligence indicating there are individual or clusters of cases with symptoms consistent with COVID-19 which pose a risk for on-going community transmission of the virus.
 - The Emergency Department and Primary Care have not reported any concerns relating to possible COVID-19 activity.
- **Eased lockdown with the following:**
 - **Business and work-related activities:** Further parts of the local economy, including retail and hospitality, will be able to function with controls, although some restrictions on work practices will remain in place. Hairdressers and beauticians will be able to operate and shared leisure spaces, including gymnasiums and fitness studios, will be able to operate with strict hygiene controls and social distancing. Nightclubs may not open in this phase
 - **Recreation:** Recreation time is unlimited. Public venues and places of recreation may be able to reopen subject to controls. Some public and social gatherings may be able to resume with strict social distancing measures in place with restrictions on the maximum number of people in attendance including congregational services with social distancing. Non-contact sports, fitness training in groups and other indoor activities, such as gymnasiums, may be able to resume with additional hygiene requirements.
- **Release triggers for progression to Phase 5 include:**
 - No cases of COVID-19 acquired through unexplained community transmission in Phase 4 that cannot be effectively managed by the 'track and trace system' in the previous 4 weeks.
 - No new clusters of infections that pose a risk of onward transmission.
 - Hospital admissions for COVID-19 in the last month stable or declining.
 - The continued availability of local testing for the virus that causes COVID-19.
- **Adaptive triggers for reversal to an earlier Phase include:**
 - Reappearance of a case/s of unexplained community transmission.
 - The reappearance of new clusters of infection that pose a risk of onward transmission.
 - Increasing hospital admissions for COVID-19.
 - Evidence of significant community non-compliance with public health requirements.
 - If on-island testing to detect the virus that causes COVID-19 was no longer available.
 - Other indicators becoming apparent to Public Health Services indicating sub-optimal containment of the virus that causes COVID-19.

Phase 5

- **Definition**

- **This phase should be considered a return to a normal level of activity within the Bailiwick (with restrictions remaining in place for travel outside of the Bailiwick) with the final elements of the local economy, including nightclubs, able to function. The need for continued social distancing will be reassessed in this phase.**
- **Timing**
 - To be determined.
- **Eased lockdown with the following:**
 - **Business and work-related activities:** This phase should be considered a return to a normal level of activity within the Bailiwick (with restrictions for travel outside of the Bailiwick remaining in place) with the final elements of the local economy, including bars and clubs, being able to function. The principles of social distancing, good respiratory etiquette (“Catch it, Bin it, Kill it”) and good hand hygiene should be promoted.
 - **Recreation:** Wider availability of all recreational activities, including contact team sports and removal of restrictions on public gatherings.
 - **Social Connectivity and Travel:** Travel restrictions will remain in place requiring anyone entering the Bailiwick to self-isolate for a period of 14 days. However, non-essential travel, with a 14 day quarantine on return, will be allowed. The impact of the compulsory 14 day self-isolation, together with the community ‘track and trace’ programme, in the UK on community transmission there will be closely monitored. We will also continue to assess other interventions that may be supportive of the easing of border restrictions.
- **Release triggers for progression to Phase 6 include:**
 - No cases of COVID-19 acquired through unexplained community transmission in Phase 5 that cannot be effectively managed by the ‘track and trace system’ in the previous 4 weeks.
 - No new clusters of infections that pose a risk of onward transmission.
 - Hospital admissions for COVID-19 in the last month stable or declining.
 - Vaccine available and good evidence that neighbouring jurisdictions have adequate control of COVID-19.
 - The continued availability of local testing for the virus that causes COVID-19.
- **Adaptive triggers for reversal to an earlier Phase include:**
 - Reappearance of cases of unexplained community transmission that cannot be effectively managed by the ‘test, tack and trace’ system.
 - The reappearance of new clusters of infection that pose a risk of onward transmission.
 - Evidence of significant community non-compliance with public health requirements.
 - Increasing hospital admissions for new cases of COVID-19.
 - If on-island testing to detect the virus that causes COVID-19 was no longer available.
 - Other indicators becoming apparent to Public Health Services indicating sub-optimal containment of the virus that causes COVID-19.

Phase 6

Definition

This marks a return to greater world-wide connectivity for the Bailiwick.

A decision to move to Phase 6 is not one for the Committee *for* Health & Social Care but needs to be informed by Public Health advice, conditions in other jurisdictions, together with actions available to mitigate risk. This decision will be made by the Civil Contingencies Authority.

The best situation would be to move to Phase 6 when a vaccine becomes available, however it is recognised that this may not be possible as it is currently unclear when that may be. Consequently, it is far more likely to be considered when community transmission of the virus that causes COVID-19 in the country of origin is controlled, allowing greater connectivity with that country or jurisdiction.

Achieving such a transition will hinge on the ability of national and/or subnational authorities to ensure that six key criteria, as outlined by the WHO, are satisfied:³⁵

1. **COVID-19 transmission is controlled** to a level of sporadic cases and clusters of cases, all from known contacts or importations and the incidence of new cases should be maintained at a level that the health system can manage with substantial clinical care capacity in reserve.
2. **Sufficient health system and public health capacities are in place** to enable the major shift from detecting and treating mainly serious cases to detecting and isolating all cases, irrespective of severity and origin:
 - Detection: suspect cases should be detected quickly after symptom onset through active case finding, self-reporting, entry screening, and other approaches;
 - Testing: all suspected cases should have test results within 24 hours of identification and sampling, and there would be sufficient capacity to verify the virus-free status of patients who have recovered;
 - Isolation: all confirmed cases could be effectively isolated (in hospitals and/or designated housing for mild and moderate cases, or at home with sufficient support if designated housing is not available) immediately and until they are no longer infectious;
 - Quarantine: all close contacts could be traced, quarantined and monitored for 14 days from their last contact with the confirmed case, whether in specialised accommodation or self-quarantine. Monitoring and support can be done through a combination of visits by community volunteers, phone calls, or messaging.
3. **Outbreak risks in high-vulnerability settings are minimised**, which requires all major drivers and/or amplifiers of COVID-19 transmission to have been identified, with appropriate measures in place to minimize the risk of new outbreaks and of nosocomial transmission (e.g. appropriate infection prevention and control, including triage, and provision of personal protective equipment in health care facilities and residential care settings).
4. **Workplace preventive measures are established** to reduce risk, including the appropriate directives and capacities to promote and enable standard COVID-19 prevention measures in terms of physical distancing, hand washing and respiratory etiquette.

³⁵ <https://www.who.int/publications-detail/covid-19-strategy-update---14-april-2020>. [Accessed 17 May 2020].

5. **Risk of imported cases managed** through an analysis of the likely origin and routes of importations, and measures in place to rapidly detect and manage suspected cases among travellers (*including the capacity to quarantine individuals arriving from areas with community transmission*).
6. **Communities are fully engaged** and understand that the transition entails a major shift, from detecting and treating only serious cases to detecting and isolating all cases, that behavioural prevention measures must be maintained, and that all individuals have key roles in enabling and in some cases implementing new control measures.³⁶

When considering a move to Phase 6 with a total easing of all border restrictions, there is a need to consider the virological activity in neighbouring jurisdictions and, until these areas have evidence of viral control, opening the borders will inevitably result in an increase of local cases and, possibly increased deaths, in islanders. It will also make us vulnerable to a second wave. This is because the countries bordering the Bailiwick are not currently in a position where case numbers are as well controlled as in Guernsey. All these matters need to be carefully evaluated when considering progression to Phase 6.

³⁶ <https://www.who.int/publications-detail/covid-19-strategy-update---14-april-2020>. [Accessed 17 May 2020].

Appendix A: COVID-19 Pandemic — The Bailiwick Economy: A phased transition framework to restore business activity.

PHASE	DESCRIPTION
Full Lockdown (25 March–8 April 2020)	<p><u>Full lockdown: restriction on all but essential business activities</u></p> <p>Restricted movement of community, all non-essential businesses closed or operating remotely, all non-essential travel stopped. Strict contact tracing and case isolation.</p>
Phase 1 (8–24 APRIL 2020)	<p><u>Full lockdown: restriction on all but essential business activities, except retail home delivery</u></p> <p>Restricted movement of community, all non-essential businesses closed or operating remotely, all non-essential travel stopped. Strict contact tracing and case isolation.</p> <p>Contactless home delivery</p> <p>Retail businesses are permitted to offer contactless home delivery subject to:</p> <ul style="list-style-type: none"> • a limit of no more than 2 individuals on site at any time with a strict observance of social distancing • strict adherence to guidance on delivery services.
Phase 2 (25 April–15 May 2020)	<p><u>Full Lockdown: with restriction on all but essential business activities, except retail home delivery and those businesses where strict social distancing and hygiene can be observed and with no contact with householders</u></p> <p>Social distancing measures strictly enforced and some low-risk businesses open where minimal contact can be maintained.</p> <p>All businesses in the Bailiwick (Guernsey, Alderney and Sark) resuming operation during phase 2 must notify the Environmental Health team</p> <p>Permitted businesses to include:</p>

<p>(Phase 2 continued)</p>	<p><u>Office-based businesses</u></p> <ul style="list-style-type: none"> • <u>Office staff must work remotely where at all possible</u>. Access to office premises should be strictly limited and permitted only where strictly necessary for the business to function and only if social distancing guidelines can be complied with. • Where necessary for the functioning of the business a limited staff presence (up to a maximum of 5 people) will be allowed in offices, under the following restrictions: <ul style="list-style-type: none"> ▪ The site can be divided into “work zones” in such a way as to ensure operators can work safely while maintaining social distancing of co-workers of at least 2m at all times with a maximum of up to 5 people the entire site. ▪ Adequate handwashing facilities and/or hand sanitiser must be available for all employees. ▪ Shared facilities such as kitchens, site offices and toilets are used by no more than one person at a time and must be regularly cleaned and disinfected in accordance with public health guidelines (NB. suitable cleaning guidance for shared spaces to be agreed with Public Health) • Where necessary for the functioning of the business, businesses may be permitted to have more than 5 people on site with an individual risk assessment by Environmental Health. <p><u>Gardening, building and other trades with no household contact</u></p> <ul style="list-style-type: none"> • Business activities involving outside work, such as gardening and window cleaning where there is no contact with the public or householders and social distancing can be maintained. • Limited small domestic construction activity. The following would be permitted: <ul style="list-style-type: none"> ○ Outside or indoor trades with no contact with the public or householders. Preferably work will be conducted with one person per site but sites may be permitted to have multiple employees on site provided: <ul style="list-style-type: none"> ▪ All persons working on a site are members of the same household, or ▪ The site can be arranged in such a way as to ensure operators can work safely while maintaining social distancing of co-workers of at least 2m at all times with a maximum of 5 people on the entire site. ▪ Adequate handwashing facilities and/or hand sanitiser must be available for all employees ▪ Shared facilities such as kitchens, site offices and toilets are used by no more than one person at a time and must be regularly cleaned and disinfected in accordance with public health guidelines.
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<p>(Phase 2 continued)</p>	<ul style="list-style-type: none"> ▪ Those operating sites reliant on temporary toilet facilities should contact Environmental Health for further advice ○ Internal work on an <i>unoccupied</i> premises will be permitted if operators can work safely while maintaining social distancing of co-workers of at least 2m at all times with a maximum of 5 people on the entire site. ○ Internal work on properties where there is a household in residence will not be permitted by members outside the household unless required in an emergency. <p><u>Building wholesale and supply</u></p> <ul style="list-style-type: none"> • Can operate and supply the building trade and domestic needs within social distancing restrictions. <ul style="list-style-type: none"> ○ Staff operating the site are able to maintain social distancing at all times: <ul style="list-style-type: none"> ▪ All persons working on a site are members of the same household, or ▪ The site can be arranged in such a way as to ensure operators can work safely while maintaining social distancing of co-workers of at least 2m at all times with a maximum of 5 people on the entire site. ▪ Adequate handwashing facilities and/or hand sanitiser must be available for all employees ▪ Shared facilities such as kitchens, site offices and toilets are used by no more than one person at a time and must be regularly cleaned and disinfected in accordance with public health guidelines ○ Goods may be delivered by contactless delivery or contactless collection ○ Access for trade customers to the site should be strictly limited to ensure contact is minimised by either: <ul style="list-style-type: none"> ▪ Allowing access by appointment only ▪ Strictly limiting the number of customers on site at any one time to ensure social distancing can be maintained ▪ Ensuring payment is made by contactless means <p><i>Note that operation of the construction industry to a limited extent is likely to increase the level of sea freight in operation.</i></p> <p><u>Vehicle servicing and sales (including cars, bikes and marine)</u></p> <ul style="list-style-type: none"> • Vehicle maintenance and servicing may resume where it can be conducted by a single individual or where strict social distancing can be maintained. All vehicles should follow disinfection procedures on arrival at and before departure from servicing sites. • Marine servicing, maintenance and repairs may be resumed ashore whether on vessels laid up, in the water, in marinas or on owners' properties.
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<p>(Phase 2 continued)</p>	<ul style="list-style-type: none"> • Adequate handwashing facilities and/or hand sanitiser must be available for all employees • Where services are being offered on sites where multiple mechanics may wish to operate they must be able to comply with the same conditions as building trades regarding ensuring social distancing and maintaining distance and hygiene standards in shared facilities such as bathrooms and kitchens • People should not share vehicles with people outside their household in order to deliver or collect vehicles. • Vehicle sales may be resumed where this can be conducted without direct contact and on an appointment basis. Vehicles must be disinfected in accordance with guidelines before and after any test drives and before the sale is completed. <p><u>Retail outlets, garden centres and other businesses</u></p> <ul style="list-style-type: none"> • Home delivery and/or contactless collection (see guidelines) will continue to be permitted <p><u>Property sales and business transactions</u></p> <ul style="list-style-type: none"> • Activities to enable listing, viewing, survey and sale of property under certain strict conditions limiting contact with householders and only with householder's agreement: <ul style="list-style-type: none"> ○ Visits can be conducted by no more than one person (or two members of the same household) and that such visits should be conducted under strict hygiene guidelines including the ventilation of the property ○ The property has been fully vacant for at least 7 days prior to any visits; or ○ If the property is inhabited that: <ul style="list-style-type: none"> ▪ No one living in the household is symptomatic or has had symptoms in the last 48 hours, under a compulsory isolation order or awaiting a test result for COVID-19; ▪ No member of the household is considered medically vulnerable; and ▪ No member of the household is present in the house during any necessary visit. <p>Property and estate agents are encouraged to use video facilities in order to reduce the need for in-person visits where possible.</p>
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<p>Phase 3 (16th May 2020–29th May) (Phase 3 continued)</p>	<p><i>Details presented for Phase 3 should be considered provisional and implementation will be subject to public health triggering.</i> <i>Detailed planning of this phase remains limited and may be subject to amendment as events progress.</i></p> <p>This phase represents a progression towards greater social and economic activity within the Bailiwick with appropriate restrictions still in place to manage the ongoing risk. Restrictions on work practices, group gatherings (with limited exceptions), hand hygiene requirements and social distancing will remain in place.</p> <p><u>To open in Phase 3 the retailer/operator/individual will need to ensure that:</u></p> <ul style="list-style-type: none"> ○ Any business recommencing activities in Phase 3 must notify Environmental Health but those already operating under the guidance are not required to (re)notify. They must, however, continue to comply with the revised guidelines. ○ They are aware that their premises may be inspected by Environmental Health if there are concerns about compliance with Phase 3 guidance. ○ There are appropriate hand washing facilities and access to hand sanitiser. ○ There are strict hygienic precautions and appropriate cleaning protocols in place for toilet facilities. ○ Toilet facilities are operated on a ‘1 person in, 1 person out’ basis. ○ That a strong message of “Stay at home if you are not well even if only with mild symptoms” or for individuals who are shielding or particularly vulnerable is strongly endorsed by the business/establishment. ○ There are 2 metre social distancing zones in place. <p>Other measures will be necessary for the use of communal staff rooms/kitchens:</p> <ul style="list-style-type: none"> ○ No food should be prepared in the staff room. ○ Beverages can be prepared subject to strict hygienic precautions. ○ Staff should only use their own utensils and wash these themselves or place in a dishwasher. ○ Staff using the communal staff room should adhere strictly to social distancing of 2 metres. ○ The room should be well-ventilated. ○ Time spent in the staff room must be limited to a maximum of 15 minutes. ○ Employers must ensure that employees work and remain in defined work groups. ○ Staff must drink their beverage or eat their food at their workstation, if possible. ○ Workplaces must have evidence of rigorous daily cleaning programmes, including the cleaning of workstations and equipment. ○ Records are maintained of which employees are working each day and the details of any off-site visits.
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<p>(Phase 3 continued)</p>	<p>Employers are responsible for ensuring that guidance is adhered to.</p> <p><u>Office based businesses</u></p> <ul style="list-style-type: none"> ○ Homeworking should still be encouraged as the preferred method of working. ○ Office based businesses must continue the majority of activity from home. Formal restrictions on the numbers of people permitted in offices are removed, subject to being able to maintain strict social distancing of 2 metres. ○ Social distancing must be maintained in staff rooms and other shared common areas. Care should be taken not to share utensils, etc. Where appropriate, members of the public may attend office buildings for appointments, subject to prior bookings being made and social distancing being maintained. <p><u>Building and other trades</u></p> <ul style="list-style-type: none"> ○ Building and other trades are permitted to increase their activity for outdoor work with phase 2 hygiene requirements remaining in place. This means that there are no longer restrictions on the number of people working on each site, but 2 metre social distancing and hygiene measures must be maintained. ○ The following is also permitted: <ul style="list-style-type: none"> ○ Indoor building and allied work within houses is permitted under strict hygienic precautions. However, this will be limited to two people unless Health and Safety guidance indicates more than two people are required, for example to lift a heavy object. All indoor work must be carried out away from the occupiers of the household. ○ If the house or premises is unoccupied more workers can be on site, as long as social distancing of 2 metres is maintained unless closer contact is required on an ad-hoc basis for Health and Safety reasons, for example lifting a heavy object. ○ Activity within occupied households by a limited number of tradesmen may be permitted under strict hygiene requirements, unless <ul style="list-style-type: none"> ○ Either those attending the household or anyone resident in it has or has had any symptoms consistent with of COVID-19 within the last 48 hours ○ Anyone in the household is under a compulsory isolation order ○ Anyone in the household is considered medically vulnerable ○ This now includes trades such as carpet fitters, curtain fitters, alarm companies, audio visual companies.
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<p>(Phase 3 continued)</p>	<p><u>Building wholesale and supply</u></p> <ul style="list-style-type: none"> ○ Building wholesalers may be permitted to increase their activity for outdoor work with continued phase 2 cleaning and hygiene requirements in place. This means that there are no longer restrictions on the number of people working on each site, but 2 metre social distancing and hygiene measures must be maintained. ○ Premises may be open to the public with restrictions on the numbers of people permitted as currently applied in food retail. 2 metre social distancing to be maintained at all times. <p>Other non-essential retail premises</p> <ul style="list-style-type: none"> ● Other premises and non-essential retail (including garden retailers) may be able to open to the public with restrictions on the numbers of people permitted as currently applied in food retail and subject to maintaining social distancing measures. ● The initial opening reflects concerns from the community about the availability of clothes and shoes for growing children and to enable individuals to get to work by means other than car or public transport. ● In the first instance a pilot would be run for a period of up to weeks to include: <ul style="list-style-type: none"> ○ Bicycle shops ○ Sports shops ○ Shops selling clothes and shoes for children ○ Garden retailers ● Other goods cannot be purchased even if sold from the same retail outlet or in a shared retail space. ● Changing rooms must remain closed. ● The above will be operated on a pilot basis and will be extended if the Public Health indicators are favourable and there is evidence of good community compliance. ● Restrictions on the numbers of people permitted, and strict hygienic precautions, aligned to those in place in supermarkets will apply to all retail outlets. ● Play areas, cafes and restaurants within retail outlets cannot open in Phase 3. <p>Takeaway food services</p> <ul style="list-style-type: none"> ○ Takeaway food services are able to operate a food collection or delivery service from the start of phase 3 between the hours of 9am and 10pm daily, subject to appropriate public health measures. ○ This is dependent on:
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<p>(Phase 3 continued)</p>	<ul style="list-style-type: none"> ○ If the takeaway food outlet can adhere to a strict 2 metre social distancing in the kitchen that may be subject to inspection by the Office of Environmental Health and Pollution Regulation. ○ The ability of the business to demonstrate that they are able to adhere to strict hygienic precautions. ○ The availability of contactless payment as the preferred method of payment. ○ The availability of a home delivery service with strict adherence to strict hygienic precautions aligned with the current home delivery guidance. <p>Takeaway collections subject to social distancing and strict hygiene precautions. A pre-ordering system needs to be in place.</p> <p><u>Vehicle servicing and sales (including cars, bikes and boats)</u></p> <ul style="list-style-type: none"> ○ Businesses may be permitted to increase their activity as restrictions on the maximum number of people working on each site are lifted, but with continued Phase 2 cleaning and hygiene requirements remaining in place. 2 metre social distancing must be maintained, unless closer contact is required on an ad-hoc basis for Health and Safety reasons, for example, lifting a heavy object. ○ Protocols need to be in place to clean a car after it has been taken for a test drive. <p><u>Manufacturing and warehouse activities (except where these have been deemed essential for international medical supplies)</u></p> <ul style="list-style-type: none"> ○ Businesses may be permitted to enhance their activities as restrictions on the maximum number of people working on each site are lifted, but with continued Phase 2 cleaning and hygiene requirements in place. 2 metre social distancing must be maintained, unless closer contact is required on an ad-hoc basis for Health and Safety reasons, for example, lifting a heavy object. <p><u>Childminders – children of essential workers</u></p> <ul style="list-style-type: none"> • There are Guernsey Minimum Standards for Childminders on https://gov.gg/CHttpHandler.ashx?id=106027&p=0 and these must be adhered to. • The following will apply: <ul style="list-style-type: none"> ○ A childminder/nanny going into an essential worker’s home to care for their children can work as long as early years standards and outcomes are maintained as usual. ○ A childminder or nanny who provides childcare from their own usual place of residence must only provide care for one household’s child/ren. This is in addition to their own children.
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	<ul style="list-style-type: none"> ○ The exception to this is in the case where children are already part of an “extended household bubble”. If two children are already mixing as part of an “extended household bubble” they may also attend a childcare setting together. ○ A childminder or nanny who provides childcare in the child’s own home can continue to work as normal but must only provide care for one household’s child/ren. <ul style="list-style-type: none"> ○ The exception to this is in the case where children are already part of an “extended household bubble”. If two children are already mixing as part of an “extended household bubble” they may also attend a childcare setting together. ○ All childminders/nannies must have access to appropriate hand washing facilities and hand sanitisers. ○ All childminders/nannies must have evidence of rigorous daily cleaning programmes. This includes any toys or equipment that is being used. ○ All childminders/nannies must provide strong messaging of “Stay at home if you are not well even if only with mild symptoms.” ○ Usual lockdown rules re. time outside etc., apply. <p><i>Parents need to accept that there is a risk, albeit low, that infection with SARS-CoV-2 could occur with these lockdown easing measures.</i></p> <p><u>Public venues and public events</u></p> <ul style="list-style-type: none"> ○ Some public venues such as churches, libraries and museums may be permitted to reopen but there will be restrictions placed on the size, duration and nature of gatherings. ○ Other venues where activity is higher risk are unlikely to be permitted to open in this phase.
Phase 4 (30th May onwards)	<p>This phase represents a significant change from Phase 3 towards a more normal level of activity within Guernsey. Further parts of the local economy, including retail and hospitality, hairdressing and beauticians, will be able to function although restrictions on work practices, gatherings and social distancing will remain in place.</p> <p>Working from home, if possible, is still encouraged.</p> <p>Anyone who has any symptoms consistent with COVID-19, however mild, should stay and home and seek medical advice and testing.</p>

<p>(Phase 4 continued)</p>	<p><u>Businesses unable to operate fully or under social distancing restrictions in Phases 2 and 3</u></p> <ul style="list-style-type: none"> • Will be permitted to operate subject to hygiene requirements. • Such businesses may include elements of construction that require multiple individuals working in close proximity to perform a task. Where possible social distancing of 2 metres should be maintained where possible, but it is acknowledged that this is not always possible. <p><u>Retail, clubs, etc.</u></p> <ul style="list-style-type: none"> • All retail businesses can re-open, subject to continued cleaning and hygiene requirements in place, including hairdressers and beauticians. • Social distancing of 2 metres where possible should be maintained but a minimum of 1 metre is permissible. • More specifically, a differentiation needs to be made between controlled and uncontrolled environments: <ul style="list-style-type: none"> ○ Uncontrolled environments — e.g. supermarkets and other retail outlets, shops, parks, the beach and playgrounds. When out and about, keep at least a 2 metre distance from people you don't know. This is because no record of attendance can be kept. Furthermore if a gym or sport facility cannot keep a record of attendance with details of timings and use of gym equipment, then a 2 metre social distance should be maintained. ○ Controlled environments — these include places such as work, church, clubs/groups, recreation and sports teams where a record of attendance is kept. Keep at least a 1 metre distance between people you don't live with or who were not part of your extended bubble in Phase 3. ○ For gym and sport classes social distancing should aim for 2 metres but 1 metre is acceptable. ○ Contact sports are specifically excluded here and can only re-start in Phase 5. ○ In some circumstances social distancing is difficult, for example in hairdressers. Here direct contact should be minimised as much as possible. • Compliance with Public Health guidelines is required. • Restrictions on the numbers in any premises (of customers and staff) will be necessary to comply with social distancing. • Some business elements may be restricted if they present a particular risk (for example changing rooms may be closed, fitting of clothes or activity that requires physical contact will be restricted). <p><u>Restaurants, hotels, cafés, and pubs</u></p>
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<p>(Phase 4 continued)</p>	<ul style="list-style-type: none"> • Will be permitted to open with social distancing and hygiene and cleanliness requirements both in public-facing areas and kitchens. • Social distancing of 2 metres where possible should be maintained but a minimum of 1 metre is permissible. • In restaurants, cafes and pubs, the following needs to be adhered to: <ul style="list-style-type: none"> ○ There needs to be at least 1 metre between tables and aim for 1 metre between people sitting at the table if not from the same household or extended household bubble, if possible ○ Table service only is permitted, no bar / counter service or standing at bars / counters. ○ All facilities are subject to increased hygiene measures in guest rest rooms and for staff. There needs to be procedures in place for cleaning of toilets and restricting access to toilets. • Restaurants, pubs and cafés need to keep a list of people using their premises, to include the table each individual was sitting at and the timing of this. These records should be kept for 14 days. • Al fresco dining is encouraged. • Contactless payment is encouraged. <p><u>Sport and leisure facilities and activities</u></p> <ul style="list-style-type: none"> • All gyms and leisure facilities can reopen, subject to social distancing and hygiene guidelines. • Social distancing of 2 metres where possible should be maintained but a minimum of 1 metre is permissible. • More specifically, a differentiation needs to be made between controlled and uncontrolled environments: <ul style="list-style-type: none"> ○ Uncontrolled environments — e.g. parks, beaches and playgrounds. When out and about, keep at least a 2 metre distance from people you don't know. This is because no record of attendance can be kept. Furthermore if a gym or sport facility cannot keep a record of attendance with details in timings and use of gym equipment, then a 2 metre social distance should be maintained. ○ Controlled environments — these include places such as, recreation and sports teams where a record of attendance is kept. Keep at least a 1 metre distance between people you don't live with or who were not part of your extended bubble in Phase 3. ○ For gym and sport classes social distancing should aim for 2 metres but 1 metre is acceptable. Contact sports are specifically excluded here and can only re-start in Phase 5.
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(Phase 4 continued)	<ul style="list-style-type: none"> Specifically, outdoor children’s play areas can reopen but NOT indoor play areas, other than those that are part of the Early Years Services. <p><u>Travel</u></p> <ul style="list-style-type: none"> Travel for non-essential purposes <u>is permitted, subject to the individual self-isolating on return to the Bailiwick for 14 days.</u> Travellers need to be aware of the health risks of travel at the current time, particularly if they fall into a more vulnerable group.
Phase 5	<p><i>Details presented for Phase 5 should be considered provisional and implementation will be subject to public health triggering. Detailed planning of this phase remains limited and may be subject to amendment as events progress.</i></p> <p>This phase should be considered a return to a normal level of activity within Guernsey (with travel restrictions remaining in place) with the final elements of the local economy, including bars and clubs, being able to function and with more limited restrictions on gatherings and social distancing.</p> <p><u>Bars and Nightclubs</u></p> <ul style="list-style-type: none"> Will be permitted to open. Additional hygiene requirements must be in place and social distancing restrictions may be required leading to a cap on numbers (customers and staff) on the premises at any one time. <p><u>Public venues</u></p> <ul style="list-style-type: none"> All will be permitted to open but there may be some restrictions on the size, nature and duration of activities.
Phase 6	Progression to Phase 6 will be considered separately.

Appendix B: COVID-19 Pandemic — The Bailiwick of Guernsey: A phased transition framework to restore social, cultural and recreational activity.

PHASE	DESCRIPTION
Full Lockdown	<p><u>Full lockdown: restriction on all social, cultural and group recreational activities. Limited recreation with strict social distancing measures.</u></p> <p>Restricted movement of community, all non-essential businesses closed or operating remotely, schools closed, all non-essential travel stopped. Strict contact tracing and case isolation.</p> <p>Islanders need to remain within their household bubble for non-work activities.</p> <p>Recreation permitted for up to 2 hours per day with members of own household only, or with one other person from outside of the household whilst maintaining 2m social distancing.</p> <p>Permitted activities: walking, running, cycling, sea swimming and other open sea activities, horse riding and recreational fishing (undertaken at own risk). Outdoor hobbies (painting, photography, etc.) also permitted, if alone or with other members of the same household.</p> <p>Public parks and beaches remain open as places to exercise. 2m social distancing must be maintained.</p> <p>Activities NOT permitted</p> <p>All group activities and close contact exercise, including team sports and hobby clubs.</p> <p>Places of recreation (both indoors and outdoors) are closed, including children’s playgrounds. Children not allowed to mix with children from outside of their household.</p> <p>Diving is not permitted (NB. hyperbaric chamber is closed).</p> <p><u>Public venues, restaurants, hotels, bars and clubs</u></p> <ul style="list-style-type: none"> Public venues including gymnasiums and sports venues, churches and community centres, theatres and cinemas, restaurants, hotels, bars and clubs remain closed.

Phase 1 (8–25 April 2020)	<p><u>Full lockdown: restriction on all social, cultural and group recreational activities. Limited recreation with strict social distancing measures.</u></p> <p>Restricted movement of community, all non-essential businesses closed or operating remotely, all non-essential travel stopped. Strict contact tracing and case isolation.</p> <p>Same as Full Lockdown - this Phase is unchanged for social, cultural and recreational activity.</p>
Phase 2 (25 April–15 May 2020)	<p><u>Full Lockdown: restriction on all social, cultural and group recreational activities. Some expansion of recreational activities with strict social distancing measures and limits on number of participants.</u></p> <p>Restricted movement of community, all non-essential businesses closed or operating remotely, schools closed, and all non-essential travel is stopped. Some retail business permitted to offer contactless home delivery. Social distancing measures maintained.</p> <p>2 hours of recreation permitted as per the arrangements above. The 2 hour time limit also applies to the recreational activities listed below but may be extended further during this phase depending on the prevailing public health evidence.</p> <p>2 hours of recreation time increased to 4 hours with effect from 7th May 2020.</p> <p>Islanders can add one other household to their household bubble. This is for home activities only and NOT for activities away from the household premises.</p> <ul style="list-style-type: none"> • Pleasure boating on a private vessel permitted with members of own household only or, if the vessel is sufficiently large enough to maintain social distancing guidelines, with one other person from outside of your household. • Other waterborne activity (such as jet skiing) permitted with members of the same household, or with one other person from outside of your household, subject to maintaining strict social distancing. • Flying light aircraft over the Island/s for maintenance or servicing. • Other limited outdoor activities, such as golf (excluding the driving range) or singles tennis – with a maximum of 2 participants, even if from the same household. Social distancing must be maintained and additional hygiene measures in place, particularly where equipment is shared.

<p>(Phase 2 continued)</p>	<ul style="list-style-type: none"> • 1:1 sports coaching or personal training (coach/trainer + 1 other person), outdoors only, subject to strict social distancing and additional hygiene measures being in place where necessary. <p>Where the above involves a business or organisation, the business or organisation will have to notify the Office of Environmental Health and Pollution Regulation of their operation and have in place the necessary measures to minimise general social interaction and maintain hygiene. Risk assessments must be available.</p> <ul style="list-style-type: none"> ○ Pre-booking for the activity (telephone/online) and facilities for pre-payment/payment by card on-site must be available. ○ Adequate hand washing facilities and/or hand sanitiser must be available on-site. ○ Physical layout of the venue/facility to be adapted where possible to limit social contact between participants. ○ Shared equipment must be disinfected between uses. ○ Shared toilet facilities must be used by no more than one person at a time and must be regularly cleaned and disinfected in accordance with public health guidelines (NB. suitable cleaning guidance for shared spaces to be agreed with Public Health Services).
<p>Phase 3 (16–29th May 2020)</p>	<p><i>Details presented for Phase 3 should be considered provisional and implementation will be subject to public health triggering.</i></p> <p>Restrictions on group gatherings and social distancing will remain in place. Some limited gatherings, up to a maximum of 10 attendees, will be permitted for wedding ceremonies (not receptions) and funerals (not wakes), in addition to celebrants and officials.</p> <p>4 hours of recreation time remains in place. Options for extending social connectivity through a measured expansion of the household bubble initiative are included in this phase. Up to 4 households may bubble together in total. This may be formed by the joining of two bubbles both of which comprise 2 households that have already formed a bubble, or by the addition of one or two single household bubbles with a 2 household bubble. For the avoidance of doubt, existing bubbles cannot ‘split’ and re-form with different households.</p> <p><u>Public venues and public events</u></p> <ul style="list-style-type: none"> • Places of worship may open for individuals to pray by themselves, subject to maintaining social distancing. With the exception of weddings and funeral services (see below), congregation services are not allowed. <p>Gatherings</p> <ul style="list-style-type: none"> • Gatherings permitted in this phase are wedding ceremonies (not receptions) and funerals (not wakes) for a maximum of 10 people only, in addition to officials or celebrants, where social distancing and other infection control measures can be maintained.

**(Phase 3
continued)**

- The following needs to be in place for any public venue that re-opens:
 - The ability to keep a 2m distance from people who are not in your extended household bubble.
 - There are appropriate hand washing facilities and/or access to hand sanitiser.
 - Access to toilets that have appropriate cleaning processes in place.
 - Regular cleaning of the areas used.
 - A list of those who attended the event must be available to ensure that contact tracing can take place if necessary.
- People who are unwell with COVID-19 symptoms, or who are in self-isolation, should not attend these gatherings.

Other outdoor sports and outdoor recreational activities with limited social contact may be permitted, but this may be subject to a limit on the number of participants.

Where this involves a business or organisation, the business or organisation will have to notify the Office of Environmental Health and Pollution Regulation of their operation and have in place the necessary measures to minimise social interaction and maintain hygiene. Risk assessments must be available.

- Additional recreational activities may become available only if it is possible to achieve strict social distancing measures between participants:
 - Pre-booking for the activity (telephone/online) and facilities for pre-payment/payment by card on-site must be available.
 - Adequate hand washing facilities and/or hand sanitiser must be available on-site.
 - Physical layout of the venue/facility to be adapted where possible to limit social contact between participants.
 - Shared equipment must be disinfected between uses.
 - Shared toilet facilities must be used by no more than one person at a time and must be regularly cleaned and disinfected in accordance with public health guidelines (NB. suitable cleaning guidance for shared spaces to be agreed with Public Health Services).

Activities NOT permitted

Public venues, restaurants, hotels, bars and clubs

Public venues including gymnasiums and sports venues, church services and community centres, theatres and cinemas, restaurants, hotels, bars and clubs remain closed.

	Indoor sports not permitted.
Phase 4	<p>This phase represents a further progression towards a more normal level of activity within Guernsey. Further parts of the local economy, including retail and hospitality, will be able to function although some restrictions on work practices, gatherings and social distancing will remain in place.</p> <p>Most businesses open under controls to show that they are able to maintain strict hygiene precautions and social distancing of 2 metres, where possible, but at least 1 metre should be achieved.</p> <p>With regard to social distancing, a differentiation needs to be made between controlled and uncontrolled environments:</p> <p>Uncontrolled environments — e.g. supermarkets and other retail outlets, shops, parks, and playgrounds. When out and about, keep at least a 2 metre distance from people that are not from your Phase 3 extended household bubble. This is because no record of attendance can be kept.</p> <p>Controlled environments — these include places such as work, church, clubs/groups, recreation and sports teams where a record of attendance is kept. Keep at least a 1 metre distance between people who are not from your Phase 3 extended household bubble.</p> <p>Household bubbles will be discontinued. A gathering of up to 30 people (or 50 people for weddings and funerals services only, wakes and receptions would be subject to 30 people), with social distancing and hand hygiene is allowed.</p> <p>Recreation time is unlimited.</p> <p><u>Public venues</u></p> <ul style="list-style-type: none"> • Restrictions on most places of recreation are lifted, with an emphasis on hygiene measures and social distancing. • Public venues, including sports venues, churches and community centres, museums, theatres and cinemas may be permitted to open with restrictions on the size, nature and duration of activities. Individual guidance will be available, where necessary. • Coastal kiosks and public toilets open. <p><u>Social gatherings outside of hotels and restaurants</u></p>

<p>(Phase 4 continued)</p>	<ul style="list-style-type: none"> • Gatherings of up to 30 people will be allowed subject to social distancing and hygiene measures. People should aim to maintain a social distance of 1 metre where possible. Sharing of utensils, cutlery and crockery should be avoided. This includes congregational services with social distancing. • Gatherings of up to 50 will be allowed for wedding and funeral services subject to social distancing and hygiene measures. <p><u>Group activities and shared leisure facilities</u></p> <ul style="list-style-type: none"> • Non-contact sports and fitness training for other sports may recommence, including indoor activities. • Gymnasiums/fitness studios/indoor personal training allowed to operate, with an emphasis on hygiene measures and social distancing. • Swimming pools and health suites may be able to open with additional hygiene measures in place. • Facilities will be subject to inspection by the Office of Environmental Health and Pollution Regulation. • Outdoor children's play areas can re-open. • Group activities that have been deemed by the Medical Officer of Health to present an increased risk through respiratory droplets will be permitted but need to be carefully risk-assessed and organisers need to consider the risk of infection, particularly in vulnerable groups. This includes participation in choral, woodwind and brass activities. There needs to be a record of people attending any group activities that is kept for two weeks after the event and that will be available for contact tracing, if required. Participants should be at least two metres apart. • Extra-curricular activities, defined as activities involving children and young people under the age of 18 years that are not directly school, college or childcare related for example sports clubs, dance classes etc. are not permitted during the initial stages of Phase 4. It is planned that this will be reviewed two weeks after the schools have opened.
<p>Phase 5</p>	<p><i>Details presented for Phase 5 should be considered provisional and implementation will be subject to public health triggering.</i></p> <p><i>Detailed planning of this phase remains limited and may be subject to amendment as events progress.</i></p> <ul style="list-style-type: none"> • Contact team sports, such as football, rugby, netball, may recommence (NB. non-contact fitness training for these sports may be allowed in Phase 4, subject to maintaining suitable social distancing.) • All children's extracurricular activities and clubs can recommence (if not already permitted in later stage of Phase 4).

	<ul style="list-style-type: none">• Indoor children's play areas can re-open.• Bars and nightclubs may reopen, subject to ongoing risks assessments by the businesses and the implementation of reasonable social distancing to prevent over-crowding and hygiene measures.
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THE STATES OF DELIBERATION
of the
ISLAND OF GUERNSEY

COMMITTEE *FOR* HOME AFFAIRS

COMMITTEE *FOR* HOME AFFAIRS MEMBERSHIP

The following propositions are laid in accordance with Rule 37(8) of the Rules of Procedure.

The States are asked to decide:-

Whether, after consideration of the Policy Letter entitled 'Committee *for* Home Affairs Membership' dated 10th June 2020 the States, in accordance with Rule 37(8) of the Rules of Procedure, are of the opinion that:-

1. The period of office of Deputy Victoria Oliver as a member of the Committee *for* Home Affairs should be terminated with immediate effect.

The above Proposition has been submitted to Her Majesty's Procureur for advice on any legal or constitutional implications in accordance with Rule 4(1) of the Rules of Procedure of the States of Deliberation and their Committees.

THE STATES OF DELIBERATION
of the
ISLAND OF GUERNSEY

COMMITTEE FOR HOME AFFAIRS

COMMITTEE FOR HOME AFFAIRS MEMBERSHIP

The Presiding Officer
States of Guernsey
Royal Court House
St Peter Port

10th June, 2020

Dear Sir

1 Executive Summary

- 1.1 It is with considerable regret that the Committee *for* Home Affairs (the Committee) is submitting this policy letter seeking the removal of Deputy Victoria Oliver from the Committee.
- 1.2 Rule 37(8) of the Rules of Procedure states '*If a majority of the voting members of a Committee believe that the continued membership of that Committee by one member is unreasonably hindering the ability of the Committee to fulfil its mandate then the majority may bring a proposition to the States that the period of office of the said one member should be terminated with immediate effect, and the States may, notwithstanding the other provisions of this rule, by resolution so terminate that period of office.*'
- 1.3 As set out in this policy letter the Committee believes that Deputy Oliver's public criticism of the actions of the Police, combined with a breakdown in the trust and relationship with a fellow member of the Committee caused by her public comments, make her continued membership untenable. It is also considered that her continued membership would unreasonably hinder the ability of the Committee to fulfil its mandate.

2. Background

- 2.1 It is widely recognised that the Committee is the political voice of Bailiwick Law Enforcement and represents, as necessary, its needs and challenges within the States Assembly.

- 2.2 It is therefore fundamental that those who are appointed to the Committee accept the responsibilities which go with the role. This includes not undermining the services for which they are politically responsible.
- 2.3 Furthermore independent parties such as Her Majesty's Inspector of Constabulary and Fire and Rescue Services (HMICFRS) have previously highlighted the need to avoid what could be perceived as political interference in Law Enforcement. Throughout this political term the Committee has made a concerted effort not to act in any manner that might be perceived to influence the ways Law Enforcement discharge their mandate. The Committee also entered into a Protocol¹ with the Head of Law Enforcement committing not to interfere in law enforcement matters
- 2.4 On Friday 5th June 2020, Deputy Victoria Oliver made comments on social media expressing the view that Law Enforcement should not have carried out a drug-related search warrant and was highly critical of fellow member, and Vice President, of the Committee Deputy Marc Leadbeater.
- 2.5 The post read as follows:-
- "[name] I agree I was very angry when Marc became Vice President of Home Affairs. We cannot be arresting people who have very small amounts when Vice President is Director of a whole blooming farm. It stinks no matter which way you look. I am sorry for what you have been through and only know I am trying. It won't happen this term there is not enough people that want it. I did think HSC were looking into the from a medical point. I will chase up. I know we keep added tax when if we tax it we would make a considerable amount. Sorry"
- 2.6 That same day, when the comments came to light, the President emailed Deputy Oliver inviting her to reflect on her actions and both the seriousness and inappropriateness of that post. The Vice President also contacted Deputy Oliver expressing his grave concerns.
- 2.7 At the scheduled meeting of the Committee on Monday 8th June the matter was discussed at length.
- 2.8 Deputy Oliver did not consider her social media posts to be unreasonable but she regretted the upset caused.
- 2.9 Deputy Leadbeater considered her criticism of his role in the management of a business operating in accordance with the terms of its statutory licence was both

¹ Protocol between the Committee for Home Affairs and the Head of Law Enforcement
<https://www.guernsey.police.uk/CHttpHandler.ashx?id=123441&p=0>

unjustified and unacceptable. He advised that he would be considering submitting a Code of Conduct complaint.

- 2.10 Members shared their views with Deputy Oliver. It was suggested she should reflect on her position in light of her public comments and consider seeking to remedy matters by publically apologising and retracting her comments. Deputy Oliver expressed the view that proceeding in the manner the Committee was suggesting would generate unnecessary media interest.
- 2.11 The Committee concluded that the public comments were highly inappropriate particularly in respect of forming judgements on when Law Enforcement should, and should not, be enforcing the law.
- 2.12 Deputy Oliver left the meeting. The remaining four members continued and were unanimous in their view that for a member of the Committee which represents Law Enforcement politically, to be drawing into question the validity of police actions, without knowledge of the facts, undermined Law Enforcement. It also adversely affected the essential trust and confidence that needed to exist between a committee and the services for which it is responsible.
- 2.13 It was recognised that every person is entitled to their own views on the merits of different pieces of legislation. However, the point at issue was that for so long as such laws exist, it was the duty of Law Enforcement to enforce them and for the Courts to make the judgements on guilt or innocence. It was also the duty of the Committee to support those who did so.
- 2.14 It was concluded that such undermining of Law Enforcement, when combined with a clear breakdown in relationships given Deputy Oliver's strong personal views on the Vice President, was set to make it very difficult for the Committee to fulfil its mandated responsibilities in an effective and efficient way.
- 2.15 It is vitally important that trust and confidence remains between the Committee and any service under its mandate.
- 2.16 The conclusion was that Deputy Oliver's position had become untenable. It was agreed however that all parties should be given time to reflect and it was agreed to convene a further meeting the following day, Tuesday 9th June.
- 2.17 On the evening of Monday 8th June Deputy Oliver sent a short email to the Committee Members saying that she believed they had misconstrued the comments/post made on social media. She added that she had since removed the post, had emailed the Head of Law Enforcement and was sorry that the Vice President had been upset as that had not been her intention.
- 2.18 The Committee met again on Tuesday 9th June at which there was a full and frank

discussion.

- 2.19 Deputy Oliver shared her views and explained the steps she had taken.
- 2.20 The other four Members were of the view that while Deputy Oliver clearly regretted the outcome of her actions she was not seemingly accepting that she had acted wrongly. The four members were of the firm view that in the absence of true contrition combined with a public retraction of the criticism of law enforcement carrying out their role, the Committee would be significantly and unreasonably hindered in its ability to fulfil its mandate, of which Law Enforcement was a major part.
- 2.21 The four Members resolved to submit to the States a proposition under Rule 37 (8) requesting the removal of Deputy Oliver as a Member of the Committee for Home Affairs.
- 2.22 It was agreed to defer the submission of the Proposition until Wednesday 10th June, to allow Deputy Oliver further time to reflect on her actions and her position. The Committee considered that this was a reasonable timeframe given repeated opportunities to reflect over the preceding days.

3. Compliance with Rule 4

- 3.1 Rule 4 of the Rules of Procedure of the States of Deliberation and their Committees sets out the information which must be included in, or appended to, motions laid before the States.
- 3.2 In accordance with Rule 4(1), the Propositions have been submitted to Her Majesty's Procureur for advice on any legal or constitutional implications.
- 3.3 In accordance with Rule 4(4) of the Rules of Procedure of the States of Deliberation and their Committees, it is confirmed that the proposition above has the majority support of the Committee. Please note Deputy Oliver abstained from voting on the Proposition.

Yours faithfully

M M Lowe
President

M P Leadbeater
Vice-President

V Oliver

P R Le Pelley
J C S F Smithies