Northern Ireland Assembly

Committee for Health

OFFICIAL REPORT (Hansard)

Coronavirus Bill Legislative Consent Motion: Department of Health

23 March 2020

NORTHERN IRELAND ASSEMBLY

Committee for Health

Coronavirus Bill Legislative Consent Motion: Department of Health

23 March 2020

Members present for all or part of the proceedings:
Mr Colm Gildernew (Chairperson)
Mrs Pam Cameron (Deputy Chairperson)
Ms Paula Bradshaw
Mr Gerry Carroll
Mr Alan Chambers
Mr Alex Easton

Witnesses:

Dr Tomas Adell	Department of Health
Mr Andrew Dawson	Department of Health
Ms Cathy Harrison	Department of Health
Mr Nigel McMahon	Department of Health

The Deputy Chairperson (Mrs Cameron): I welcome Ms Cathy Harrison, chief pharmaceutical officer, and Andrew Dawson, director of workforce policy. You are very welcome. We are glad to see you here and glad to have you at a distance. I invite you to brief us, and then we shall ask you some questions.

Mr Andrew Dawson (Department of Health): Thank you very much. Good morning. We are here to brief on specific issues with regard to the Northern Ireland health provisions in the Coronavirus Bill. This is the Bill as introduced at Westminster last week. If you are content, I will read my statement, and then we will direct any pharmacy questions to Cathy, first of all, because she is under a lot of time pressure today to deal with some pharmacy issues, so that would be helpful.

The Deputy Chairperson (Mrs Cameron): We fully appreciate that. Go ahead.

Mr Dawson: Thank you. The Department of Health and other Northern Ireland Departments, along with the devolved Administrations in Scotland and Wales, have contributed to the UK-wide coronavirus action plan, which was published by the UK Government on 3 March 2020. The action plan highlights the procedures that need to be put in place to delay and mitigate the threat posed by COVID-19. Among the suite of measures identified in the action plan is the introduction of the Coronavirus Bill, which will ensure that the UK has robust, proportionate and effective legislative measures to deal with the impact of a widespread COVID-19 outbreak.

The Coronavirus Bill was introduced at Westminster on 19 March 2020 and contains emergency provisions that we need to have at our disposal, to deploy only if required. From a Northern Ireland perspective, the Coronavirus Bill is being used to provide relevant Northern Ireland Departments with

the necessary and proportionate legislative powers to allow them to act in a rapid and effective way to deal with a severe pandemic.

The main purpose of the Coronavirus Bill is as follows: to minimise the potential health impact by slowing the spread in the UK and overseas and reducing infection, illness and death; to minimise the potential impact on society and the UK and global economy, including key public services; to maintain trust and confidence amongst the organisations and people who provide key public services and those who use them; to ensure the dignified treatment of all affected; and to ensure that all agencies with responsibility for tackling the outbreak are properly resourced to do so and have the people, equipment and medicines that they need.

The provisions pertaining to health are clauses 2 and 4, under the heading, "Emergency registration of health professionals", and schedules 1 and 3 to the Bill. Those provisions allow for the registrars for various professions — for example, nurses, allied health professionals (AHP), other professionals and pharmacists — to allow temporary registration of people who would not otherwise be eligible for registration, to enable gaps in the workforce to be filled. That may be used to enable the readmission of retirees or final-year students. The power is to be exercised with close cooperation between the Department of Health and the relevant registrars.

I now turn to the issue of mental health and mental capacity, which is dealt with in clause 9 and schedules 9 and 10. These provisions relate to the existing law that allows people to be detained or deprived of their liberty because of mental disorder or because they lack mental capacity. They relax requirements such as allowing relevant social workers to carry out the functions of approved social workers and allowing longer time periods to make decisions, and to facilitate remote working in the decision-making. The purpose behind the provision is to help to reduce the potential burden on the Health and Social Care service.

Clause 12 deals with health service indemnification. This provision seeks to provide indemnities for health and social care activity and allows the Department of Health to indemnify, or make arrangements to indemnify, persons who are doing jobs that they are not normally covered for within the Health and Social Care service.

Clauses 35 and 36, along with schedule 15, part 3, and schedule 16, part 3, are only in relation to childcare providers. The provisions at part 3 of schedule 15 enable the Department of Health to give directions requiring the temporary closure of childcare provision. Part 3 of schedule 16 provides for temporary continuity directions that will allow the Department of Health to require childcare providers to stay open if some are closing prematurely.

Clause 45 suspends the relevant pension regulations in Northern Ireland that would otherwise preclude HSC pension service members who have retired from coming back to work. Those regulations will be suspended, which will therefore remove a barrier to coming back to work for retired HSC pension service members.

Clause 46 and schedule 17 concern the protection of public health. The schedule makes new provision for powers to deal with public health and mainly enable the Department of Health to make regulations to allow for measures to be introduced to help to delay or prevent further transmission of an infection from COVID-19 that presents or could present significant harm to human health. It also gives powers to district judges in Magistrates' Courts to make orders in relation to people, premises or things, upon application by the Public Health Agency. Those provisions are equivalent to powers that have already been exercised in England and Wales in relation to coronavirus.

Powers relating to potentially infectious persons are dealt with at clause 49 and part 5 of schedule 20. Those provisions give powers to public health officers, such as officers of the Public Health Agency or anyone acting under their direction, under arrangements for dealing with coronavirus. The powers are exercisable only if two safeguards are met, a general one and a specific one. These are, one, that the Department of Health must make a declaration that COVID-19 is a serious and imminent threat in Northern Ireland and, two, that the public health officer has reasonable grounds to suspect that a particular person is or may be infectious. If so, the public health officer can direct the person to go to a suitable place to undergo screening and assessment or quarantine. Part 5 of schedule 20 also provides the same powers for police officers and immigration officers.

It is important to make clear that the Coronavirus Bill will operate on a time-limited basis and is not intended to remain in place in perpetuity. It will expire after a maximum of two years unless Parliament considers it necessary to extend further. I appreciate that the Committee is being asked to consider

the Northern Ireland health provisions within a very short time frame this morning. We hope that you understand that the Department and the HSC generally are operating in extraordinary circumstances and that we are working as fast as we can to take the necessary steps to have legislative provisions in place. Unfortunately, we are squeezing policy and legislation development that would normally take months or even years into a few days and, possibly, hours. I trust that we will have your understanding on that. Between the four of us, we will try to answer any questions that you have.

The Deputy Chairperson (Mrs Cameron): Thank you very much, Andrew. We will have the first round of questions now, directly related to pharmacies so that Cathy can answer them and get away. Cathy, we really appreciate your attendance here. I am sure we have all had a great deal of correspondence and conversation with pharmacists in particular, who are under incredible pressure, and we understand that.

I just want to ask you, Cathy, what type of impact you expect from extending the prescribing powers, and also whether the emergency registration of health professionals in the Bill and the emergency volunteers will be of use to pharmacists in particular.

Ms Cathy Harrison (Department of Health): We are hoping that the impact of extending the prescribing powers will be that over 200 pharmacists will be capable of coming back on to the register. We are focusing immediately on people who have left the register or who have recently retired — within the last three years. We know that there are about 350 of those people, but some are no longer resident in Northern Ireland, so we are focusing on around 200 to 240 people. That would be a positive impact. Obviously, no individual is required to return, but they will be put on to the register automatically if they are considered fit to do so.

There is a lot of work going on in the volunteer space at the moment. The community and voluntary sector will be absolutely critical in supporting our pharmacy services in Community Pharmacy and our wider health service in the coming days.

The Deputy Chairperson (Mrs Cameron): That is great. I know that there have been encouraging numbers of people in the community who have come forward and are willing to help pharmacists. If there is a way in which they can do that, it will be very welcome.

Members, we are going to stick with two questions for this round, and we will do more as time allows.

Mr Gildernew: *[Inaudible.]*

The Deputy Chairperson (Mrs Cameron): Colm, sorry, can you just back off from your device? You are coming through very loud.

Mr Gildernew: *[Inaudible.]*

The Deputy Chairperson (Mrs Cameron): That is better. We can hear you now, I hope.

Mr Gildernew: Yes. So what *[Inaudible.]* ?

The Deputy Chairperson (Mrs Cameron): We cannot make you out very well, Colm. The Committee Clerk is going to try to make sense of your questions.

The Committee Clerk: If I have got it correctly, the first question was about the steps that would be taken to support Community Pharmacy. The second question was about any update on equipment being supplied. Colm will probably email me if there is any further detail on that.

Ms Harrison: First of all, we have already taken steps with Community Pharmacy. Obviously, we are working as quickly as we can to do everything that we can do. We took action immediately on decisions around financial stability for community pharmacies and the advance of a one-month payment from what they would normally be paid from the Business Services Organisation. That money will start to go into the system. The important part about that is that pharmacies are spending a lot more money on drugs. We wanted to remove any risk that there would be any problem with paying bills. On top of that, there has been a bid for additional money. I am expecting a decision on that so that we can provide additional money right now for staffing, adaptations to premises and additional services such as deliveries.

We are working very quickly. We are doing a whole other range of things for community pharmacies in order to relieve pressure on the pharmacists who work there, such as removing the need for them to comply with continuing professional development schedules, which would all have been due now in the coming weeks. We have also done a lot of work to try to get as many pharmacists who work in other sectors to step forward, and have put in place arrangements to make it easy for pharmacists who want to help to come forward and work in community pharmacies. A lot is being done. With your permission, I can provide more detail on that. I have a communication that went out last week that sets out over four pages the interventions that we are making with Community Pharmacy. We are taking it very seriously. We are doing as much as we can, as quickly as we can, for community pharmacy.

Personal protection equipment (PPE) has been provided to community pharmacies, and more may be provided. It has been provided to be used in line with current guidance. Obviously, the supply of PPE is an issue that we are dealing with across the health service. It is a concern for all health and social care workers.

Mr Carroll: Thanks —.

Mr Gildernew: *[Inaudible.]*

The Deputy Chairperson (Mrs Cameron): Colm, did you want to come back in?

Mr Gildernew: Yes. *[Inaudible]* independent sector, including nursing homes and independent domiciliary care?

The Deputy Chairperson (Mrs Cameron): Colm, you are breaking up. We have not received your email yet, but I think that we get the gist of it. I think that you are concerned about PPE for the rest of the independent sector. I do not know what the connection is with pharmacy. Can you just say the first part of your question again, Colm, to see if we can hear you?

Mr Gildernew: What plans *[Inaudible]* independent sector *[Inaudible]* ?

The Deputy Chairperson (Mrs Cameron): Colm, we will return to you later for your question, because we cannot make it out. Perhaps you could email it through to the Clerk.

Ms Harrison: Can I just suggest that it would be better that the PPE issue be referred to the Department? It is not directly related to the business today, although I understand that there are a lot of questions.

The Deputy Chairperson (Mrs Cameron): Fair enough, Cathy. Thank you.

Mr Carroll: I just have a question about pharmacists, Cathy. I have stuff about emergency volunteers, but that will probably be for you, Andrew. Cathy, can you detail the changes with regard to people who could not register under the Pharmacy (Northern Ireland) Order 1976 and can now register as pharmacists? Are those people who were retired, or what is that?

Ms Harrison: The provisions that are here will allow the Department to connect with the Pharmaceutical Society of Northern Ireland and ask its registrar to temporarily register an individual or groups of pharmacists. We did not have those powers before, and we need the emergency powers that the Bill gives us. That will allow us to work very quickly now to identify cohorts of pharmacists. To begin with, we will focus on retired pharmacists. At a later date, we will also look at other pharmacists who are near registration. We can come back to that in order to get as many pharmacists back into the workforce as the COVID-19 response continues.

Ms Bradshaw: Thank you for your work on that, Cathy. This is a time when we have really come to appreciate community pharmacists and what they are doing out there. Can I clarify whether you are saying that PPE has been delivered universally, and that all pharmacists should have adequate PPE by now?

Ms Harrison: Yes.

Ms Bradshaw: OK. You mentioned people coming forward. Are we going to get to the point where practice-based pharmacists will be mandated to come out of GP practices and into community pharmacies?

Ms Harrison: Thank you for your question. Pharmacists are in high demand across the whole health service, and we need to make sure that we are optimising their skills. The approach that I am taking is not to mandate anyone to do anything at this stage, but we are having a great response from pharmacists who want to help.

General practices are busy too. Our community pharmacies at the moment are doing a fantastic job. They are really rising to the challenge. They are seeing the first wave, if you like, of public demand here, and they really are doing a terrific job. We are doing everything we can to help them. That is why I am focusing on calling out to all pharmacists in Northern Ireland to step forward and do whatever little bit they can do. Every part of the health service is stretched at the moment. I am not in favour of mandating anyone to move sector or making people do things. I do not think that it is necessary, Paula. I think that people are realising that they really want to help, and, at the end of the day, in Northern Ireland, it is their colleagues and their friends who they may have studied with. They can see that they are under pressure, and they are stepping forward. We are making it as easy as possible for them to do that by stepping forward to locum. They will be paid for that, and we will provide money to community pharmacies to pay them. So we are trying to join the dots here and join everything up so that people can come forward, and I would love to see as many pharmacists coming forward as possible. We have suggested a morning or an evening. Anything that they can do would be of great value at the moment to community pharmacy.

Ms Bradshaw: Just one last question, Chair. You talked about students approaching pre-registration, or whatever the proper term is. What about the university students? What role do you see them playing in this crisis?

Ms Harrison: I am talking to the universities about the role that pharmacy students could have. At this moment in time, pharmacy students are encouraged to help where they can. I am still working through with the universities around exam schedules and things like that. My first focus is on our pre-registration students who have already graduated. They are nearing the end of their pre-registration 12 months. I am taking it step by step, and I am thinking that it will be retired pharmacists first and then our pre-registration students. There will be a role for students more in terms of helping in general in pharmacies. Obviously, I will not be advocating putting them on the register as pharmacists, but there will be a lot that they can do to help with the general pressures in pharmacy, in community and in hospital as well.

Mr Easton: Thank you for your presentation. Is the delivery and supply of medicines secure? In England, it was announced yesterday that community pharmacists will deliver to 1.5 million elderly people and those who are most at risk. Are there plans in place for that here? How many people will that involve, out of interest?

Ms Harrison: There are two things there. The general medicine supply chain is flowing across the UK. From all the work that we did on EU exit, we know a lot about our medicine supply chain, and it has become very useful right now. The medicine supply chain is flowing. However, the demand from the public for prescription medicines has been tremendous. In Northern Ireland, some of our pharmacies are reporting more than four times the volume of prescription items. Our GPs have ordered double the amount of paper to print prescriptions on.

Unfortunately, the messages around stockpiling and over-ordering have not totally got through to the public, and I really make a plea to people that there is no need to over-order and stockpile medicines. We have to keep that medicine supply chain flowing. Unfortunately, there are always pressures in the supply chain, and, at the moment, I envisage them as short-term pressures caused by that incredible spike in demand. We have very good arrangements and intelligence around where we have particular concerns around supplies. We can take action to address particular concerns, but, in general, the supply chain is flowing, but it relies very much on everyone playing their part and not over-ordering or stockpiling medicines of any type.

The Deputy Chairperson (Mrs Cameron): I am sorry to interrupt. On that point, would it be useful if the repeat prescribing were to come to the pharmacy? Would that help to control the stockpiling issue? Why are GPs allowing that public demand to follow through?

Ms Harrison: We are working with our GP colleagues very closely now. We are really joining up in our response to COVID. As I said at the start, we are working by the hour on measures that we need to take. We are working with general practice, and we will provide additional advice for the public, for general practice and for community pharmacies, this week, on the management of prescriptions. Everything is being taken into consideration, including how we manage repeats and how we communicate between general practice and community pharmacies.

The second part was on deliveries from pharmacies. New advice was issued yesterday around shielding, and you are interested in the numbers that that would involve. It involves an estimated 40,000 people in Northern Ireland, and so it is slightly over 90 per pharmacy. We will be working with Community Pharmacy to support deliveries to those people, but the advice for everyone is, where possible, to ask a family member, a friend or a neighbour to collect your prescriptions for you, and then, where needed, in extreme situations when people have no other help at all, the pharmacies would be in a position to deliver. We really have to preserve those services for the people who need deliveries most and that includes the shielding categories of patients.

Mr Chambers: Cathy, I place on record that pharmacists who decide to go back into the workplace are certainly demonstrating great public spirit. Of the ones who come back into the workplace, how will they be utilised, who will coordinate their deployment and will they be deployed locally, where possible? I appreciate that somebody coming out of retirement who has been away from the workplace for three years might feel that they are a bit rusty. In fact, that might be an obstacle to some of them coming back, because they would be nervous about the fact that they had been so long away. It is a very responsible job, as you know. Will they be supported or will they be thrown in at the deep end when they go back into the workplace?

Ms Harrison: Anyone who comes forward will be very welcome, but they will have to consider, for themselves, whether they are fit and able to come back into practice. In terms of their ongoing training and the need for return to practice, we have acted very quickly, and our postgraduate provider of education has information ready to go now for any pharmacists who may be considering coming back into practice and also for people who, as I said, might want to do a little bit more.

Pharmacists work across different sectors — community, hospital and general practice — and some of those who are retired will have had very specialist jobs and may have held very senior jobs by the time they retired. Everyone will be welcome, and, of course, we will help to coordinate them, get them into the sectors where they will be of most use and provide them with all the support that they need. They will be paid, and we are asking them to come forward through the locum arrangements that the Ulster Chemists' Association in Northern Ireland has put in place. That means that people can come to one central point and will then be matched to suitable positions, but we will be doing it very carefully to make the most of their skills, their competence and what they can deliver.

The Deputy Chairperson (Mrs Cameron): Is there anything from Sinéad or Colm?

The Committee Clerk: Yes, I have something from Sinéad. It is about extended prescribing powers. What safeguards are in place to encourage pharmacists to return to the workplace, including private workspaces with social distancing? Will those who return necessarily be in public-facing roles?

Ms Harrison: Sorry, will you repeat the first part?

The Committee Clerk: What safeguards are in place to encourage pharmacists to return to the workplace — for example, private workspaces with social distancing — and do the roles have to be public-facing?

Ms Harrison: They do not have to be public-facing roles. Decisions will be made about the best way to use their skills as they come forward. Community pharmacies have already taken steps to put in place measures to safeguard the workplace and to be compliant with social distancing. I hope to provide additional funding to all pharmacies, quite quickly, so that they can put in measures that they will feel comfortable with. Anyone returning will be covered by that in community pharmacy. Not everyone will come back to community pharmacy, but I hope that many will.

The Deputy Chairperson (Mrs Cameron): Is there anything from Colm?

The Committee Clerk: No.

The Deputy Chairperson (Mrs Cameron): Colm, are you happy enough?

Mr Gildernew: Yes. *[Inaudible.]*

The Deputy Chairperson (Mrs Cameron): Thank you.

Cathy, that is sufficient to let you go. I know that you are incredibly busy, and we can ask Andrew some questions. Thank you very much for your time.

Ms Harrison: Thank you.

The Deputy Chairperson (Mrs Cameron): Andrew, I will ask you about the workforce more generally. What types of roles do you anticipate that formerly retired persons might perform or not perform?

Mr Dawson: There are a number of elements to that: the first is the regulators. The GMC for doctors, the Nursing and Midwifery Council for nurses and midwives, and the Health and Care Professions Council for allied health professionals have all written to recently retired staff to gauge their interest in coming back in to fight COVID-19. Trusts have also been writing to staff whom they know from their records are recently retired. We are trying to encourage those people to come back in, and they will be very welcome if they choose to do so.

There is something in the order of over 500 recently retired medics who have been approached in Northern Ireland. I do not have the figures for nurses, midwives and allied health professionals, but we are definitely trying to encourage anyone who is recently retired — that is probably within the last three years, initially — to come back in to service.

Do you want me to come on to the student plans?

The Deputy Chairperson (Mrs Cameron): Please do.

Mr Dawson: What has been done, and we are trying to do it on a UK-wide basis if at all possible, is that final year students are trying to accelerate their progression into the workforce. For Northern Ireland, that is something in the order of 250 final-year medical students who can be deployed about four months earlier than intended; 880 third-year nursing students who can be deployed; 120 allied health professionals and, I think, something in the order of 240 social workers who can be deployed earlier than expected. We are working very closely with the schools and the registrars for each of those professions to try to smooth the way for that and to get it done as quickly as possible. Key is just that we are trying to maximise the available workforce with both retirees and students.

Finally, clause 45 deals with the suspension of pension regulations for retirees. Clause 45 is designed to ensure that we remove any barriers for staff who have recently become members of the HSC pension scheme. Normally, if they drew down their pension and were then to earn, it would have significant impacts on their tax etc. Therefore, those regulations will be suspended, again, on a UK-wide basis.

The Deputy Chairperson (Mrs Cameron): That is very welcome news, indeed.

Colm, do you have any questions, before I move on to Paula?

Mr Gildernew: No.

Ms Bradshaw: Can the applications from nurses who have applied for a return to practice be fast-tracked?

Mr Dawson: We are looking at a number of ways in which they can be put through as quickly as possible. Part of the purpose of the Coronavirus Bill is to allow for those kinds of moves to be taken for registration and re-registering etc. Yes, we intend to put any kind of departmental and system endorsement behind getting this through as quickly as possible. We will do whatever we can to do it as quickly as possible.

Ms Bradshaw: That specific category?

Mr Dawson: Yes.

Ms Bradshaw: Secondly, for nurses who are based overseas and have an application process to come and work here, there is a fee in place for them to sit the exam. Is there any way that that is going to be waived at this time to try to speed that up?

Mr Dawson: We have not done that in relation to the Bill. Again, all options, I think, are on the table for this. However, with the increasing restrictions on international travel, we will probably see a downturn in the number of international nurses coming in. The other thing to bear in mind in respect of international nurse recruitment is that our clinical education centre, which will be responsible for training the 880 third-year nurses earlier than expected, would also be expected to help to train the international nurses. There is only so much capacity that that centre has, so I think that the priority will be the 880 third-year nursing students. We will certainly welcome with open arms any international nurses who do arrive on these shores over the next few days and weeks, and they will be trained. There are those practical issues to consider as well.

Ms Bradshaw: I am not sure that this question relates to the Bill, but did I see something on the internet over the weekend about car parking charges at hospitals being waived for nurses and healthcare workers?

Mr Dawson: I saw something, similarly, online.

Ms Bradshaw: Nothing official, then.

Mr Dawson: I do not have the detail, but we can certainly get some detail for you today on that from colleagues.

Ms Bradshaw: Thank you very much.

Mr Carroll: I have some general questions for you, Andrew. My reading of the language on emergency volunteers was that it is a bit contradictory. Are these people who are being redeployed to volunteer? Are they still getting a wage from their current employer? Are they not getting paid for a period of up to four weeks?

Is the area of powers to detain your area?

Mr Dawson: That is not me.

Mr Carroll: I was just checking that.

Mr Dawson: Emergency volunteers are dealt with at clauses 7 and 8 and at schedule 6. We, in the Department of Health, have been working with our colleagues in the Department for the Economy on this. Essentially, clause 7 and schedule 6 put in place a new type of leave — a special unpaid leave — called emergency volunteering leave. The Department for the Economy is working on the various employment rights elements of that. This is talking about a framework for skilled volunteers to step in and provide support for the health and social care system without the fear of losing their employment protections. It is a new, temporary unpaid statutory right for eligible employees and workers to take emergency volunteering leave. Emergency volunteering leave can be taken during volunteering periods of 16 weeks, initiated by the UK Government. This is a UK-wide scheme into which we will contribute.

Mr Carroll: Sorry, it is unpaid?

Mr Dawson: The important thing is the following clause, clause 8, which provides for a compensation scheme, again on a UK-wide basis. So, under the Coronavirus Act, as we hope it will be, the Secretary of State for Health and Social Care will be able to establish a scheme whereby workers who take the unpaid leave will be able to claim for loss of earnings under the UK-wide scheme. That UK-wide, loss-of-earnings scheme for those emergency volunteers is being designed at the moment on a UK-wide basis. I was on a conference call, last week, with DHSC, Department for Business, and Treasury colleagues designing that scheme. There will be ability to claim for loss of earnings, and I think that they are also looking at travel expenses.

Mr Carroll: If somebody takes a period of leave for the maximum of four weeks, we want to encourage that where possible. We do not want people to be out of pocket generally but also for a long time. Is there any idea about whether the recovery payment will be processed quickly?

Mr Dawson: Certainly, those conversations are being had about what the compensation scheme will look like, how it will operate, etc. Obviously, we do not want any bar or barrier to people who are going to put themselves out to help the efforts. The emphasis will be on making the system as quick and easy to navigate as possible, but this is a UK-wide scheme, and we are encouraging that in the discussions.

Mr Easton: Can you explain what you mean by "the retired medics"? Are they doctors?

Mr Dawson: Yes, they are doctors, primarily. We are looking at all the professions: doctors, dentists, pharmacists, as Cathy said, psychologists, nurses, midwives and allied health professionals.

Mr Easton: What about ambulance staff?

Mr Dawson: Ambulance staff are regulated by the Health and Care Professions Council. The call will have gone out to recently retired ambulance staff, as well as from the trusts.

Mr Easton: I agree with my colleague across the way. All staff need to have car-parking charges waived.

Mr Dawson: Sure. I will pass that on.

Mr Easton: Certainly, over this period anyway.

Mr Chambers: Andrew, you may not be able to answer this, but if you can, please do. Has the early response from the sector to your call to the retired medics been encouraging?

Mr Dawson: The Department published the call for Northern Ireland on its website last week. It was designed to go out at same time as the GMC call to retired medics. I have not yet seen the early figures from that, but certainly we will be reviewing those. If there is anything that we need to do, in addition to what has already been done in communications, we will certainly do it.

The Deputy Chairperson (Mrs Cameron): I think that Sinéad had a question.

The Committee Clerk: It is a question of a more general nature about the time limit of the Bill. It has a maximum of two years. Do you have any comment about that being changed to allow for a six-monthly review? Secondly, what measures will be used to determine whether we have achieved a safe stage to step down the legislation, and what input would the regions have in making that determination? Thirdly, if a decision is dependent on testing, is it not essential that all regions should be testing at the same level immediately?

Mr Dawson: Provisions on the review of the Bill is a matter for the UK Government to decide. The step down will be similarly led by the UK Government, on the basis of the available scientific and medical advice. We intend that there should be a lot of input from regions to the step down. The experience to date, in the development of the Bill, has been very encouraging. There has been input from all the devolved Administrations. We hope that that continues.

Testing is more of a medical and public health issue, but, as I understand it, there is an interim protocol in place. There are a number of priority categories for testing, and work is ongoing with public health colleagues on that, but I cannot speak authoritatively on those issues.

The Deputy Chairperson (Mrs Cameron): We will raise the issue of testing with your colleague.

Colm, are you happy enough? Is there anything that you want to come back in with?

Mr Gildernew: No. *[Inaudible.]*

The Deputy Chairperson (Mrs Cameron): Thank you very much, Andrew. We will allow your colleagues to come forward.

I welcome Mr Tomas Adell, head of the mental health and capacity unit, and Mr Nigel McMahon, the chief environmental health officer. Thank you for attending. Do you have any comments that you want to make briefly, or do you want us to go straight to questions?

Mr Nigel McMahon (Department of Health): To clarify for the Committee, I can take questions in relation to clause 46 and schedule 17, which is the public health powers, and clause 49 and schedule 20, which is the powers relating to potentially infectious persons.

The Deputy Chairperson (Mrs Cameron): OK. That is grand.

I will kick off. Is there anything in the Bill that helps us with the testing issue? I am thinking of, for example, companies such as Randox not being NICE approved. Is there an opportunity here to use its skills to help the testing issue? We all realise how vital the testing is, in particular, for ensuring that our key health workers can come back to work when they know that they are safe to do so.

Mr McMahon: I will reiterate what Andrew said, in that I am aware that discussions are going on. There is nothing specific in the legislation that I am aware of that relates to that particular issue.

The Deputy Chairperson (Mrs Cameron): Perhaps you will carry that message back from the Committee to the Department.

Colm, do you have any questions?

Mr Gildernew: No.

Ms Bradshaw: Thank you for coming along this morning. On mental capacity and additional support and resources in relation to anybody who might be affected, specific patients might be affected by the introduction of the new provisions. Obviously, this is a very stressful time for everybody in the country, but people whose mental health is affected by this may need additional support in an already overstretched sector.

What safeguards will be put in place so that, if a social worker, for example, is acting alone in one of the deprivation of liberty orders, their decision-making is robust and stands up to scrutiny?

Dr Tomas Adell (Department of Health): It is testing times for all of us, including people who are deprived of their liberty, obviously. We are providing as much help and support as we can to provide extra material for people deprived of their liberty to explain the emergency provisions. We are trying to help healthcare professionals to carry that out as effectively as possible. The amendments in the Coronavirus Bill will make things slightly easier for professionals in terms of who can do functions. We are not removing any particular safeguards, so it will never be the decision of one person to deprive someone of their liberty; there must always be at least two people. There will never be a social worker acting by themselves. There also has to be a medical report and the function of the trust panel for longer-term detention is still there. The person will always have the right to appeal the decision to a tribunal as well. So, the safeguard is still there. It is who can do the safeguards that is slightly modified.

Ms Bradshaw: Apologies. I thought that I had read that it will come down to one person, but you are saying that it will require two people.

Dr Adell: It will always require at least two people.

Mr Carroll: I have a couple of specific questions on powers to detain. Will you detail what is in place now, what extra powers are proposed and how long people can be detained? I saw some reports that, in England, people may be detained for up to one month. Will you comment on whether that is accurate and is relevant to here?

What extra powers do immigration officers have? I know that there is reference to the police being involved in some aspects. At what point does that happen? Reading the legislation, it seems to me that they can extend the powers to detain for 24 hours for certain people. Is that a one-off extension or

can that be rolled over for multiple extensions? I would appreciate it if you would answer those questions.

Mr McMahon: OK. I will give a quick summary of clause 49 and schedule 20. Those are the powers that allow public health officers, which, in our context, effectively, is officers from the Public Health Agency or somebody designated by them, police and immigration officers, to take action. They are UK-wide powers that are being delivered regionally, if that is the right way to describe it. These are a set of powers that are being described as powers that can be switched on and off in the different countries of the UK. Similar powers will apply in England, Scotland, Wales and Northern Ireland.

What would be required to bring the powers in here would be for the Department of Health, having consulted with the Chief Medical Officer, to make a declaration that there is a serious and imminent threat to public health due to the incidence or transmission of coronavirus and that the exercise of the powers would be considered to be an effective means of delaying or preventing further transmission of the virus. Once that declaration is made and that period starts, the powers come into being. If we get to a point where the feeling is that those powers are no longer effective or there is no ongoing serious or imminent threat, the Department is required to revoke that declaration. Those powers then cease to exist, and any application of them ends immediately.

The provisions give powers to public health officers to require persons to go to a suitable health facility to undergo screening and assessment where they reasonably suspect that that person has, or may have, coronavirus disease or has been in an affected area within the past 14 days. In the legislation, they are referred to as "potentially infectious persons". There are additional powers for public health officers to impose other restrictions on potentially infectious persons, where they are necessary and proportionate: things like remaining in isolation, restrictions to their travel and other activities, and contact with people. It is probably what we commonly refer to as quarantine, although the legislation does not use that term. The provisions also confer powers on public health officers and constables to enforce those restrictions and requirements if required.

The Bill gives police and immigration officers similar powers, in consultation with a public health officer where it is reasonably practical to do so. A policeman or an immigration officer who has reason to believe that somebody is infected, or likely to be infected, can direct them to go for the same screening and assessment and would seek advice from public health officers, where that is possible, in order to do that.

The Deputy Chairperson (Mrs Cameron): Paula, are you looking to come in there?

Ms Bradshaw: No, I will come in afterwards.

The Deputy Chairperson (Mrs Cameron): Sorry.

Mr McMahon: You asked about the time periods and that sort of thing. A person can be detained for screening and assessment for up to a maximum of 48 hours. If, after that screening and assessment, they are found to be infected, or if a test is inconclusive, they can be required to stay in isolation for up to 14 days. If that is the case, that decision needs to be reassessed within 48 hours. At the end of the 14 days, it can be extended for up to a further 14 days, but, if that is the case, that decision needs to be reviewed every 24 hours. The person who is being detained has a right of appeal on the decision to a Magistrates' Court.

Mr Carroll: Can you clarify the extension, Nigel? If somebody is told or directed to be in isolation for 14 days by a public health official, the public health official can extend that period for 14 days?

Mr McMahon: Yes.

Mr Carroll: On top of the 14 days?

Mr McMahon: Yes.

Mr Carroll: And then it has to be reviewed every 24 hours by —?

Mr McMahon: The original decision for 14 days needs to be reviewed within at least 48 hours. If there is a subsequent decision to extend for a further 14 days, that decision needs to be reviewed every 24 hours.

Mr Carroll: And those powers are extended to all of the public health officials that you named?

Mr McMahon: Yes. The legislation uses the term "public health officer". In Northern Ireland, that is either a medical practitioner from the Public Health Agency or somebody designated by the Public Health Agency.

Ms Bradshaw: I should have said this when I had the floor, so to speak. A few weeks ago, when the Chief Medical Officer was here, I asked him about powers within the Public Health Act to intervene in the Holylands on St Patrick's Day, for example, which was an upcoming occasion. Clause 50 looks at powers relating to events, gatherings and premises. Does this enhance the powers? I think there were still some markets operating yesterday. Will this allow the Executive Office, and possibly the councils, to work with the Chief Medical Officer and Public Health Agency to stop things happening beforehand?

Mr McMahon: Yes, that is absolutely right. I will go back to the previous comments about potentially infectious persons. Under the 1967 Act, we have powers to do that, but it really applies only when somebody is already ill. There are not the same checks and balances in terms of human rights and public rights in that Act as there are reflected in this legislation. Schedule 20, which relates to the potentially infectious persons, allows those powers to be applied immediately. In the scenario that we are in now, where, perhaps, somebody has travelled from a particular area and there is a strong reason to believe they might be a risk, or they are not showing symptoms but have possibly been tested positive, then this allows immediate action, whereas the 1967 Act does not. The 1967 Act, similarly, does contain powers for the Public Health Agency to consider mass gatherings and so on and so forth. But, again, that is not an immediate power and clause 50 in the new Bill extends that and allows TEO to look across the piece and to work with Departments. There is a specific requirement to consult the Chief Medical Officer, or his deputy, in making any decision to cancel an event or mass gathering.

Ms Bradshaw: So it is more on the basis of the potential for community transmission?

Mr McMahon: Yes, absolutely. We have been clear all along that the hope is that we will not need any of these powers. It would only be in a circumstance where there is a blatant and obvious disregard for the public advice that has been given. Thankfully, for the most part, that has not been the case so far, but in a scenario when somebody said that they were going to go ahead with a particular event regardless, then the power in clause 50 would potentially allow TEO to then step in with health advice and to prevent that from happening.

Ms Bradshaw: Good to hear. Thank you.

The Deputy Chairperson (Mrs Cameron): That is welcome. Will it also apply to events held on private land that are not under any form of licensing?

Mr McMahon: It should be any event, really. Public health advice would be the key thing. If, on consultation, the Chief Medical Officer felt that a particular gathering, whatever its nature, constituted a risk to public health, then it could be prevented from happening.

Mr Carroll: On clause 50, Nigel, does that extend for the two-year period as well, under the sunset clause?

Mr McMahon: Yes, the sunset clause is for the entire Bill. I mentioned once or twice the Department making regulations and, whilst we would seek to do that, they would also fall when the Bill goes as well. Essentially, then, as far as Northern Ireland is concerned, we would be back to the 1967 Act until such times as we brought forward new legislation.

Mr Carroll: The Executive Office has the power to suspend gatherings or events?

Mr McMahon: Yes, it will sit with the Executive Office. I think, in reality, it will be in conjunction with whichever Department or Departments are likely to have an interest, given the nature of the event or gathering.

Mr Easton: Does the power to stop events, which is good, include gatherings? We had an incident over the weekend in Crawfordsburn, at the beach, where there were hundreds of youths gathering and drinking whatever. Does it include that as well?

Mr McMahon: I think it would, yes. The reading of the legislation is such that it could be any event or gathering. There are more practical issues around that kind of thing, if you have to resort to the legislation.

Mr Easton: Is there a number to determine what constitutes a gathering?

Mr McMahon: No, there is no number in the legislation. It is purely —.

Mr Easton: So two people could be stopped —.

Mr McMahon: Sorry. It is purely focused on public health advice, so it would come down to consultation with the Chief Medical Officer.

Mr Easton: So, once this goes through tomorrow, we will have the power to stop those gatherings?

Mr McMahon: If it goes through, yes.

Mr Easton: Of course it will go through. Thank you.

Mr Chambers: Does the legislation mean that, if somebody is proposing to have a gathering, they have to step forward and get permission to do it? Or does it mean that the authorities have to intervene, if they learn that there is going to be a gathering?

The other question is for Tomas. Is the Department anticipating a surge in those presenting, over the coming weeks, with mental health issues? I know that all of our medical and nursing staff have been directed towards the front line, to fight the virus. Will our mental health provision, which I know is stretched at the moment, be able to cope if there is a surge in mental health issues?

Mr McMahon: Thank you for the question. I would say that our Department is not dealing with clause 50, because it is for TEO. TEO officials have been working on the detail of it, so I am not sure I can answer that question now, but I am happy to take that away and try to get an answer so I can come back to the Committee, maybe later on today.

Dr Adell: On mental health, the provisions in the Bill would be more to cover for staff not being able to deal with mental health patients, not to enable staff to carry out the functions required to detain and compulsorily admit someone. We do not expect a surge of seriously mentally ill patients during this period. There might be an increase of anxiety and worry, which we would expect. We are working with our colleagues in the PHA and other parts of the Department to try to find resources to help to support that, for example by providing further online resources that can be accessed by anyone without having to use any staff time. We do not expect a surge of the seriously mentally ill, but if the staff are not available to carry out the functions, we then cannot deal with the ones that already exist. It is about trying to find a balance between protecting people who are sick and the available staff that we have.

The Deputy Chairperson (Mrs Cameron): Tomas, we know that the Mental Capacity Act and the existing provisions are time-consuming and may not be in any way relevant to the fight against coronavirus. Could it be that the existing provisions and the ongoing work with the Mental Capacity Act cease for a period while we deal with the current crisis?

Dr Adell: The Mental Capacity Act is obviously a very new piece of legislation and it is not yet fully commenced, in the sense that we still have a backlog of cases from before last December. The right to not be deprived of liberty without an authorisation is in the European Convention on Human Rights. We cannot suspend that right, and indeed we think that it would be quite dangerous to suspend the right to have protections against the deprivation of liberty, because that would allow for arbitrary

detentions. That is why, for example, we have the powers to detain on public health grounds in legislation.

In reality, we have to be pragmatic and say that there will be some people where we might not be able to look at the backlog of cases. That work is going to have to be scaled down, but that is part of the implementation planning, rather than suspending legislation. We might just slow it down, rather than stopping it.

Mrs Cameron: That is great, thank you. I think that there is a question or a comment from Sinéad.

Ms Bradshaw: Chair, can I ask a quick question? My apologies; I did this all last night, and some of the questions keep on coming back to me. One of my constituents who works in the medical profession and is a member of the Muslim community is concerned about some of the possible changes about the remains of the deceased or the changes to certification of deaths. Is there any danger that they could maybe impact on customary practice around religious burials? I tried to look at the relevant part of the legislation, but I think that some members of the community might be concerned about that.

Mr McMahon: The public health paragraphs at clause 46 and schedule 17 effectively give us powers to make regulations. If we chose to, we could make regulations in respect of that. Any regulations that are brought forward will obviously come to this Committee and to the Assembly. There is nothing specifically in the section on potentially infectious persons, but there is something else somewhere in the Bill.

Ms Bradshaw: Big Bill.

Mr McMahon: Yes, it is. I believe that there are powers that could be used, if it was felt necessary, that would affect those things. We are seeing some of that happening organically anyway. There are lots of discussions going on with funeral directors about their own practice and safety, and churches are implementing different measures too. It is one of those areas where you would not like to think that we need to introduce the legislation, but clearly we have quite different practices from England and Wales, so it may well be that a different approach does need to be taken here.

Ms Bradshaw: Will you keep the Committee updated if anything on that is forthcoming?

Mr McMahon: Yes.

The Deputy Chairperson (Mrs Cameron): And Sinéad's comments?

The Committee Clerk: Sinéad has a more general question asking, from a Northern Ireland perspective, if you are satisfied that the legislation, as drafted, is done in a way that is cognisant of the resources available. I presume that is in relation to the public health section.

Mr McMahon: Clearly the Public Health Agency is extremely stretched at the moment. If the public were to disregard public health advice to the point where we needed to introduce or use the powers in the Bill when it comes in, that would put extra burden on the Public Health Agency. It is very difficult to know to what extent that would be the case and whether you would be talking about dealing with one or two individuals, possibly, who were refusing to comply, or whether it would be a more widespread issue. Certainly, the powers would be there, but I accept that there would be no guarantee that the resources would necessarily be there to support a wider response under the legislation, if it came to that.

Mr Carroll: Is clause 29, which deals with inquests, your area as well, Nigel?

Mr McMahon: No, it is not, I am afraid.

Mr Carroll: It is not? OK. Can I ask your opinion?

Mr McMahon: I am afraid that I cannot.

The Deputy Chairperson (Mrs Cameron): Are there any further questions? Colm, do you have a question? He cannot hear us. That is grand.

Mr Gildernew: *[Inaudible.]*

The Deputy Chairperson (Mrs Cameron): OK. Thank you.

Mr Chambers: On the issue of public health, I know that a lot of restaurants have diverted to preparing meals to deliver to vulnerable people or people who are self-isolating. I know of one instance locally where a constituent was going to provide that service, and quite a lot of people were quite interested in it, but the local public health officer reminded him of all the various regulations on delivering food, such as the need to label the ingredients, allergens, cooking instructions and storage instructions. The guy, who was going to provide that service, has decided that, with the best will in the world, he just cannot deliver and produce goods on that basis. In normal circumstances, those sorts of regulations are absolutely vital for public health, but is there any proposal to perhaps relax them, or can they not be relaxed?

Mr McMahon: First, it is not directly a matter for the Department of Health. Like you, I saw something about the relaxation of whatever the legislation is that prevents restaurants from providing takeaway and delivery. The second aspect is very much for the Food Standards Agency, and I know that there are ongoing discussions about that as well. There have been some relaxations, but I cannot say whether they go as far as the relaxations that you are referring to. The Food Standards Agency is certainly the best source of advice on that because it is clearly trying to communicate with its stakeholders, including those on the regulatory side in district councils, about what is expected of them and what can be relaxed, as well as, indeed, those in the food chain and the food processors about how this links in there. I am not fully sighted on what advice it is giving, but it is being worked on. I know that there is an issue for the district council environmental health teams, because they have largely suspended inspections and operations for the safety of their staff. That will obviously release a certain amount of burden on businesses in terms of the programmed inspections that they usually receive.

The Deputy Chairperson (Mrs Cameron): OK. Thank you. There no more questions, so I thank our witnesses today, Tomas, Cathy, Andrew and Nigel. We fully appreciate the circumstances and the pressure that you are working under in the Department. We wish you well in this very uncertain time. Thank you very much for your attendance today. We really appreciate it.

OK, members, this is our only opportunity to discuss the LCM ahead of tomorrow's debate, and there will be no opportunity for the Committee to report to the Assembly in the normal way. The Assembly is being asked to formally give its consent to the UK Parliament's legislating on a range of devolved matters, including health aspects. The Assembly will wish to know the Committee's view, if members can come to an agreement. I underscore that any view that is expressed is without prejudice to the Committee's role in scrutinising the implementation of the legislation and making comment or recommendations relating to it in the future. Do any members wish to comment?

Ms Bradshaw: I saw a message coming through on my phone saying that the UK Government have agreed to a six-month review of the legislation, which is to be welcomed. However, as a Committee, we should be getting tabled papers around this on a regular basis. At the end there, I asked about regulations around the remains of the deceased and stuff. We need to ensure that, if those powers are being exercised and there are any fundamental changes that derogate from the provisions, we are given good and regular updates on how the legislation is being rolled out and implemented.

The Deputy Chairperson (Mrs Cameron): Colm, do you want to comment?

Mr Gildernew: *[Inaudible.]*

The Deputy Chairperson (Mrs Cameron): You are quite loud.

Mr Gildernew: OK. Is that better?

The Deputy Chairperson (Mrs Cameron): That is much better.

Mr Gildernew: My comment would be that, in normal times, the Committee would oppose many of the measures in this legislative consent motion, and in normal times we would insist on greater scrutiny of the powers. We are not, however, in normal times. We are in times that require unusual action and solidarity, and we need a societal and *[Inaudible]* approach. So, in that sense, I think that we require these powers at this time, unusual and extreme as that is.

The Deputy Chairperson (Mrs Cameron): I appreciate that. Thank you, Colm.

Mr Carroll: Obviously, there is some important and essential stuff in this. I do not know whether the Committee has to give its support or recommendation. There is some stuff that I would like more detail on. June is the expected period when this is meant to, supposedly, tail off. So some of these powers, which would be considered to be excessive at any other time, are obviously required for this period. I am just unsure as to whether they will be required for more than two years or more than six months. From my perspective, I would like some more information on that. Therefore, although I do not know whether I can give carte blanche support to everything in the Bill, there is stuff in it that is essential for public health.

Mr Chambers: We need to be careful. I have no difficulty with anything in the regulations. In fact, there are maybe things that I would want to add to them, rather than take away. I am reassured by the indication that there will be six-monthly reviews. Also, we are going into a period of uncertainty. People are telling us that we will be over the hump, as it were, and back to normal by June. If that is the case, that will be tremendous. Equally, though, since we are in this unknown period, there is every possibility that there could be a surge now, followed by another surge in July, August or September. We do not know. We see what is happening in China, and maybe we are being reassured by the fact that it seems to be dampening down there, but we do not know. The virus could reappear and we could be back to where we are today. In August or September, we could be in exactly the same place.

They are extreme powers. As Gerry said, in normal circumstances, we would be more than a bit concerned about them, but, given the circumstances, the Government's actions are responsible, and the fact that they are putting a two-year limit on it is prudent. We do not want this legislation to run out on 1 August and then find that we need to go back to the drawing board and resurrect it. So I think it is prudent, but reviews are necessary. The six-month review will give us all a little bit of reassurance.

The Deputy Chairperson (Mrs Cameron): Absolutely.

Mr Easton: With the difficult and unprecedented times that we have ahead and the unpredictability of what we are dealing with, as a Committee, I think we have to support the LCM. I do not think we have an alternative. If we do not support it, we will be playing with people's lives. I believe that we have to use every tool that we have to protect our people, to save lives and to give the authorities, our health staff and ourselves the tools that are needed. As Alan said, we do not know what will happen in two months' time. It could be worse. It could be slightly better. We need to give everybody the equipment, tools and powers to deal with this as best they can.

The Deputy Chairperson (Mrs Cameron): I agree. From a party point of view, this is absolutely not the time for politicking. It is the time for action; acting for the greater good and the public health of all our community.

Mr Gildernew: Yes, just to say that the application of these powers must be used to protect people at all costs: front-line staff, vulnerable people in our community and people who are struggling in any way. That is how these powers *[Inaudible.]*

The Deputy Chairperson (Mrs Cameron): I am in full agreement with the Chair there. Members, do you wish to come to a view? I know, from a personal point of view, that I would like the Committee to take a view, but the Committee does not have to take a view. I certainly would like us to.

Mr Chambers: Make sure that we emphasise the review, because that is a protection. As a Committee, we have to support all that is in the LCM, but we should state that the Committee would like to see a six-month review as part and parcel of it.

Mr Easton: Do you need a proposal?

The Deputy Chairperson (Mrs Cameron): Do we need a proposal? Are we in agreement?

Mr Carroll: I am in general agreement, but there is some stuff that, as a party, we might suggest be amended. With that in mind, I do not know whether I can say that my party agrees to the LCM. Also, there are some tweaks that need to be made. Generally speaking, though, there are powers that are important because of the situation that we are in. That is my perspective and position.

The Deputy Chairperson (Mrs Cameron): OK. Can I formally put the question that the Committee for Health has considered the legislative consent motion in relation to the Coronavirus Bill and supports the extension of the relevant health provisions to this jurisdiction?

Mr Easton: Agreed.

The Deputy Chairperson (Mrs Cameron): I am asking whether you agree.

Mr Chambers: Can we add on the six-month review, or is that incorporated?

The Deputy Chairperson (Mrs Cameron): I think, if it is already there, we cannot.

Ms Bradshaw: I think it is in the form of a cross-party amendment that has gone to the Government in advance of this, so it has not been agreed per se.

Mr Chambers: Well, can we not indicate that we would support that, even in the wording, not necessarily insisting on it, but that we would support such a review?

The Deputy Chairperson (Mrs Cameron): I will just take advice from the Committee Clerk.

The Committee Clerk: The legislative consent motion before the Assembly is subject to strict rules about what amendments can be tabled. You can get advice from the Business Clerks, and, of course, there is an opportunity for Members to speak tomorrow during the debate to outline and air those issues. For the moment, as I understand it, the Committee has been asked whether it supports the extension of the provisions to this jurisdiction, and that is the yes or no question.

Mr Chambers: Can it be put on as a caveat that the Committee would welcome this? We are not asking for it specifically to be an amendment or incorporated into the wording of the legislation, but the view of the Committee is that it would welcome six-monthly reviews. It is just giving an indication of the mood and feeling of the Committee. It is just a safeguard.

The Committee Clerk: That can be reflected in the speech by the Deputy Chair tomorrow.

Mr Chambers: I am happy enough with that.

The Deputy Chairperson (Mrs Cameron): OK. Do we have agreement?

Members indicated assent.

The Deputy Chairperson (Mrs Cameron): Thank you. Are members content that I represent the range of views and the issues raised and state that the Committee supports the LCM?

Members indicated assent.