



PROCEEDINGS OF THE GIBRALTAR PARLIAMENT

AFTERNOON SESSION: 3.30 p.m. – 6.39 p.m.

Gibraltar, Wednesday, 28th July 2021

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The Gibraltar Parliament

The Parliament met at 3.30 p.m.

[MR SPEAKER: Hon. M L Farrell BEM GMD RD JP *in the Chair*]

[CLERK TO THE PARLIAMENT: P E Martinez Esq *in attendance*]

Questions for Oral Answer

HEALTH AUTHORITY, JUSTICE, MULTICULTURALISM, EQUALITY AND COMMUNITY AFFAIRS

Q141/2021

**Libel or slander proceedings –
Right to trial by jury**

Clerk: Wednesday, 28th July 2021. Meeting of Parliament.

We continue with Answers to Oral Questions. We commence with Question 141 and the questioner is the Hon. E J Phillips.

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Hon. E J Phillips: Mr Speaker, does the Government intend to either (1) abolish the right of a party to libel or slander proceedings to elect trial by jury, or (2) reform the law of defamation to narrow the scope and/or availability of the right to a jury trial in respect of claims for libel and slander before the Gibraltar courts?

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Clerk: Answer, the Hon. the Minister for Health and Justice.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs (Hon. Miss S J Sacramento): Mr Speaker, as hon. Members may be aware, a recent case before the Supreme Court of Gibraltar has highlighted a number of differences that exist between the law of Gibraltar and that of England and Wales concerning civil proceedings for libel and slander. In the recent case, the Supreme Court held that wide-ranging reforms in England and Wales made by the UK Defamation Act 2013, that included in particular the virtual abolition of jury trials by the amendment of section 69 of the Senior Courts Act, do not apply to Gibraltar. As Mr Justice Restano stated in his judgment, the changes to the law in England and Wales were made by means of primary legislation, which shows the nature and importance of the right to trial by jury under the common law.

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A decision to take forward changes to such an important right, entrenched in the common law of Gibraltar, requires careful consideration and consultation with stakeholders, including, if appropriate, a referral to the Law Commission for their recommendations. As such, the position of the Government is that the settled common law prevails. We have no reason to begin the lengthy process that might lead to a change, and have no intention to do so.

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Mr Speaker: Next question.

Q142/2021

Surrogacy –

Guidance and information provided by Government

30 **Clerk:** Question 142. The Hon. E J Phillips.

Hon. E J Phillips: Mr Speaker, can the Government state what guidance or information the Government is providing those who wish to enter into surrogacy arrangements under the new law?

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Clerk: Answer, the Hon. the Minister for Health and Justice.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs (Hon. Miss S J Sacramento): Mr Speaker, the Government is committed to producing a clear and simple guidance document to ensure those who will benefit from the change in law understand the processes and risks involved.

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A near final draft of this document has been circulated to stakeholders to ensure that all potential complexities and difficulties that may arise when participating in a surrogacy arrangement, for surrogates and indeed the intended parents, are covered. It is intended that the finalised version of the guidance will be published within the next few weeks.

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Hon. Ms M D Hassan Nahon: Thank you, Mr Speaker. Can I just ask the hon. Lady if this guidance will extend to parents who are applying for retrospective reasons?

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Hon. Miss S J Sacramento: Mr Speaker, that would not be guidance, that would be legislation, and I understand that the Chief Minister dealt with that point either in his reply this week or in his first intervention in the Budget speech.

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Hon. Ms M D Hassan Nahon: Mr Speaker, then just for clarity's sake, could the Chief Minister or indeed the hon. Lady confirm by when retrospective applicants will be able to enjoy the new legislation?

Hon. Miss S J Sacramento: Mr Speaker, this is something that is being considered, as the Chief Minister said, and I am sure that the matter will be dealt with as soon as possible.

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Mr Speaker: Next question.

Q142/2021

**Assisted living/sheltered accommodation –
Intention to increase availability**

Clerk: Question 143. The Hon. E J Phillips.

65 **Hon. E J Phillips:** Mr Speaker, can the Government state whether it intends to increase the availability to assisted living/sheltered accommodation within the community beyond the current resource?

Mr Speaker, you will note that I have not mentioned the specific current resource at the end of that question. That has been amended by agreement between us and the Government insofar as the question is concerned.

70 **Mr Speaker:** I am aware of this.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs (Hon. Miss S J Sacramento): Mr Speaker, this will depend on the demand for it. It must be remembered that the current position is a temporary step-out facility for those who are discharged from Ocean Views, with a view that from there they integrate back into the community and, as such, would leave a vacant room in the supported Mental Health living premises.

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80 **Hon. E J Phillips:** I am grateful for the answer by the Hon. Minister, but what I would say, of course, is that there are significant pressures on the resource. I think we are talking about seven units, two and five respectively in what are known as the smaller and the larger of the two, and the representations that I have received from members of the community about this level is that it should be increased quite quickly as well, given the difficulties that we have. I would have expected, from the size of our population and the numbers of people we are talking about here as well, that this is woefully under-resourced. Would the Minister agree with that assessment?

85 **Hon. Miss S J Sacramento:** No, Mr Speaker, I do not agree with that assessment, and the reason I do not is because, as the hon. Gentleman knows and I am sure the community knows, I have undertaken a strategic review of all mental health services and the advice from the professionals is not necessarily that we increase capacity in step-down facilities, but they are coming up with an even better model than that.

90 In terms of the new Mental Health Strategy, more emphasis and greater emphasis will be given to support in the community, so it would be an even better model than that model, which is a step-down facility from institutionalised care.

95 On the basis of the advice from the external clinical professionals, I think that our money and our resources are better spent in supporting people in their own home environment, as opposed to having them in another sort of semi institutional step-down care. Again, it is something that is being considered and it is being reviewed in consultation with all stakeholders and clinical professionals, and I hope to have an outcome on that very soon.

100 **Hon. E J Phillips:** Mr Speaker, I think the Minister makes a powerful argument insofar as the way in which you are changing that, in relation to the strategic review, but it is quite clear that we are always going to need a step-down level from that level of care. Would she at least agree with that?

105 **Hon. Miss S J Sacramento:** No, Mr Speaker. Once I am in a position to announce our future plans, the hon. Gentleman will know more, and I am sure that at that point, when he sees the plans, he will agree that it is a much better proposal than what we have. What we have now is an improvement on what we had before, because what we have now did not exist before, but I want to take it to the next level and provide better support and better resources in the community than the good support that we provide now.

110 **Mr Speaker:** Next question.

Q144-46/2021
Mental Health Services –
Regulation of therapists and counsellors; number of psychologists;
intention to appoint a neuropsychologist

Clerk: Question 144. The Hon. E J Phillips.

115 **Hon. E J Phillips:** Mr Speaker, can the Government state whether it intends to regulate therapist and counsellor work in the public and private sector?

Clerk: Answer, the Hon. the Minister for Health and Justice.

120 **Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs (Hon. Miss S J Sacramento):** Mr Speaker, I will answer this question together with Questions 145 and 146.

Clerk: Question 145. The Hon. E J Phillips.

125 **Hon. E J Phillips:** Mr Speaker, can the Government state how many clinical psychologists are currently working out of Ocean Views?

Clerk: Question 146. The Hon. E J Phillips.

130 **Hon. E J Phillips:** Can the Government state whether it intends to appoint a neuropsychologist at Ocean Views?

Clerk: Answer, the Hon. the Minister for Health and Justice.

135 **Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs (Hon. Miss S J Sacramento):** Mr Speaker, the regulation of therapists and counsellors is currently being considered.

There are three psychologists working in the GHA's Mental Health Services. One is based at Ocean Views and two are based in the Community Mental Health Team at Coaling Island.

140 Finally, on advice received from professionals, it would seem that there is no demand for the appointment of a neuropsychologist.

145 **Hon. E J Phillips:** Mr Speaker, just in relation to Question 144, as the Hon. Minister will probably agree with me, counsellors and therapists are pretty much at the bleeding edge of those who are vulnerable and who need care and are, at moments, in a personal crisis, so I am quite surprised, as I suspect are many people in our community, that there is not a regulatory framework around these individuals who are providing care to the vulnerable.

150 It would be helpful if the Minister could say what type of framework will be implemented. Will it go out to consultation? Will it again involve stakeholders? Or is it something that is actively on the to-do list, rather than something that is in response to a question that we have posed. I say that because of the vulnerable nature of the work and the critical work that these people do within our community to help the vulnerable.

155 **Hon. Miss S J Sacramento:** Mr Speaker, it is not in reaction to the question, it is something that I have been working on for a while, and, as in everything we do that represents a meaningful change, it will always be subject to consultation with all the relevant stakeholders.

160 **Hon. E J Phillips:** Mr Speaker, in relation to Question 145, I do not want to rehearse the argument that we had on the question of whether, in fact, a consultant psychologist ... clinical psychologist actually is the proper term, but I have reached out to members of the community who followed that debate on the Appropriation Bill and certainly the people I have spoken to who are in the know have said that it is a recognisable role, the consultant clinical psychologist role. In fact, what it offers is that those people who have the education and training in this area and the added experience that allows them to be put in a position of responsibility and supervisory function of other clinical psychologists are often provided with the title consultant clinical

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psychologist. This question obviously asks how many clinical psychologists we have. In the Second Reading of the Appropriation Bill I think we have two clinical psychologists and two supernumerary positions, as far as I understand. Was it three? So that is more than the four that the hon. Lady has spoken about. She spoke about clinical psychologists in her reply to my question.

170 I am just wondering whether –

Hon. Miss S J Sacramento: Remember we had this conversation.

175 **Hon. E J Phillips:** Yes, but the point I am getting to is that she has said that one of the clinical psychologists will be, in the main, based at Ocean Views all of the time, effectively. Is that right, that this clinical psychologist will be based at Ocean Views all the time, whilst the other two will not be? Is that right?

180 **Hon. Miss S J Sacramento:** Mr Speaker, I am afraid we are going round in circles, so let me break down the supplementary question, which raises a couple of issues.

In terms of the establishment for clinical psychologists, there were three in the complement and we had that conversation the other day when we were going through the Appropriation Bill, in that one was inappropriately labelled and it appeared on one page as reducing from one to zero, and then, on the page after, it appeared as two increasing to three. So, in terms of bodies, it is the same number of people in the establishment.

185 At the time when that growth post was advertised, it was advertised as a consultant on the basis that that person provided supervision to the other psychologists. However, I am advised by clinical professionals that it is inappropriate to refer to someone who is not a doctor as a consultant, but that is in relation to nomenclature and I am not going to get bogged down in semantics, because that is not what the hon. Gentleman is getting to in his question. Essentially, what he wants to get to is whether someone will be providing overall supervision to the psychologists, and the answer to that is yes.

190 In relation to his other supplementary, as to whether one is based in Ocean Views, the answer is yes, and I want to use this as an opportunity to clarify how the GHA Mental Health Services operate because there is this understanding, or misunderstanding, that all mental health services and resources are based at Ocean Views and the GHA's Mental Health Services encompasses the institutional care offered at Ocean Views and the community care offered at Coaling Island, and community care is also offered at the Primary Care Centre. So, I would say that it does not matter where the professional is actually based. What matters is the number of professionals we have, how cases are referred to them and that the proper cases are referred to the proper people in a timely manner, and that is what the whole changes and restructure of the Mental Health Services will achieve.

205 **Hon. E J Phillips:** Mr Speaker, I only have one further question.

Hon. Miss S J Sacramento: I hope I have dealt with all the supplementaries.

Hon. E J Phillips: Not yet.

210 **Hon. Miss S J Sacramento:** No I mean from that question.

215 **Hon. E J Phillips:** Yes. Mr Speaker, I am grateful to the hon. Lady insofar as the response is concerned. I do not have any supplementaries in relation to Question 146 – others may, of course, in the House on this side – but what I would say, insofar as Question 145 is concerned, is on 16th October 2018 the Government issued a press release in which it confirmed the new appointment of a consultant clinical psychologist for Ocean Views. This was a Dr Barber, I believe, who was previously a consultant clinical health psychologist at Salford Royal Foundation Trust in

Manchester. So, the post itself, consultant clinical psychologist, is not something that we have discounted from the Book that we have discussed over the last few days. *(Interjection by Hon. Miss S J Sacramento)* No, I accept that, but it is not right to say to the service that we are removing the role of consultant because it does not fit with what we see doctors as being. There is a role of consultant psychologist, and one would have thought that if that role was appointed in 2018, it no longer will continue, that that consultant will no longer be available to in-patients at Ocean Views.

Hon. Miss S J Sacramento: No, Mr Speaker, and the hon. Gentleman may have not understood my reply to his supplementary – he did make a number of supplementary questions within his supplementary – because he did ask me whether that supervisory role would continue, and I said yes. The supervisory role will continue because the whole operation and the way that mental health is delivered is being restructured, so we will make sure that all the relevant supervisions that need to take place will take place. So, he can rest assured that nothing is compromised. I appreciate that the title is something that is generated from the GHA – so it is something that comes from the GHA and not from the hon. Gentleman – but I have since been advised by clinical professionals that that is not appropriate. I would not want to get bogged down in nomenclature and get lost in words, because that is what unfortunately we are doing. There is no compromise of the service whatsoever. In fact, as a result of the changes that we are making, I am very confident that there will be an even further improvement on the vast improvements that we have had so far.

Mr Speaker: Next question.

Q147/2021
Dental services –
Resumption of routine appointments for children

Clerk: Question 147, the Hon. E J Phillips.

Hon. E J Phillips: Mr Speaker, can the Government state when routine dental appointments for children will be restored?

Clerk: Answer, the Hon. the Minister for Health and Justice.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs (Hon. Miss S J Sacramento): Mr Speaker, the GHA Dental Service had to adapt to the COVID-19 pandemic conditions. This resulted in routine services having to be suspended in March 2020. Dentistry was considered to be one of the most at-risk occupations for exposure and spreading of COVID-19. At the same time, the Children’s Health Centre became the only urgent dental care centre in Gibraltar and assumed the responsibility for all emergency dental treatment for the entire community.

The Dental team prioritises patients according to the urgency of their clinical need. Those who had pending treatments, such as fillings, that had to be cancelled due to the pandemic were given priority over, for example, routine check-ups. The GHA dentists are still working through the backlog of treatments, and dental check-ups have already recommenced.

Mr Speaker, if you will indulge me, everything in the answer that has been prepared for me gives a lot of detail, but it does not answer the obvious, and the answer to the hon. Gentleman’s question is yes.

265 **Hon. E J Phillips:** Mr Speaker, I am grateful for the answer. This question has been put to me many times by a number of people who are concerned that their children are not seeing the dentist. Let's be clear about it, it is a very simple point. Whilst everyone understands the COVID context, it has been some time since the children in our community have been seen by a dentist at a routine level.

270 She, as well as all Members of this House, will know that when you pop off to the dentist and there is nothing wrong with you – it is your check-up – there is often something wrong. There is something often discovered, so I am just – (*Interjection by Hon. Miss S J Sacramento*) Many parents are genuinely concerned about the dental health of their children. So, my question is: albeit in the context of COVID, when does the Government expect to be in a position to start rolling out that service to members of our community?

275 I would like to tell the mothers and fathers who are phoning me and asking me these questions, and emailing me about when these services will be restored, when roughly this will be able to happen. Rightly, they are concerned about the dental health of their children, and I would like, hopefully, some more guidance from the Minister in relation to this issue.

280 **Hon. Miss S J Sacramento:** Mr Speaker, as I have just said in my answer to the question, yes, they have been restored, but as I explained, unfortunately there is an unavoidable backlog. So, yes, the service has resumed, the service is catching up. I am surprised that people are calling the hon. Gentleman (*Interjection by Hon. Chief Minister*) to resume a service that has already been resumed. We are finding ourselves in a catch-up situation because the service has resumed, but we are trying to catch up with the backlog as quickly as we can.

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Mr Speaker: Next question.

**Q148 and Q175/2021
COVID vaccinations –
Inclusion of 12 to 15-year-olds and supply of vaccines**

Clerk: Question 148. The Hon. E J Phillips.

290 **Hon. E J Phillips:** Mr Speaker, can the Government update the House on whether it intends to offer vaccinations to children aged 12 to 15 years of age?

Clerk: Answer, the Hon. the Minister for Health and Justice.

295 **Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs (Hon. Miss S J Sacramento):** Mr Speaker, I will answer this question together with Question 175.

Clerk: Question 175. The Hon. Ms M D Hassan Nahon.

300 **Hon. Ms M D Hassan Nahon:** Further to the Government statement confirming the imminent vaccinating of 12 to 16-year-olds against COVID-19 in line with the UK vaccination strategy, is the Government confident that the UK will be supplying Gibraltar with more vaccines to cover this demographic?

305 **Clerk:** Answer, the Hon. the Minister for Health and Justice.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs (Hon. Miss S J Sacramento): Mr Speaker, as previously stated, assuming the final stages of the

United Kingdom's approval process for the Pfizer vaccine for 12 to 15-year-olds are successfully completed, HMGoG intends to offer the vaccine to all 12 to 15-year-olds. The UK Joint Committee on Vaccination and Immunisation (JCVI) has not yet determined its recommendation on this age group, but this is expected imminently.

On the basis of our great relationship with the UK and their generous donation of vaccines so far, I have no doubt that we will continue to be supported with the vaccination of this age group, subject of course to JCVI recommendations.

The JCVI has, however, approved vaccinations for clinically high-risk 12 to 15-year-olds. Vaccines for this category will be provided. Discussions are under way in relation to delivery logistics.

Hon. K Azopardi: Mr Speaker, I am grateful for that answer and it is good that the Minister is going to be guided, I am sure, and so will the professionals here, by the committee in the UK staffed with experts in the field.

I am sure that the Minister and the authorities here will also be cognisant of the current World Health Organization recommendations. The reason for the question was because there seemed to us to be quite a distinction in the recommendations of the World Health Organization on this issue. Just reading from their recommendations in respect of adults and children, clearly the WHO talks about vaccinations being safer for adults being tested in adults first. Now that the vaccines have been determined to be safe for adults and are being studied in children, the World Health Organization recommendations seem quite geared towards vaccination in the age group 12 to 15 if they are higher risk but do not yet point to the vaccination on a wider level beyond the higher-risk group that are 12 to 15. I wonder to what extent the Minister has information as to whether the UK will take its own position, disconnected from the WHO, or whether it will be an aligned position, because the current position, certainly as of today, of the World Health Organization is that the vaccination of higher-risk children is suitable, to use their phrase, but not beyond that.

Hon. Miss S J Sacramento: Mr Speaker, the hon. Gentleman's supplementary question to Mr Phillips' supplementary question, and indeed that of the hon. Lady, is exactly what I have just said in my answer. To elaborate, the vaccines for the people of Gibraltar are provided to us by the government in the United Kingdom. The position of the government of the United Kingdom ... Mr Speaker, I will repeat my answer. In the United Kingdom, the JCVI has already approved vaccinations for clinically high-risk 12 to 15-year-olds on the basis that it has been agreed in the United Kingdom. We are already in discussions for receipt of vaccines for 12 to 15-year-olds in Gibraltar for that category. We are in discussion on that, and we are awaiting delivery. I said that in my answer. In relation to the other 12 to 15-year-olds, we are awaiting an outcome on the decision of the United Kingdom and the United Kingdom will provide Gibraltar with vaccines as soon as a decision is arrived at, I am sure.

Hon. K Azopardi: I understand all that. It may be that I did not ask the question properly, and I apologise for that; what I was really asking is ... I understand that we are now vaccinating higher-risk, or that that is in train, in the same way as the UK. What I am saying is that once the UK takes a position, its UK committee, would Gibraltar be intending to offer the vaccinations to 12 to 15-year-olds based on a UK recommendation, despite that perhaps at that point the WHO has still not recommended vaccination of 12 to 15-year-olds beyond the higher-risk 12 to 15-year-olds? That is really what I am asking.

Hon. Miss S J Sacramento: Mr Speaker, that supplementary question is completely different to the other supplementary question, or at least I interpret it that way. At the moment – (*Interjection*) Okay, well, I think I have now understood the supplementary question.

On the basis that we have offered vaccinations to everybody in Gibraltar, any further vaccinations that we receive from the UK will be for any additional needs that we have. At the

360 moment, the additional need is the category that has been approved in the UK and we are waiting
for receipt of that. In relation to the next step for 12 to 15-year-olds, I think it is very much that
we have to wait to see what the position in the UK is. It may be that the hon. Gentleman's question
is at this stage hypothetical because we do not know what decision the UK will take in that regard.
The UK has not taken a decision in relation to 12 to 15-year-olds, so to that extent it is very much
365 hypothetical and it is not something that I can answer.

Hon. K Azopardi: It is just that I thought that in the original answer ... If the Minister goes back
to her original answer, I thought she had said that if the UK does take a decision to say yes to 12
to 15-year-olds, then the Government intends to offer it to 12-to-15s. What I am asking is if the
370 UK were to take that decision, would the Government still intend to offer it despite that the World
Health Organization might at that stage not yet have recommended it? (*Interjection by Hon. Miss
S J Sacramento*) Because it has not recommended it yet. It is not hypothetical, it is actual as of
today. So, if tomorrow they say yes, which is your original answer, but actually today the WHO
still do not recommend it, would they recommend it?

375 **Hon. Miss S J Sacramento:** Mr Speaker, I maintain that it is hypothetical on the basis that advice
in relation to everything related to COVID changes very rapidly, so there is no guarantee that there
will be movement in either of those arguments once one or the other takes the decision or
changes their position. So, in that respect, I still think that it is hypothetical, but on that basis, if
380 the JCVI and the UK do agree, then we will follow the JCVI because that is the process that we
have been following and they will be offered in Gibraltar. So, the answer to that is yes.

We can only, in Gibraltar, procure vaccine's on the basis that it is supplied to us by the
government in the UK, so we follow the JCVI and the JCVI priorities, as we have so far since we
began our vaccination programme.

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Mr Speaker: Next question.

Q149/2021

Children with special needs – Number of therapists available

Clerk: Question 149. The Hon. E J Phillips.

390 **Hon. E J Phillips:** Mr Speaker, can the Government confirm how many therapists are available
to children with special needs?

Clerk: Answer, the Hon. the Minister for Health and Justice.

395 **Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs
(Hon. Miss S J Sacramento):** Mr Speaker, there are currently 3.5 paediatric speech and language
therapists. There are also three paediatric occupational therapists and two paediatric
physiotherapists. All have some responsibility for children with complex special needs as part of
an overall paediatric caseload.

400 **Hon. E J Phillips:** Mr Speaker, I am grateful for the answer. Is the Government confident that
those resources are sufficient for the needs generally of our community in this area, or is the
Minister currently reviewing that resource in order to improve it?

405 **Hon. Miss S J Sacramento:** Mr Speaker, I am looking at how these resources have been increased over the period of the last 10 years. There has been a significant increase in these allied health professionals. I have a list here and it is comparing, year on year, how these have been increased. But in relation to the hon. Gentleman's question, it is something that I am reviewing myself again, to see that the work undertaken by these professionals is optimised and how they are discharging their duties to the members of our community who so need it.

410 **Hon. E J Phillips:** Mr Speaker, insofar as the numbers that she has referred to in her first answer, are all of these individual therapists, as defined by her in the answer to the question, working within the GHA structure, or are they supporting the Department of Education under the auspices of the Department of Education?

415 **Hon. Miss S J Sacramento:** Mr Speaker, some of them will be deployed to schools. They are not working under the auspices of the Department of Education. Everybody works within the structure of the GHA, and that is how they are managed and supervised, but their facilities exist in the GHA and there are also facilities that exist in the schools that will be serviced by professionals in the GHA.

420 **Hon. E J Phillips:** Just one simple question: can the Minister give a bit more clarity as to how many of those are deployed within the schools? Is there a rotation system that works to allow for that? Obviously, there needs to remain an element of continuity in terms of the therapist work with the children in particular, so I would have thought that we would have a specific number of therapists working within this area at the schools. She said they are deployed – how many are deployed at any given moment?

430 **Hon. Miss S J Sacramento:** Mr Speaker, I do not have that detail because it is not the question I was asked. I have some information, but it is presented to me in a different way and I cannot, from this, guess how many individuals are deployed to different schools. What I have is the number of sessions they provide in the schools, but I am not sure how long these sessions are. I apologise. It is not a direct question, but I appreciate the supplementary is connected. I do not have sufficient level of detail in the supplementary information that has been provided for me to be able to answer that, but the hon. Gentleman can ask me more specifically on the next occasion.

Mr Speaker: Next question.

**Q150 and Q167/2021
Cervical screening –
Number of routine appointments cancelled; backlog**

Clerk: Question 150. The Hon. E J Phillips.

440 **Hon. E J Phillips:** Mr Speaker, can the Government state how many routine cervical screening appointments have been cancelled by the GHA over the last 12 months?

Clerk: Answer, the Hon. the Minister for Health and Justice.

445 **Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs (Hon. Miss S J Sacramento):** Mr Speaker, I will answer this question together with Question 167.

Clerk: Question 167. The Hon. Ms M D Hassan Nahon.

450 **Hon. Ms M D Hassan Nahon:** Is the cervical screening programme currently up to date or suffering from any backlog; and if so, how much backlog is there in terms of people waiting to get a cervical screen?

Clerk: Answer, the Hon. the Minister for Health and Justice.

455 **Hon. Ms M D Hassan Nahon:** Mr Speaker, the cervical screening programme has also, unfortunately, fallen victim to the COVID-19 pandemic. This has regrettably caused a backlog. However, the GHA is now in the process of re-starting all cervical screening recall programmes, and as from Friday, 30th July, a GP and a newly trained nurse, in addition to another registered general nurse, will soon start training to undertake smear tests.

460 There are currently 359 women waiting to be screened. The GHA estimates that, with these planned measures, the backlog will soon be cleared, within the next three months.

Hon. E J Phillips: Mr Speaker, I do not think I heard from the Minister's response how many appointments had been cancelled in the last 12 months, which was the purpose of the question. 465 If she is saying that 359 is the figure, that would help, but if the Minister could answer the question that I posed ...?

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs (Hon. Miss S J Sacramento): Mr Speaker, if you recall, during the last year, when the Hospital alert status has been escalated to amber to red and to black, each time there has been an escalation in 470 the Hospital there has been a general announcement that services have been cancelled. The services will depend on the alert status of the Hospital. So, on the basis that services were stopped, it is not a question that appointments were cancelled as such, but rather those appointments have been rescheduled. Of those that have been rescheduled, there are 359 remaining, which we hope 475 to clear in the next three months.

Hon. E J Phillips: Mr Speaker, I am grateful for the answer. Obviously, this is an extremely important issue, particularly for women within our community, who all should be encouraged to have cervical screening, because it is so important for detecting early signs of cancer.

480 Cervical cancer is, of course, a killer if not caught early. Therefore what resources are put in place, generally speaking? We are looking at 359 women who will be having their screening completed over the next three months, which has already been delayed for the obvious reasons that we have discussed in this House?

485 There is, of course, an active campaign by the Government to encourage women to have this screening. Is the Minister confident that we have the level of resource to ensure that when we encourage women to get this important screening, which they should ask the GHA for, we can cope with that demand?

490 The Minister will realise that I have gone out to the public to encourage women to get this service completed. I know she is aware of it, others might not watch it, but I have tried to do that because I was concerned at the level of delays – not the cancellations, as she referred to – to women within our community. So, I hope the Minister can be a bit more helpful in relation to cervical screening and the progressing of that.

495 **Hon. Miss S J Sacramento:** Mr Speaker, it is ironic and unfortunate that the GHA launched its new cervical smear testing in November last year, just before the lockdown, and unfortunately St Bernard's Hospital went into lockdown, which meant that all except acute services, emergency services and cancer services – not cancer screening services but actual cancer services – unfortunately stopped because of the Hospital status. However, the normal resource to deal with our routine demand in Gibraltar is one nurse practitioner. In order to accelerate, to deal with the 500 backlog, so that we can clear the backlog and get back to normal, the GHA has introduced

additional resources so that we can do this in the next three months. So, the standard resource for this is one nurse practitioner, but for the next three months we will have two nurse practitioners and also we will have the assistance of a GP working on the exercise, so that we can clear this backlog.

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Mr Speaker: The hon. Lady.

Hon. Ms M D Hassan Nahon: Thank you, Mr Speaker.

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If I may ask the hon. lady a couple of questions: firstly, is she doing anything in order to ensure that the turnaround time for the results is speeded up? I know that the results have to be cultivated, so there is an element of time, but are they making it faster? Are they getting more resources at the lab, in order to inform women who have already suffered a backlog?

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The second point I wanted to ask was in terms of the logistics for the appointments, is the GHA actually calling all these women who have suffered a backlog and are waiting, or is it down to the patient to call, and, if so, how accessible are the phone lines or the avenues for them to secure an appointment, now that the system is opening up for them?

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Hon. Miss S J Sacramento: Mr Speaker, on the last point first, the GHA will call out to all patients who have not had their appointment yet, because it is the GHA that is managing the lists. So, that is organised in that respect.

In respect of the lab, I am not aware that there is a resource issue, because the lab is currently overstuffed so that we are able to process all the additional COVID demands.

Mr Speaker: Next question.

Q151-52 and Q171/2021

Ambulances –

Replacement of old ambulances; accident at Knight's Court; standard of fleet

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Clerk: Question 151. The Hon. E J Phillips.

Hon. E J Phillips: Mr Speaker, can Government confirm why old GHA ambulances have not been replaced?

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Clerk: Answer, the Hon. the Minister for Health and Justice.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs (Hon. Miss S J Sacramento): Mr Speaker, I will answer the question together with Questions 152 and 171.

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Clerk: Question 152. The Hon. E J Phillips.

Hon. E J Phillips: Mr Speaker, can the Government confirm that the accident involving an ambulance at Knight's Court was as a result of a handbrake failure?

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Clerk: Question 171. The Hon. Ms M D Hassan Nahon.

Hon. Ms M D Hassan Nahon: Is Government satisfied with the standard of our current ambulance fleet?

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Clerk: Answer, the Hon. the Minister for Health and Justice.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs (Hon. Miss S J Sacramento): Mr Speaker, the GHA's fleet of ambulances forms part of an internal GHA clinical equipment, assets replacement and life cycle programme which is currently under
550 review in line with the delivery of pre-hospital care.

The incident involving an ambulance at Knight's Court is the subject of an internal GHA investigation and the vehicle in question is undergoing a mechanical assessment to establish the cause of the incident.

555 The Government is currently reviewing the GHA's pre-hospital care delivery standards across different sectors of healthcare disciplines, which includes the Gibraltar Ambulance Service and its existing fleet.

Hon. E J Phillips: Mr Speaker, while I am not inviting the Hon. Minister to comment on the internal investigation into the accident at Knight's Court, when I was walking my dog one morning I actually saw the after-effect of the collision, where three cars were bunched together as a result the ambulance rolling down the hill.
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The information that has been provided to me by concerned members of the public is that we have a fleet which is ageing, that there are many mechanical faults concerning our fleet and that this has now impacted on the health of people who are being transported to our Hospital. Whilst I welcome the statement by the Minister, or at least the answer to the question that this is under review, I just put it to her: why has it got to this state, that we are now having to review faulty ambulances that can impact on the health of not only the ambulance drivers themselves but the patients who ride in them? Why have we got to this stage, when there should be some form of rolling maintenance programme, not least a replacement programme, within the GHA to provide
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570 for safe ambulances on our roads?

Chief Minister (Hon. F R Picardo): Mr Speaker, the Government, when we were elected, immediately acted to procure a number of additional ambulances and put in place a rolling programme for acquisition of new ambulances. The hon. Gentleman needs to know that when we were elected – and he might recall this at the time, I think, given that he was in the PDP and I think they were running the same campaign at the time – we had a number of ambulances that had had accidents or had caused huge difficulties to the patients on board, so as soon as we were elected, not only did we procure new ambulances, we also put in place a programme for the purchase of new ambulances to be done on a rolling basis. That has continued, and from memory and in the discussions that the hon. Lady and I have had in the time we were preparing provision for new estimates etc., new ambulances would have been bought in the year 2019-20, except of course that 2019-20 did not turn out quite like any of us expected.
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And so we now have many more ambulances than we ever had before, because what we do not do at the end of the period when we buy the new ambulances is get rid of the older ambulances. The view that has been expressed to us is that it is good to have them, to cannibalise them for parts – that is what the people who are responsible for these things tell us – and it is good to have them to do some of the non-emergency work that our excellent ambulance crews do, which sometimes involves conveyance of people in non-emergency situations. The situation we had before was that you had a number of ambulances that were used for the emergency things and the non-emergency things. Now, because we have a rolling procurement process for new ambulances and you do that quite soon in the lifetime of the ambulance that you acquired last time, the ambulance you acquired last time and the one you acquired before then is still available for the purpose of being able to transport people.
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595 If we have got caught up in this period of non-procurement, it comes from the fact that we found ourselves in great difficulty generally in the GHA and the operation of Government generally, and there is, for this reason, specifically provision in the estimates for the equipment

600 that we provide in the Hospital, in order to be able to provide – I think the number is three, from
memory – new ambulances during the course of this financial year, to go back to the programme
that we had, which was not the programme that we inherited, which was to buy, from memory –
605 but, please, hon. Members should not think, if I am wrong, that I am intending to mislead the
House, it is simply the memory that I have of this from either the time I have dealt with it this time
or before ... Three ambulances every three years is what rings right, which means that you are
creating a bank of ambulances, some of which will be less serviceable because these vehicles have
610 a lot of daily use, and some of which are perfectly serviceable. Some of those that are not
serviceable are used to also cannibalise for the new ones when small parts go. You are dealing,
with an ambulance, with a piece of equipment that has many additional pieces to a normal vehicle,
some of them related to the medical equipment on board and some of them related to the
interface between the vehicle and the medical equipment – so, not medical equipment but the
615 sort of thing you need in order to power a piece of medical equipment from a vehicle that is being
used as an ambulance, which are really mechanical bits rather than medical mechanical bits. So,
those are all the issues that are live.

Mr Speaker, I have heard some of the things that the hon. Gentleman has heard, too, as has
the Hon. Minister, but it is important that when we give information in this House and when we
620 debate them, we look at the actual information that we have. We do not yet have confirmation
of it as an instance, as the hon. Gentleman has indicated, and therefore ... Before that incident, as
a result of the budgetary process, we were already getting back into our rolling procurement
programme in respect of these types of vehicle.

620 **Mr Speaker:** The hon. Lady.

Hon. Ms M D Hassan Nahon: Thank you, Mr Speaker.

From what I understand, the incident that my hon. friend to my right refers to is only one of at
least two incidents – another, an embarrassing and dangerous episode in Spain, where the Fire
625 Brigade actually had to go to rescue the ambulance.

Is it true that there were these funds allocated for the procurement of more ambulances, but
they were removed by the Financial Secretary as a means of reining in spending?

630 **Hon. Chief Minister:** Mr Speaker, the last time I checked, our Fire Brigade had not yet had
jurisdiction to access Spain to rescue anyone, let alone a Gibraltar ambulance.

Secondly, the Financial Secretary does not have the authority to remove anything from any
estimates to do anything. He is not the Minister for Finance.

635 **Mr Speaker:** The Hon. Daniel Feetham.

Hon. D A Feetham: Mr Speaker, I would just invite the Government to comment on this. It has
come to my attention – in Gibraltar, things come to your attention and sometimes they are
correct, sometimes they are not; I am asking the Minister to comment – that the Chief Ambulance
Officer has resigned and that one of the reasons he provided for the resignation is the annulment
640 of an ambulance purchase order. Is that correct, and has there been an annulment of an
ambulance purchase order?

645 **Hon. Chief Minister:** Mr Speaker, as far as the government is aware, whatever it is that people
are saying on the streets and whatever somebody may have wished to say, for whatever reason –
if they have said it, because I do not even know whether the thing that it is alleged that this person
has said has been said or not – as far as the Government is aware, there has been no annulment
of an ambulance purchase order. A ‘purchase order’ I assume the hon. Gentleman is using not as
a term of art, because ‘purchase order’, he knows, in the Government has a meaning, and
ambulances are not bought by purchase order.

650 **Hon. K Azopardi:** Just a final question on this. The explanation the Chief Minister has given in respect of the cannibalisation and all of that, because this particular ambulance was out of action because of the accident and so on, does that mean that one of those other ambulances was then put into play? How are the ambulance needs being provided, if one of the ambulances has been out of action?

655 **Hon. Chief Minister:** Mr Speaker, what the Government understands is that we have more ambulances now than we have ever had before, even when there is one that is out of action, and therefore the renewal of the fleet does not affect the availability of emergency ambulances required for our population as advised by whoever it is that advises us on the number of
660 ambulances that we have access to, but of course not all of them are as new and up to scratch as we would like them to be. That is the understanding that we have on this side of the House.

Mr Speaker: Next question.

Q153/2021
Accident and Emergency department –
Average waiting time

665 **Clerk:** Question 153. The Hon. E J Phillips.

Hon. E J Phillips: Mr Speaker, can the Government confirm the average of waiting time in A&E?

Clerk: Answer, the Hon. the Minister for Health and Justice.

670 **Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs (Hon. Miss S J Sacramento):** Mr Speaker, the average waiting time in A&E in the last 12 months was 146 minutes.

Mr Speaker: Next question.

Q154-55/2020
Hospital food –
Complaints re quality; cost of providing

675 **Clerk:** Question 154. The Hon. E J Phillips.

Hon. E J Phillips: Can the Government confirm the number of complaints it has received in relation to poor quality food prepared for hospital use?

680 **Clerk:** Answer, the Hon. the Minister for Health and Justice.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs (Hon. Miss S J Sacramento): Mr Speaker, I will answer this question together with Question 155.

685 **Clerk:** Question 155. The Hon. E J Phillips.

Hon. E J Phillips: Can the Government state the cost of the provision of hospital meals?

Clerk: Answer, the Hon. the Minister for Health and Justice.

690 **Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs (Hon. Miss S J Sacramento):** Mr Speaker, in the past year, the GHA has not received any complaints in relation to poor quality food prepared for hospital use.

The cost of hospital meals is approximately £17,000 per month.

695 **Mr Speaker:** Next question.

Q156-57/2021

**Paediatric consultants –
Number of special needs specialists; GMC register**

Clerk: Question 156. The Hon. E J Phillips.

Hon. E J Phillips: Mr Speaker, can the Government state the number of paediatric consultants specialised in the area of special needs?

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Clerk: Answer, the Hon. the Minister for Health and Justice.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs (Hon. Miss S J Sacramento): Mr Speaker, I will answer this question together with Question 157.

705

Clerk: Question 157. The Hon. E J Phillips.

Hon. E J Phillips: Can the Government state whether all paediatric consultants are on the GMC specialist register?

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Clerk: Answer, the Hon. the Minister for Health and Justice.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs (Hon. Miss S J Sacramento): Mr Speaker, the GHA has three consultant paediatricians with experience in special needs. Special needs is part of paediatric specialist training.

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All paediatric consultants are GMC registered. All are also on the GMC specialist register, except one, who is in the process of applying for inclusion on this register. The relevant paperwork has been submitted and the registration is expected to be completed before the end of this year.

720 **Hon. K Azopardi:** Is this the total number of paediatric consultants, three?

Hon. Miss S J Sacramento: Mr Speaker, my understanding is that the complement of paediatric consultants is four. These are the specialists.

725 **Mr Speaker:** Next question.

Q158/2021

**Young offenders' secure unit –
Expected commencement of construction**

Clerk: Question 158. The Hon. D A Feetham.

730 **Hon. D A Feetham:** Mr Speaker, when does the Government intend to commence construction on a new young offenders secure unit?

Clerk: Answer, the Hon. the Minister for Health and Justice.

735 **Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs (Hon. Miss S J Sacramento):** Mr Speaker, on 2nd November 2020 I set up a Youth Justice Committee, which is chaired by Mr Carlos Banderas, CEO of the Care Agency. The Youth Justice Committee is made up of key stakeholders, so that a strategic plan of action can be put forward to address issues of youth offending and explore the need for secure placements within such a report. Sub-groups have been formed to draw from the knowledge and expertise of
740 representatives of partner agencies such as the Police, the Prison, the Employment and Training Board, Therapeutic Services of the Care Agency, the GHA, the law drafting division of the GLO, and the Gibraltar Youth Services, among others. All data collected will be analysed by the Youth Justice Committee, so that a comprehensive and robust framework can be put forward detailing what the needs of such a service should look like and what resources will be needed to achieve such
745 goals.

Hon. D A Feetham: Mr Speaker, do I detect from that answer that the Government is rowing back on what I thought was a commitment from the Government to construct a new young offenders' secure unit?
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Hon. Miss S J Sacramento: Mr Speaker, it is having the right professionals in the room having a conversation to advise the Government on what is needed, no more, no less. If the conclusion of that report is the recommendation that we need to build a secure unit, then we will. It may be that the recommendation, from what I know so far, may not necessarily be that that is ... It is not
755 that that is not the conclusion, but that that may not be the only outcome and there may be different ways of dealing with the children.

Hon. D A Feetham: Mr Speaker, does she not agree with me that in this day and age it is simply not justified that minors are being kept in prison with prisoners who are over the age of 18? Does she not agree with that?
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Also, does she not agree that it has been the view of her party, certainly since they were in opposition, that something like this ought to be constructed because the position of keeping minors in mainstream prisons simply was not justified?

765 **Hon. Miss S J Sacramento:** Mr Speaker, the hon. Gentleman is assuming that the alternative to a youth offenders' institution is prison – indeed, the juvenile wing of the prison that he was responsible for when he was the Minister for Justice, so he was the one who dealt with the juvenile wing in Her Majesty's Prison as it is. I am not suggesting that that is the likely outcome of the recommendations by this committee. It may be that it is something else. It may be that it is a
770 hybrid which they, as professionals, feel is a better outcome to the juvenile wing in the prison that the hon. Gentleman built when he was Minister for Justice.

Hon. D A Feetham: Does she not agree that services progress over a period of time and that indeed services have to be provided within budgets? Whilst perhaps I now accept that in an ideal

775 world we ought to have constructed the Prison – with all the millions that that cost – plus something else for young offenders, it was not possible at the time, but certainly we were urged, when they were on this side of the House, about the unconscionability of the position.

Does she accept at least the principle that we should be taking out minors from the Prison and placing them into a different location for minors? And following on from that, because I do not want to ask any more supplementaries after this, does she commit herself to finalising that, whatever the solution may be, within this term of Government?

Chief Minister (Hon. F R Picardo): Mr Speaker, of course services evolve. I think it is important for the House to be cognisant that I believe that there is a finding of the European Commission in respect of the incarceration of minors. That is what the hon. Lady is telling the House, that we have that finding, that we need professional advice. I think I recently gave an interview on the subject, where we were saying we have to deal with this but we have to deal with it on the basis of the professional advice.

The finding of the European Commission is based on what we inherited – which the hon. Gentleman was responsible for building – not being fit for purpose. I assume, despite the many millions that it cost and despite the fact that it was grossly over-budget ... I recall, I think, in our Budget of 2014, having set out to the hon. Gentleman in great detail how over budget the provisions of Her Majesty's Prison Gibraltar under his auspices as project manager were, and indeed how over budget the courts were in the project, which, although very fit for purpose was very unfit for the purse.

Mr Speaker, we will continue the work of trying, despite the very challenging times in which we live, both financially and generally, to determine how best to go forward with this, so that we do not again make the mistake that he made and we inherited. I am sure that it was not intended to be a mistake, it was a decision made as a Minister trying to deliver the right thing for the community, but we do not want to fall into that trap, so we will take the advice that perhaps, if taken then, would not have resulted in the finding of the Council of Europe against us to cure the defect that we inherited from him.

Mr Speaker: Next question.

Q159/2021
Social workers –
Numbers interdicted or disciplined

805 **Clerk:** Question 159. The Hon. K Azopardi.

Hon. K Azopardi: Mr Speaker, have any social workers been interdicted or disciplined since 1st January 2020; and, if so, on what charge?

810 **Clerk:** Answer, the Hon. the Minister for Health and Justice.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs (Hon. Miss S J Sacramento): Mr Speaker, since 1st January 2020, two social workers have been interdicted. The first was on allegations of malpractice, style of management and treatment of staff. The second was interdicted for failing to act safely and with professional integrity, failing to promote ethical practice and report concerns and failing to maintain the required standard of conduct of a Care Agency employee. The latter was disciplined, which resulted in the non-renewal of the fixed-term contract. The former is the subject of an ongoing disciplinary process.

820 **Hon. K Azopardi:** Mr Speaker, can I ask, in relation to the one that is still pending, apart from malpractice, I did not quite catch what –

Hon. Miss S J Sacramento: General non-professional –

825 **Hon. K Azopardi:** General non-professional behaviour. Can the Minister perhaps add to her answer and tell us when precisely that social worker was interdicted? And does she have any kind of visibility as to when the investigation will conclude its work?

Hon. Miss S J Sacramento: Mr Speaker, that individual was interdicted on 14th May 2020, so I understand that the process is ongoing. As the hon. Gentleman may recall, when someone is interdicted there is a preliminary investigation to see if there are grounds to proceed with disciplinary, so that individual is now at the disciplinary stage having first undergone the first investigation. Of course, when things are serious of this nature, some disciplinaries may take longer than others.

835 **Hon. K Azopardi:** Mr Speaker, given the seriousness of the challenges in both cases, has the Department conducted an investigation not just into the disciplinary issues themselves but in respect of the handling of cases by those two social workers against whom allegations have been made of malpractice or failure to act safely?

840 **Hon. Miss S J Sacramento:** Mr Speaker, I am very proud to say that the Care Agency has a very robust management structure. The Care Agency is, of course, the organisation in Government that deals with the most vulnerable individuals in society, whether they be children, adults or people with disabilities, and I am very proud of how far the Care Agency has come. I am very proud to say that it has an extremely effective and efficient Chief Executive and that matters are not swept under the carpet and everything is dealt with, including any necessary reviews that may arise out of issues make which may be identified as a result of issues that come up.

845 **Hon. Miss S J Sacramento:** Mr Speaker, I am very proud to say that it has an extremely effective and efficient Chief Executive and that matters are not swept under the carpet and everything is dealt with, including any necessary reviews that may arise out of issues make which may be identified as a result of issues that come up.

850 There are various service reviews ongoing, as is normal practice in an organisation such as this, but for sure the Chief Executive has taken the bull by the horns and since being appointed, I think under a year ago, has conducted service reviews of all the Departments of the Care Agency.

Hon. K Azopardi: Mr Speaker, I am sure that is the case, and nor was I suggesting that anything was being swept under the carpet. I was just asking the direct question: given the seriousness of the allegations in respect of two people, one of whom has been disciplined and not renewed – and for the other one an investigation is pending, so I am not going to comment on that, but given that in both cases they are fairly serious matters, which obviously must have affected, as the Minister says, the most vulnerable in our society, the Chief Executive will be mindful that there may be recommendations and steps the Department needs to take as a result of those issues arising.

860 **Hon. Miss S J Sacramento:** Mr Speaker, I have already said yes. Those reviews have already been conducted and new steps and new measures have been put in place. I am very proud that this new Chief Executive is extremely productive.

865 **Hon. K Azopardi:** Just a final question, Mr Speaker. When social workers are interdicted in this way, how does the Department fulfil its services when these workers are suspended? Does it really resort to locum services?

Hon. Miss S J Sacramento: Yes, Mr Speaker. Obviously, when it comes to such an important role that is provided in this profession, if someone is suspended and not available to go to work, they are covered either by locum cover or sometimes they are covered through a bank, as we may

have social workers who have recently retired. It all depends on the period for which they are envisaged to be absent, but these absences are always covered.

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Q158/2021
Young offenders' secure unit –
Supplementary information

Mr Speaker: The Chief Minister wishes to correct an earlier statement or answer given.

Chief Minister (Hon. F R Picardo): Mr Speaker, just in relation to the issue of the Prison, I think
880 it is important to go on the record to set out exactly what the Council of Europe said, because I think the House will find it quite useful and almost determinative of the issue that the hon. Gentleman was raising. It says:

The CPT recommends that the Gibraltar authorities develop a strategy for addressing the specific needs of juveniles deprived of their liberty, which might include establishing a small unit with a few secure places. As long as juveniles are kept in the prison,

– and that is HMP Gibraltar –

additional efforts must be made to provide them with a full range of purposeful activities and socio-educative support.

That is the actual phrase.

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Mr Speaker: Next question.

Q160/2021
COVID-19 positive cases –
Resident and non-resident cases by age and vaccination status

Clerk: Question 160. The Hon. K Azopardi.

Hon. K Azopardi: Mr Speaker, how many non-resident COVID positive cases have there been
890 since 21st May 2021, broken down by persons aged over and under 16 and, in the case of persons over 16, by vaccination status, namely whether vaccinated or unvaccinated?

Clerk: Answer, the Hon. the Minister for Health and Justice.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs
(Hon. Miss S J Sacramento): Mr Speaker, I will answer this question together with Question 161.

Clerk: Question 161. The Hon. K Azopardi.

Hon. K Azopardi: Mr Speaker, how many resident COVID positive cases have there been since
900 21st May 2021 broken down by persons aged over and under 16 and, in the case of persons over 16, by vaccination status, namely whether vaccinated or unvaccinated?

Clerk: Answer, the Hon. the Minister for Health and Justice.

905 **Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs**
(Hon. Miss S J Sacramento): Mr Speaker, as at 27th July 2021, the number of non-resident COVID-
19 positive cases since 21st May 2021 is 61, all of which were over 16 years of age; 36 were
vaccinated and 25 were not.

The number of resident COVID-19 positive cases since 21st May 2021 is 458. Of these, 52 were
910 under the age of 16. Of the remaining 406, 301 were vaccinated and 105 were not.

Hon. K Azopardi: Mr Speaker, two questions, really, and I will ask them in order. The reason
for this question is because it is not possible ... Normally, I do my own number crunching, but in
this particular case, because of the way the statistics are rolled out, it is not possible to do it for
915 two reasons: (1) sometimes you get the information that the vaccination status of someone is
unknown, and (2) because of the groupings of ages – it is 10 to 15 and 15 to 20 – you do not quite
know whether someone has chosen not to have a vaccine or not been offered it because they are
too young. Because the Government does not publish the stats on an over-16 basis, which is the
current bridge for the offering of the vaccine, would the Government consider publishing statistics
920 in that way, which groups the ages in a slightly different way, so that people can have access to
information on a clearer basis without the need for asking in this House?

Chief Minister (Hon. F R Picardo): Mr Speaker, we have sought to be imprecise as to ages on
advice. In other words, we do not want to say anything about a case which can lead to the case
925 being identifiable generally or by a small group of people. Sometimes you might think it is
impossible to identify somebody simply because you say they are 17 rather than by saying they
are 15 to 20, but identification is something we have to be very careful of, not just by the wider
population. In other words, if there is a group of six and somebody knows that one person has
been found to have COVID, and one of them is 17 and all the others are in their 30s, we have to
930 be careful that even the others do not know that it is that one, unless of course they are called by
the Contact Tracing Bureau. It is a very strange requirement that we have placed upon us, but I
think the hon. Gentleman has put forward an idea, which is not a bad one, which is, in other words,
to say, for example, from 10 to 16 and from 16 to 20, so that that better draws the line as to
vaccination ages, rather than 10 to 15 and 15 to 10.

935 Apart from that, we get a daily breakdown, which is not published in the form that we get it,
because it gives us more data, which might lead to a person in the general public being able to
identify someone. I am quite happy, if it is possible, to give the hon. Gentleman that breakdown
privately, even though it might not be published, as we did during the period last year, so that he
can have access to those numbers in a way that is perhaps more meaningful for the calculations
940 that he might want.

Hon. K Azopardi: I am certainly grateful for that and it goes beyond what I was asking for, and
certainly I would like to receive that information. All I was suggesting –

945 **Hon. Chief Minister:** You may be trying to calculate things which we get difference around...

Hon. K Azopardi: Yes, exactly. To be clear on what I was saying, I was not suggesting any big
change that would allow the identification of people. All I was saying, really, was that going from
16 upwards ... Everything else can change, but it can be 16 to 20 because then at least you have
950 an idea of whether people who are unvaccinated have had the potential of being offered a
vaccine. That really is it, no more than that. That is all I would be suggesting.

The second question I have, Mr Speaker, is in relation to the hospitalisations. Does the Minister
have information ...? She may not have it now, but the hospitalisations have been fairly small,
although they have been growing in the last few days, but not to a hugely significant level. Does
955 she have information about how many of those hospitalisations have been people who are
vaccinated or unvaccinated?

Hon. Chief Minister: Mr Speaker, we have that on a daily basis, and in the information that I am asking the hon. Lady to share with him, if not on a daily basis on a weekly basis, he will see exactly that breakdown. I think we do sometimes publish that, Mr Speaker.

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Hon. K Azopardi: The Chief Minister, I understood from the answer, may not be willing to say so publicly, or –?

Hon. Chief Minister: Mr Speaker, I think we do say so publicly. In other words, I think we say –

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Hon. Miss S J Sacramento: From time to time, we break it down.

Hon. Chief Minister: From time to time, we break it down. In fact, I think we do that every time it is added to, so that if there are nine in the Hospital who are in the COVID ward, then you would know ... I have forgotten the latest figures but he would know that five are vaccinated, four are not vaccinated and in ICU, the same ... Certainly we have given that information publicly before. Maybe it is because we have been asked before and we have published it on that basis, but we get it and he will get it and he will be able to see it. I think that this is part of making sure that the public have all the information. I do not think there is any reason why people should not have the information.

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One of the things that I note is that there is a very high number of people who are vaccinated who are infected and a high number of people who are unvaccinated and who are infected. The key factor for me is that although those numbers might sometimes seem to be equal – for example, you might get 10 people who are unvaccinated and 12 people who are vaccinated – the vaccinated population is huge compared with the unvaccinated population, so the number of unvaccinated people as a proportion of the vaccinated is higher than the number of people who are vaccinated who are getting infected as a proportion.

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Hon. K Azopardi: A final question. I appreciate I am now slightly straying from the question, but I am asking because I think it is an important issue of public interest, and it struck me after I had tabled these questions. I assume that the Government is keeping tabs on how many of the new positives might also have tested positive before. Is that information available; and, if so, can the Government share that with us, too?

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Hon. Miss S J Sacramento: Yes, Mr Speaker. In relation to COVID we receive so many statistics that I have to confess I do not know what I know internally and what goes out to the public anymore, because we are just flooded with numbers, sometimes on an hourly basis. I am usually the first one to receive the statistics and then I will see those statistics again in another format and then in another form, and I probably see the same statistics about three times in the same day before they go public, and then there are other statistics that come to me. I think that in order to resolve this in a sensible way I am happy to meet with the hon. Gentleman and show him the layout of the statistics that we have, and we can come to an agreement as to what information he would like me to provide him with. I certainly have no problem with that.

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Mr Speaker: Next question.

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Q1622021
Genome testing –
Scope of work being undertaken

Clerk: Question 162. The Hon. K Azopardi.

Hon. K Azopardi: Mr Speaker, is genome sequencing or analysis being done on all new positive COVID cases; if so, from when, and, if not, could the Government explain the scope of work being done on genome testing?

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Clerk: Answer, the Hon. the Minister for Health and Justice.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs (Hon. Miss S J Sacramento): Mr Speaker, the whole genome sequencing of the SARS-CoV-2 virus is being undertaken on all new COVID-19 cases diagnosed in Gibraltar, by GHA laboratories. This service began the week commencing 17th May 2021. In addition, where capacity permits, retrospective sequencing of SARS-CoV-2 is being attempted from historic COVID-19 cases that have not previously been sent for sequencing to the Public Health England Colindale reference laboratory.

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Mr Speaker: Next question.

Q163/2021
Abortion law –
Support and advisory services

Clerk: Question 163. The Hon. K Azopardi.

Hon. K Azopardi: Mr Speaker, what support and advisory services will the GHA put in place in connection with the commencement of the Abortion law, Crimes (Amendment) Act 2019?

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Clerk: Answer, the Hon. the Minister for Health and Justice.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs (Hon. Miss S J Sacramento): Mr Speaker, I will answer this question together with Question 173.

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Clerk: Question 173. The Hon. Ms M D Hassan Nahon.

Hon. Mr Speaker M D Hassan Nahon: Does the GHA have counsellors incorporated in its strategy for women seeking abortions; and, if so, how many will be recruited to this service?

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Clerk: Answer, the Hon. the Minister for Health and Justice.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs (Hon. Miss S J Sacramento): Mr Speaker, despite the Hon. Leader of the Opposition opposing the commencement of the law he refers to in this question, the mental health needs of a woman considering an abortion will be given priority in the overall service provision. Those who currently provide counselling services are trained in a non-directive and non-judgemental approach to patients who access this service. Counselling will always be offered, and counsellors specifically employed for the role have this as their priority task. Further training for a cohort of professionals is being planned with BPAS to improve the service.

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In relation to Question 173, the GHA already has these counsellors in place and supporting women seeking abortions is one of their specific responsibilities.

Hon. Ms M D Hassan Nahon: Mr Speaker, I would like to firstly ask the hon. Lady for some clarification. She says that the recruitment of counsellors and support services is going to be

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specific for the purposes of abortion advice, but she also said that these counsellors were already within the system, so can she clarify whether they are in fact designated for the abortion support services, or whether they are part of the existing counselling service? If it is part of the existing
1050 counselling service, then we are looking at the typical delays of three to eight months, and obviously, with this issue being time sensitive, we need to know whether these counsellors will actually be specific. If they are specific, how many have been taken on for that service specifically?

Hon. Miss S J Sacramento: Mr Speaker, these individuals are already there because they were
1055 employed specifically for this service but before the service commenced. This was a pre-emptive measure undertaken by the GHA. Indeed, this position was prepared for when we first started looking at the possibility of an amendment to the Crimes Act, so it means that counsellors recruited specifically to provide this service have already been in the GHA, albeit doing other things, and now that we are providing this service, that, of course, now becomes a priority.

1060 Mr Speaker, I regret that the hon. Lady has not seen the information that the GHA issued at the time, because she is making the allegation that if these counsellors are part of the general cohort of counsellors of the GHA Mental Health Services then their services will take a long time, and that is clearly not the case. If the hon. Lady were to look at the GHA flowchart and timelines in relation to the operational side of the abortion policy, she would see very clearly that there are
1065 specific timelines in relation to when a member of staff from the GHA Mental Health team needs to see someone to offer counselling from the day when they first see the gynaecologist.

Hon. Ms M D Hassan Nahon: Mr Speaker, I thank the Hon. Minister for her reply. Can I just
1070 ask: if the GHA employed these counsellors, the support service individuals, before the referendum result came out, had the referendum been lost in terms of the abortion legislation, what was the GHA going to do with these counsellors instead of putting them through to the system for the abortion services?

Hon. Miss S J Sacramento: Mr Speaker, first and foremost, that question is a hypothetical
1075 question, but in any event, the people engaged have been engaged on the basis of a service level agreement, so they are not employed by the GHA. We were predicting the outcome of the referendum and being prepared for it. There is nothing wrong with being prepared for something, but being prepared means that we are prepared in every eventuality, so it means that by engaging someone on an SLA we are also prepared in the event that we would choose not to retain that
1080 person should the referendum not have gone the way that it did.

Hon. Ms M D Hassan Nahon: Thank you for that. Mr Speaker, if these individuals are not
1085 actually employed by the GHA and have service level agreements, does that effectively mean that the support services are being outsourced? The Government said that all abortion services are going to be run exclusively by the GHA and not private practice or clinics, so how does this tally with the Government's assertion that the whole package is run by the GHA?

Hon. Miss S J Sacramento: Mr Speaker, the whole package in relation to abortion is run by the
1090 GHA. Someone who is working in the GHA works for the GHA. It does not matter if the person is employed by the GHA or has the benefit of a service level agreement with the GHA, the person works in the GHA for the GHA. The whole abortion package is provided for by the GHA.

I will not tolerate people now starting to cloud the issue of abortion. The issue of abortion has
1095 had a lot of work put into it by all the clinical professionals in the GHA. I am very satisfied with the processes and procedures that these medical professionals have provided for the GHA to be able to deliver the abortion and I will not tolerate that, because the hon. Lady misunderstands the position, any doubt be cast on the services provided by the GHA for abortion.

Hon. Ms M D Hassan Nahon: Thank you, Mr Speaker. I am sorry that the Minister will not tolerate my questions, but I am here to ask them regardless.

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Chief Minister (Hon. F R Picardo): Very unfair.

Hon. Ms M D Hassan Nahon: Mr Speaker, if I can just ask –?

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Mr Speaker: Please resume your seat.

Hon. Ms M D Hassan Nahon: Thank you, Mr Speaker. Perhaps I am –

Mr Speaker: Sit down, please.

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Hon. Ms M D Hassan Nahon: Sorry, Mr Speaker.

Mr Speaker: I think you should not use that language, because you have misinterpreted what she was saying. I understood it very quickly. You can ask another question, if you wish.

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Hon. Ms M D Hassan Nahon: Mr Speaker, one thing I would ask the Minister to repeat, if she has said it, but I did not hear it, is the question I initially asked: how many counsellors have been employed for this service?

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Hon. Miss S J Sacramento: Mr Speaker, I have employed none; I have just said that they have been engaged through an SLA. I know that certainly one has been engaged for this purpose. It may be that there are two, but in any event there are also other people within the Mental Health Services from the GHA, in addition to the ones specifically engaged to provide the service, who have all benefited from the same training so that they can also provide the service should it be required to go beyond the person who has been specifically engaged for this purpose.

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Hon. K Azopardi: Can I just ask on the support and advisory services, is the GHA consulting both campaign groups of the referendum for their views on the content of the support and advisory services, given that clearly they both had strong views on the issue and, I am sure, have quite a lot to add in terms of what, in their view, is to be considered in respect of the support and advisory services that women should get in relation to this?

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Hon. Miss S J Sacramento: Mr Speaker, I have met and consulted with the Gibraltar Pro-Life group and I have spent a lot of time with them in my office precisely because this referendum on abortion, regrettably, was so divisive that now that we find ourselves in the position that we are in. I want to make sure that going forward we respect their views. I value and appreciate the input of the group. They were campaigning for the outcome that did not succeed. I think it is important that we take the views of everyone involved in the whole scenario. Particularly, I want to make sure that those who find themselves in the group that did not succeed also know that they are heard.

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We have a very constructive relationship. We have already met. We have discussed. I met with them before the GHA documents were published. We have had various discussions and I am waiting for them to come back to me with some further ideas and further proposals because I want to make sure that the resources that they feel are important that they can contribute in part in the process of the offering, are recognised. So, I want to make sure that that process and that pathway is recognised because I think that that is also important, and I have made it clear to them. I am not sure whether the hon. Gentleman is aware of the reference that they make to their meeting with me in the statement that they issued, and I also make a reference to our relationship in the statement that I issued.

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1150 **Mr Speaker:** Next question.

Q164/2021
Mental health support at work –
Protocols and directives

Clerk: Question 164. The Hon. Ms M D Hassan Nahon.

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Hon. Ms M D Hassan Nahon: What protocols or directives, if any, has Government put in place, or aims to put in place, in relation to mental health support in the workplace following the pandemic?

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Clerk: Answer, the Hon. the Minister for Health and Justice.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs (Hon. Miss S J Sacramento): Mr Speaker, at the commencement of the pandemic a staff referral system for mental health support was established. Throughout all this time, the Therapeutic team of the Care Agency has supported all frontline staff of the Care Agency, the GHA and the ERS with clinical therapeutic care. This support was provided during and after the pandemic and continues today.

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Clinical one-to-one sessions for all referrals received from the GHA and ERS, in addition to full therapeutic support in the context of debrief workshops, have been provided and delivered by the Therapeutic team at the Care Agency for whole staff teams at ERS.

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Human Resources have responded to line managers' requests for Occupational Health referrals in the case of employees suffering long COVID or COVID-related stress and anxiety. Once Occupational Health assessment is received, and if recommendations are for counselling and therapeutic input, these have been referred in some cases to external counsellors, but mostly with internal counselling sessions provided by the Care Agency Therapeutic team.

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In addition, some employees have been referred to the Welfare Officer of the Human Resources Department when this has been specifically requested by the employee.

Hon. Ms M D Hassan Nahon: Mr Speaker, I thank the Hon. Minister for her answer, but actually my question aimed to talk about the workplace in general, not just Government services or locations. I was talking about the workplace in general, the public sector, the private sector. Have discussions been had with unions, for example, about how to bolster mental health support across our community at different levels in the workplace in general, not just Government locations?

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Hon. Miss S J Sacramento: Mr Speaker, during the pandemic, the priority was to provide mental health support in the workplace to people who worked in the public sector who were on the front line. We offered Front Line resilience training for people who were already in the hospitals, in ERS and in Social Services, dealing with, at the beginning, potentially life-and-death situations, and, at the end, people dealing with real death situations. That was the priority in terms of the services that we deployed, and our arrangements in terms of the pandemic were for the public sector front line in particular. In terms of the private sector, the normal therapeutic services have always been available to them and will continue to be available to them in the normal way.

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Hon. Ms M D Hassan Nahon: Mr Speaker, once again, I have to thank the Hon. Minister for putting these measures in place, given the burn-out and the trauma that frontline workers in the GHA and beyond will have suffered. Again she talks about the private sector and the existing services, but obviously we need to bolster them because there are many more issues facing people

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1200 now after the pandemic, and the hon. Lady has not given me any information about any incentives to do that from this place, legislating or issuing directives for entities to be able to have more support services. Is there nothing that she can tell me about any long-term or medium-term decisions or intentions for bolstering mental health support services post COVID and into the future, to ensure a more functional society?

1205 **Hon. Ms M D Hassan Nahon:** Mr Speaker, COVID has, of course, been a very difficult period for a lot of people. It has impacted people in different ways. It has impacted the people who have been on the front line, I would say, arguably the most because of the hours they have had to work, the risk that they have put themselves and their families through because of going to work, what they have witnessed and what they have experienced. I think when we look at the scale of how COVID will affect people, I would say that those who have been day in, day out on the front line
1210 witnessing deaths would be at the top end of the scale. Therefore, when one has to prioritise existing resources, they will be prioritised then.

Of course, COVID will have affected different people in different ways. Whereas people who worked in the private sector will predominantly have been safer because they were working from home, it does not mean that because they were working from home they may have not been
1215 impacted by the lockdown. Similarly, the lockdown will have impacted children because they have gone through business in a different way, and it will have impacted elderly people, who were probably most affected by the lockdown. We are very alive to that, and we do have several initiatives in terms of the mental health offering, particularly to pick up COVID during the pandemic. Mental Health Services were geared and prepared to deal with the pressures of COVID.

1220 I have gone through the specific resources that were deployed for people who work in the public sector, but for the private sector we also had resources made available, and these were made available through the 41818 service. Counselling was offered to them specifically, and I have to say that this counselling was offered during the pandemic by voluntary counsellors, all of whom were vetted and all of whom satisfied the tests that we were happy with, but nevertheless gave
1225 up their time voluntarily, and I need to recognise and thank those people for that. In addition to that, because we were also alive to the impact the lockdown was having on elderly people, we also set up during the pandemic the befriending service for people who lived alone and might find themselves lonely, and we wanted them to connect with other people so they could chat. It was all, again, centralised through the 41818 service, so that we had all sorts of safeguarding issues
1230 triggered and in place.

Now, as we move out of the consequences of the lockdown but we are still in the realms of the pandemic, we are very alive that it still continues to have potential mental health impact on members of the public, so in the same way that our services were geared up in one way during the pandemic they are alive and ready to deal with these cases from now, going forward, in the
1235 aftermath of the lockdown.

I do not know whether the hon. Lady is aware of a truly magnificent launch by the GHA this week of the 111 crisis line. The 111 crisis line will be available for people who find themselves in a mental health crisis. The calls will be triaged, so if people are calling because they feel acutely desperate and it is connected to COVID, they will be helped immediately. If, in the process of the triage, some other kind of help from therapeutic services, which is not acute, is necessary, the
1240 person will be referred and diverted in that direction. Our resources are very much bolstered because we are pretty much transforming the way we deliver mental health services. Much more resource and much more time is being made available, so it means that we will be able to offer a much better service to our community.

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Mr Speaker: Next question.

Q165/2021
ERS facilities –
Remuneration of newly qualified nurses

Clerk: Question 165. The Hon. Ms M D Hassan Nahon.

1250 **Hon. Ms M D Hassan Nahon:** Can government confirm if, in the ERS facilities, newly qualified nurses on competition of their training continue to be remunerated at the pay grade of trainee nurses?

Clerk: Answer, the Hon. the Minister for Health and Justice.

1255 **Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs (Hon. Miss S J Sacramento):** Mr Speaker, the RGN nurse training is delivered in Gibraltar. The opportunity for training in the RGN degree is offered to nursing assistants already in employment as an opportunity for career progression. While undergoing training they are remunerated as nursing assistants. Upon completion of their qualification, they may apply for nursing vacancies once they arise. They will be remunerated as nurses if successful in applying for a nursing position.
1260 Until then, they continue in their substantive post of nursing assistant.

Hon. Ms M D Hassan Nahon: Thank you. Mr Speaker, I ask this question because I have had various representations that, post-training, the nurses who are already fully qualified are being used as auxiliary nurses with the same salary as whilst they were undergoing the training. Can the
1265 Minister confirm this?

Hon. Miss S J Sacramento: Mr Speaker, I confess I do not understand the question. Is the hon. Lady asking me the question that I have just answered? They are on a placement. I have just said that they are nursing assistants undergoing training and that they remain on the nursing assistant salary. I have just said that.
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Mr Speaker: Would the hon. Lady like to reword her question?

1275 **Hon. Ms M D Hassan Nahon:** Mr Speaker, my question was that once these nurses are trained and fully qualified they continue to be paid under the same training salary. Does the Minister confirm this, or does this mean that nurses who already have a qualification are being paid under the training salary pre-qualification?

1280 **Hon. Miss S J Sacramento:** Mr Speaker, I regret that the hon. Lady has completely misunderstood my answer, so I would invite the hon. Lady to listen in order to hear and understand, as opposed to listen to ask a question. I have said that nursing assistants undergoing the RGN training are on nursing assistant salary. That was in my first answer.

1285 Mr Speaker, I am afraid that we are having the same conversation that we had a few months ago, when it came to people who are studying to be social workers, and the hon. Lady was inviting me to employ everybody who has a degree in social work as a social worker, even though there are no vacancies, because then it would mean that we would have to automatically employ every single student whom we pay for their education and training, regardless of whether we have a vacancy for them or not.

1290 What I said in my answer was that if someone is qualified, they are qualified, but their substantive position and therefore the salary, which is commensurate with their substantive position, remains at that of a nursing assistant until they apply for a job as a nurse. They can only apply for a job as a nurse when there is a vacancy, and they can only be a nurse if they have applied

1295 for a job because there is a vacancy and they are successful in that job. All that, I said in my very first answer.

1300 Mr Speaker, what surprises me is that given that we have had ... I cannot accept the premise of the last supplementary question because we have vacancies for nurses, and the way that ... when people are undertaking the internal career progression usually the person undertaking the progression will be mapped with a vacancy, which is why we have the person who is incumbent in that post on a fixed-term contract. As soon as that person's fixed-term contract terminates, we leave the vacancy for the person. So, there is a vacancy, then that person is acting in that vacancy or recruited to that vacancy and a point will be on that salary. If that person is not on that salary, it is either because they are not qualified, have not reached the completion of the training or are not working as nurses. Mr Speaker, I do not know how to make it clearer. I have said the same thing three times already.

Mr Speaker: Next question.

Q166/2021
Pulmonary care –
Promotion in the community

Clerk: Question 166. The Hon. Mr Speaker M D Hassan Nahon.

1310 **Hon. Ms M D Hassan Nahon:** What policy, if any, does Government have in place to promote pulmonary care in our community?

Clerk: Answer, the Hon. the Minister for Health and Justice.

1315 **Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs (Hon. Miss S J Sacramento):** Mr Speaker, pulmonary care is managed by the clinical teams at the GHA on a case by case basis. As with all preventable diseases, pulmonary care promotion starts with public health awareness, including smoking cessation and regular exercise. Extensive programmes are in place in respect of these and it is the Government's policy to continue and enhance these.

1320 Those patients who suffer with pulmonary disease are cared for by the relevant clinical departments and teams. For example, asthma care is largely provided by nurse practitioners in Primary Care, and chronic pulmonary diseases, such as chronic bronchitis and emphysema, are cared for by the Hospital medical team supported by a dedicated team from Leicester Hospital.

1325 **Hon. Ms M D Hassan Nahon:** Thank you, Mr Speaker.

1330 From my understanding and representations from people with pulmonary issues, I am being told that right now they are sent to Leicester, generally, because in Gibraltar there is no trained physiotherapist for this service, and that unfortunately, especially the way things are at the moment, some people cannot get to Leicester to do the physio and have the check-up. Is the Minister aware of this, and is she looking to bring in a physio locally in order to service these sufferers?

1335 **Hon. Miss S J Sacramento:** Mr Speaker, I am aware of that issue, but that issue is so far removed from the question that I have to do all sorts of mental gymnastics and somersaults to get to that as the answer to the question.

Yes, I am aware. Like everything else, the priority for the Hospital is, as and when we can, to repatriate all the services we can. If Brexit and the pandemic have shown us something, it is that

1340 if we can do it here it is better that we provide locally when we can, and of course this is one of
the things we would very much like to repatriate. Having said that, it is not as if there is a complete
absence of facilities, support and training for people who have pulmonary issues, it is just that the
question is so wide. Mr Speaker, it would be more helpful if questions could be more specific.
What the hon. Lady relates to is in a very specific number of cases, and yes, I am aware of the
issue.

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Mr Speaker: Next question.

Q168/2021

**Cardiac catheterisation laboratory –
Update**

Clerk: Question 168. The Hon. Ms M D Hassan Nahon.

1350 **Hon. Ms M D Hassan Nahon:** Can the Government update this House on its manifesto
commitment to build a cardiac cath lab by summer 2020?

Clerk: Answer, the Hon. the Minister for Health and Justice.

1355 **Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs
(Hon. Miss S J Sacramento):** Mr Speaker, the cardiac catheterisation laboratory project is
progressing well. Of course, regrettably, there has been a delay on account of the pandemic, but
it is now back on track and this is a manifesto commitment which will be delivered in the lifetime
of this Parliament.

1360 **Hon. Ms M D Hassan Nahon:** Mr Speaker, I thank the hon. Member for her answer. Can she
confirm or deny there is any truth in the rumour that Government or representatives thereof have
been in discussions with local private healthcare providers to service out cardiac services with the
GHA?

1365 **Hon. Miss S J Sacramento:** Absolutely not, Mr Speaker. I am fascinated by how Parliament time
and matters of state are ruled by rumour, but I am very happy to dispel that rumour. I am most
certainly having conversations with the clinical professionals who work in the GHA and my GHA
team, and nobody else.

1370 **Hon. Ms M D Hassan Nahon:** Mr Speaker, I thank the Minister for her answer. I am very happy
to hear the answer and also I must remind her that the representations I bring are from people
who are genuinely invested and suffering. I think their representations are quite significant and I
am duty bound to bring them.

1375 Can the Minister give us any timeline for the commencement of these services at all, any
projections by when she thinks they will be up and running?

1380 **Hon. Miss S J Sacramento:** Mr Speaker, I am awaiting several reports. This is connected to
other developments within the Hospital, so they are all tied in, like everything else. Ideally, we
would like everything to be done as soon as possible, but the Hospital has gone through an
incredibly difficult year. The people who are driving this project are the people who are driving
the hospital policy generally. This is something that is very specific. You do not just go and buy one
of these things off the shelf. It is not something you can do without a lot of careful consideration
of how it impacts everything else. So, the answer to that is as soon as we possibly can.

1385 **Mr Speaker:** Next question.

Q169/2021
Children with type 1 diabetes –
Service delivery

Clerk: Question 169. The Hon. Ms M D Hassan Nahon.

Hon. Ms M D Hassan Nahon: Mr Speaker, is Government satisfied with its delivery of service for children with type 1 diabetes?

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Clerk: Answer, the Hon. the Minister for Health and Justice.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs (Hon. Miss S J Sacramento): Mr Speaker, the three consultant paediatricians all have experience with paediatric diabetes. Mr Tasbihi, who I assume is one of the consultants, has also completed specialist paediatric diabetes training during her membership training for the Royal College of Paediatrics to work with children with diabetes. The GHA also has a paediatric diabetic consultant from the UK working with the team.

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Hon. Ms M D Hassan Nahon: Mr Speaker, from what I understand, there was a diabetic specialist nurse who was allowed to take a sabbatical without replacement cover and this gap in the system has deeply affected children with diabetes. Can the Minister tell us anything about the replacement for this specialist nurse and why there has been no appointment yet?

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Hon. Miss S J Sacramento: Mr Speaker, that is not something, unfortunately, that I have information on.

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Hon. Ms M D Hassan Nahon: Mr Speaker, I have also had representations to the effect of this concern being raised in writing with the Ministry back in March. Will the Minister be answering these emails and these representations?

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Hon. Miss S J Sacramento: Mr Speaker, if the Ministry has received correspondence in this respect I will check and make sure that the Ministry replies, but this clearly is a matter for the GHA and not the Ministry, of course. The Ministry and the GHA are separate.

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Hon. Ms M D Hassan Nahon: Mr Speaker, can I just ask one more question: whether the Minister has any plans to offer or bolster psychological services for children with diabetes in return for their lifestyle change? From what I understand, there are parents trying to access the system for psychological support for their children and appointments have been made and then cancelled by the GHA.

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Hon. Miss S J Sacramento: Mr Speaker, if there is a need for a child to receive psychological services for whatever reason, then of course those psychological services will be made available. If a child has been offered an appointment and it has subsequently been cancelled, then I would very much like to know, so that I can ask the GHA what is going on and hold them to account.

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If the hon. Lady receives these representations, I would invite her to divert such representations to the Ministry, so that my staff can look into them, as opposed to waiting for a month and making it a parliamentary question. If we want to help the people in question, we need to do these things immediately and not raise them in this House once a month.

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Mr Speaker: Next question.

Q170/2021

Medrano fertility clinic –

Success rate re individuals sponsored by GHA for IVF treatment

Clerk: Question 170. The Hon. Ms M D Hassan Nahon.

1435 **Hon. Ms M D Hassan Nahon:** Mr Speaker, if I may just say the representations I had about the previous question were historical, and the Minister knows. I am very grateful that she always attends to constituents so she can be sure, and I am grateful for her invitation to present these.

1440 **Hon. Miss S J Sacramento:** Mr Speaker, as the hon. Lady knows, it is not a new invitation, it is an invitation that is standing. When we look at matters of people's health, or people's mental health even, if things go wrong I want to know, because I do not run the GHA but I need to hold the GHA to account. If things are going wrong, then I need to know.

1445 **Hon. Ms M D Hassan Nahon:** Thank you, Mr Speaker, I was thanking her for that. Can government provide statistics in connection with the success rate of IVF treatment for individuals sponsored by our GHA in Medrano fertility clinic, Spain?

Clerk: Answer, the Hon. the Minister for Health and Justice.

1450 **Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs (Hon. Miss S J Sacramento):** Mr Speaker, the average success rate of those sponsored patients referred to Clínica Medrano is 86%.

1455 **Hon. Ms M D Hassan Nahon:** Mr Speaker, I am very pleased to hear that statistic. I was led to believe that it was less and I clearly take the Minister's assertion that those are the statistics, but can I just ask her: for any mother wanting to conceive, if she feels that this clinic is not delivering results for her ...? Can the Minister tell us whether there are other avenues for these individuals to seek other clinics if they feel that this one is not delivering for them, or is that the only one in provision?

1460 **Hon. Miss M D Hassan Nahon:** Mr Speaker, I have to start by saying that, unfortunately, IVF is not an exact science, so there is no guarantee that every person who goes through IVF will be successful, and every patient of the GHA who is referred to an IVF clinic will be advised of this.

1465 In terms of people going off and seeking their own medical treatment and thereafter seeking reimbursement from the GHA, that is not possible. That is not how sponsored patients works. However, if there is an individual who is concerned about the tertiary provider, I would very much urge that this individual go back to their consultant in the Obs & Gynae department of St Bernard's Hospital, and they will be advised accordingly.

Mr Speaker: Next question.

Q172/2021

Substandard PPE masks –

Update

1470 **Clerk:** Question 172. The Hon. Ms M D Hassan Nahon.

Hon. Ms M D Hassan Nahon: What is Government doing about the 240,000 masks that Government procured and are not fit for purpose yet remain in storage since the pandemic to date, or up until the date that this question was filed on 13th July 2021?

1475 **Clerk:** Answer, the Hon. the Minister for Health and Justice.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs (Hon. Miss S J Sacramento): Mr Speaker, there were in fact 225,800 such face coverings, which are currently in storage. Alternative avenues in respect of their possible use are being considered,
1480 but no final decision has yet been taken.

Hon. Ms M D Hassan Nahon: Thank you, Mr Speaker.

About a year ago, in 2020, we were told in Parliament by the then Health Minister that PPE that was substandard had all been returned. Was this PPE not meant to be part of that? And, if
1485 not, how much is the storage costing us and how much has this lack of standards in general cost the GHA?

Hon. Miss S J Sacramento: Mr Speaker, the important thing is that this PPE is not being used. This dates back to the beginning of the pandemic when we were all learning, we were all panicking and we were all told to procure PPE, and of course in good faith we did. Pretty much it was at a
1490 time when the whole world was scrambling to obtain PPE and everyone was doing the best they could. Obviously, when we receive the PPE it goes through very rigorous testing and, thankfully, these were identified as not being fit for purpose.

In relation to the cost of storing it, there is no additional cost to storing it because it is stored
1495 in GHA stores, which we have for other things.

In relation to the approximate value of these masks, the cost is £98,000. Mr Speaker, rest assured that I will get to the bottom of this to see why this happened and what remedies we will be able to get as a result of being sold faulty PPE.

1500 **Mr Speaker:** Has the honourable lady finished?

Hon. E J Phillips: Mr Speaker, as the hon. Lady has said, there was much debate on this question. Obviously, we, as the Opposition, brought a number of questions around this area of PPE, particularly the masks, and we were told by the Chief Minister himself in his support for the
1505 hon. Lady, and the hon. Lady has said in relation to this issue ... The Chief Minister explained in detail the quality control processes that were in place in terms of procurement. We also discussed the kite-mark quality marks on these facemasks and the way in which they are returned to those who sold them us so that we can recover those costs. Mr Speaker, that was a year ago, and, quite frankly, to say that the PPE is still sitting within the GHA ... Whilst I appreciate the scramble, there
1510 are processes in place to weed out the possibility of retaining 225,000 masks.

Just for background purposes, Mr Speaker, many of the questions we posed at the time were to get to the bottom of how people could sell effectively shoddy PPE to the Government of Gibraltar. I think it is right that the hon. Lady raises this as a question and it is right that the amount should be recovered. Has the Minister got control of this fairly shoddy PPE that has been acquired
1515 for the people, effectively with the people's money? I would be grateful for a bit more detailed response in relation to the recovery effort.

Hon. Miss S J Sacramento: Yes, Mr Speaker, absolutely, as the hon. Gentleman says, it is under control because it is not being used. That is the priority, to make sure that it is not dispersed or
1520 disseminated or used in any way. The first safeguard is to make sure that it is not used and people are not relying on this as safe PPE.

Mr Speaker, I will go back to the GHA and ask them what they are doing about this.

Mr Speaker: Next question.

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Q174/2021

**COVID preventative measures –
Plans re rising number of cases**

Clerk: Question 174. The Hon. Ms M D Hassan Nahon.

Hon. Ms M D Hassan Nahon: Is the department of Public Health considering bringing back any preventative measures in connection with the rising number of COVID cases?

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Clerk: Answer, the Hon. the Minister for Health and Justice.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs (Hon. Miss S J Sacramento): Mr Speaker, the department of Public Health does not bring in any measures. Decisions as to measures are taken by the COVID-19 Strategic Co-ordinating Committee, which has the benefit of public health advice as the Director of Public Health is a member of the committee and makes recommendations.

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Hon. Ms M D Hassan Nahon: Mr Speaker, I thank the Minister for her answer, but I think she might be a little more generous to me and understand that I am asking general public health committee contingencies ... It is all one and the same. If she might let me ask again: is that committee considering bringing back any preventative measures in connection with the rising number of COVID cases?

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Hon. Miss S J Sacramento: Mr Speaker, since the beginning of the pandemic we have been very keen to explain the structures put into Government and put in the whole civil contingency co-ordinating groups, and we all know that the COVID pandemic is a civil contingency matter.

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In relation to this question, the Strategic Co-ordinating Committee meets physically, at the moment, twice a week. Some people connect remotely, not everybody attends in person, and we meet twice a week. That is precisely what this meeting is for. We consider the numbers against the measures and implications that that has. At the last meeting of the Civil Contingency, last week, there were no changes, if I remember correctly, in relation to measures, but that does not mean that we will not consider it at the next meeting. The next meeting is due to happen next week. Because of the rise in cases, I very much would have liked to have met this week, but because of our commitments to Parliament – and, frankly, we cannot be everywhere at once – we are in touch remotely in relation to these measures, but we will certainly consider it at the next meeting.

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Hon. K Azopardi: Can I just ask on that, the public health advice that the Minister is getting ... Obviously there is a rise in cases in the last few weeks since we were last at zero on 21st May – that experience is being shared across the world and in Europe indeed – but the hospitalisations still remain fairly small. Does the Minister and the Government agree that while the trend of cases is on the rise at the moment there is nothing that would cause alarm, that would cause us to have to row back from the current position?

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Hon. Miss S J Sacramento: Mr Speaker, as the cases stand now, the hon. Member is absolutely right, but we also know with this virus that it is very unpredictable and things can change overnight. The way that the virus works, we are advised, is that changes happen between 10 days and two weeks, which is why, at the moment, because there is low hospitalisation, we meet every two weeks ordinarily. In the past, when things were more serious, we met monthly. We have even been meeting daily. We have even been meeting twice a day. But as things are, we are meeting twice a week, and we therefore consider measures every two weeks.

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1575 One of the measures we did discuss last time, should we escalate – not that it was a decision to escalate, but probably the first measure, should we escalate, would be possibly to revert to increasing the use of masks in public spaces, but that is not something that we have taken a decision on. We pretty much look at the way we de-escalated, and if we were to escalate we would probably go back in the same order, if that helps.

Mr Speaker: Next question.

Q176/2021
Pfizer vaccine side effects –
Record keeping

1580 **Clerk:** Question 176. The Hon. Ms M D Hassan Nahon.

Hon. Ms M D Hassan Nahon: Has the Government kept a record of side effects emanating from the administration of the Pfizer vaccine; and, if so, (1) who is keeping this record, and (2) when will it be made public?

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Clerk: Answer, the Hon. the Minister for Health and Justice.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs (Hon. Miss S J Sacramento): Mr Speaker, side effects from the administration of any vaccine are always recorded. This includes the administration of the Pfizer vaccine.

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Minor side effects are recorded in the patient's electronic medical record. Serious side effects are similarly recorded but are also reported, through the yellow card scheme, to regulatory authorities.

There is no intention to make this information public, as it is medical in-confidence information.

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Hon. Ms M D Hassan Nahon: Mr Speaker, I appreciate the answer and I appreciate that the information is confidential medical information, but in the same way as we get information that does not breach data protection about people and their circumstances when they acquire COVID-19, why wouldn't statistics of the effects of a vaccination in our community, minor or otherwise, be made public? I cannot understand what breach that is. If the Minister could enlighten me ...

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Hon. Miss S J Sacramento: Mr Speaker, there is, of course, someone centralising the collection of this information, and when the time is right – and by that I mean when enough time has elapsed from the administration of the vaccine to be able to make a proper analysis of the side effects – there will be a report.

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Hon. K Azopardi: Can the Minister perhaps explain to us the definition of side effects that they are using for the yardstick of cataloguing the statistics? What are the parameters of seriousness? Is it as small as feeling flu-like symptoms? Does that fall into the scope, or is it more serious than that?

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Hon. Miss S J Sacramento: Mr Speaker, there is a tool when it comes to analysing side-effects. I do not know the detail, but I know that they are using some kind of standardised tool in this respect. I can give the hon. Gentleman more information when I get it. I am not going to confess to know the detail. I know from very vague discussions that we have had at the Civil Contingency

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level, but I know that they use some standardised tool or survey, or something, and then it depends on the severity, and that will depend on whether the person is followed up further or not.

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Hon. K Azopardi: Okay, that is interesting, but presumably also it depends on ... It is not a scientific exercise, that you are cataloguing every single case, because presumably it is also about whether people come forward and say, 'I have had a side effect,' which other people might not actually consider to be a serious side effect, but some people do, and therefore there is a logging of the effects of the vaccine on some people, not others, so it might not be a holistic kind of statistic which could in any way be published in a reliable way. Is that a fair comment on how the definition of side effect is being marked?

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Hon. Miss S J Sacramento: Mr Speaker, I understand it is two things. It is people who have symptoms and therefore come forward, and that is how we do it. I also understand that the Director of Public Health undertook a study and I think that, on the basis of the whole of the population who were vaccinated, there was a sample of people who were then surveyed and asked whether they had symptoms or not.

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Hon. Ms M D Hassan Nahon: Mr Speaker, can I ask the Minister how these side effects are being categorised? Are they in different boxes – short-term complications and long-term complications? And the short-term side effects, why would those not be published in order to advise our community, so that they can actually mitigate, do something about it, seek help? Short-term side effects are time sensitive. Why are we not getting that information?

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Hon. Miss S J Sacramento: Mr Speaker, it is a bit of a strange question, in relation to short-term side effects, given that we started vaccination at the beginning of January and most people were vaccinated a couple of months after that. It seems like a long time ago, but there was a lot of information published at the time and there was a lot of literature on side effects, so the advice in relation to seeking help for side effects was given to you at the time of your vaccine. Those of us who have had the vaccine will recall that we were given information and we had to sign a waiver before we had the vaccine, so all of that information as to who to call and what side effects to expect was all contained there. It was a long time ago, but we all went through it.

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There are normal side effects, which I remember from the literature that we were given, such as flu symptoms etc., which, because they are normal, are expected, and therefore one would not expect someone to seek medical advice. In relation to longer side effects, that is something that we know as long COVID, and there has been, I think, a study in relation to long COVID.

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My colleague the hon. Gentleman has just told me that he was part of the survey that was undertaken by Public Health. I am sure that it is taken at random, and it is a coincidence that the hon. Gentleman was called for the survey. We have been in discussions on the survey. I remember because I remember seeing on social media that people were asking, when you were approached by someone purporting to be from Public Health and asking if you had 30 minutes to spend with them on the phone because they wanted to undertake a survey, whether it was genuine or a hoax, and I remember that we issued a press release at the time.

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Mr Speaker, I think that all the different questions that have been asked have now been answered.

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Hon. Ms M D Hassan Nahon: Sorry, if I can just ask one more question, I am fully aware that in all medicines you get the small print, the disclaimer on the likely possible effects, but because this vaccination is so new perhaps the Minister might tell us if the short-term effects, given that our community has been wholly vaccinated, effectively ... if they are actually even sharing the information on short-term effects with the new medical product with maybe other communities

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1670 or other societies, so that we learn more about the actual side effects, not just the ones that are predicted, because we are all learning with the new vaccination?

1675 **Hon. Miss S J Sacramento:** Mr Speaker, precisely because we are a community with a high number of people vaccinated, we have had, I think, several studies undertaken. I have to confess I just asked the hon. Gentleman Prof. Cortes if he recalls it. It is just that we are in so many meetings with so many people, and even so many international people, that sometimes you do so much in such a short period of time that you forget. I think that we were undertaking a survey precisely on the vaccination and I remember we were in a meeting with international colleagues to discuss this. Mr Speaker, I confess I cannot remember what the outcome of that was.

1680 **Mr Speaker:** Next question.

Q177-82/2021
Public debt –
Figures at May and June 2021;
General Sinking Fund –
Balance at May and June 2021;
Statutory Benefits Fund –
Balance at March 2021 and 2021;
Social Insurance voluntary contributions –
Number of individuals asked to increase contributions;
Social Insurance Advisory Committee –
Members and date of last meeting;
Social Security Insurance Act –
Date of last actuarial report and recommendations

Clerk: Question 177. The Hon. R M Clinton.

1685 **Hon. R M Clinton:** Mr Speaker, can the Government please provide the total gross debt, aggregate debt after application of the Sinking Fund to gross debt, cash reserves and net debt figures for public debt for the following dates: 1st May 2021 and 1st June 2021?

Clerk: Answer, the Hon. the Minister for Social Security, Economic Development and Enterprise.

1690 **Minister for Minister for Economic Development, Enterprise, Telecommunications & the GSB (Hon. Sir JJ Bossano):** Mr Speaker, I will answer this question together with Questions 178 to 182.

Clerk: Question 178. The Hon. R M Clinton.

1695 **Hon. R M Clinton:** Mr Speaker, can the Government advise the balance on the General Sinking Fund on the following dates: 1st May 2021 and 1st June 2021?

Clerk: Question 179. The Hon. R M Clinton.

1700 **Hon. R M Clinton:** Mr Speaker, can the Government advise the balance on the Statutory Benefits Fund on 31st March 2020 and 31st March 2021?

Clerk: Question 180. The Hon. R M Clinton.

1705 **Hon. R M Clinton:** Can the Government advise how many individuals have been requested to increase their voluntary Social Insurance contributions from £15 per week to £36.30 per week with effect from 1st July 2021?

Clerk: Question 181. The Hon. R M Clinton.

1710 **Hon. R M Clinton:** Can the Government advise who are the members of the Social Insurance Advisory Committee under section 31 of the Social Security Insurance Act, and when did they last meet?

Clerk: Question 182. The Hon. R M Clinton.

1715 **Hon. R M Clinton:** Can the Government advise the date of the last actuarial report prepared under section 30 of the Social Security Insurance Act, and what were its recommendations?

Clerk: Answer, the Minister for Social Security, Economic Development and Enterprise.

1720 **Minister for Minister for Economic Development, Enterprise, Telecommunications & the GSB (Hon. Sir J J Bossano):** Mr Speaker, I am informed that the figures for 1st June 2021 are not yet finalised. The figures for May are gross debt, £697.7 million; aggregate debt, £677.7 million; cash reserve, £35.3 million; and net debt, £642.4 million.

1725 The balance of the General Sinking Fund on the requested dates is the same as at April 2021. The balance on the Statutory Benefits Fund on the requested dates is as follows: 31st March 2021, £6,389,687. This figure covers the 2019-21. The fund was not closed in the intervening period.

1730 No one has been requested to increase their voluntary Social Insurance contributions. The members of the Advisory Committee appear to be a Mr Baldorino, Mr Smith and Mr Abecassis, and a chairman who is not named. The last meeting was held on 1st June 1960. *(Laughter)* Twelve years before I joined Parliament. *(Laughter)*

1735 The last actuarial review was carried out in March 2000 and a report produced in March 2007, which apparently was not made public. A limited review was carried out in November 2014, but it did not carry out projections of contributions income and therefore it did not meet the legislative criteria for an actuarial review.

Hon. R M Clinton: Sorry, Mr Speaker, will you just indulge me while I go through the Hon. Minister's answers?

1740 Turning to the balance on the Statutory Benefits Fund, in answer to Question 179, if I recall, I think it is significantly higher than it has been in the past. With the increase in the SI, does he have a projection as to how much the fund is set to increase for the coming year?

1745 **Hon. Sir J J Bossano:** Perhaps if I explain to him how it functions he may understand that this is not necessarily going to increase. What happens is that the fund gets into deficit during the year and the deficits are covered by advances from the cash reserves, and then the close of the year is when the Government makes the payment which is voted by Parliament, and therefore it goes up on 31st March and then starts declining on 1st April. This may change this year as a result of the increases that I announced, but I am giving him what has been happening in the past.

1750 **Hon. R M Clinton:** Yes, Mr Speaker, I think I understand. The Minister is saying it is really a question of timing as to when you draw the line, yes?

In terms of his answer to Question 180 in respect of the voluntary contribution increases, he may correct me if I am wrong but I think he may have said in his Budget contribution a number of 232 – if he can confirm that. If I remember correctly, he did say that there will be some kind of

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consideration given to those who might be financially finding it difficult to meet those increases. Could the Minister confirm if what I have just said is correct, and is he considering perhaps writing to those individuals to advise them of that possibility?

1760 **Hon. Sir J J Bossano:** Obviously, I will not be doing it, it will be the officials in the Department. The hon. Member asked me to look into it, and as a result I have asked the Department to identify the 232 and maybe give me advice, in the light of their investigation, if there are people who are going to be affected in a way which we think needs to be rectified. But, as I have made clear, people need to understand that the 232 who are making the voluntary contributions are actually
1765 making the best investment they could ever make, because the return on the £15 was 22% and the return on the increased payment, which is what the people who are working pay, is a 9% return. The result of paying that extra is the equivalent of a 9% return in terms of how much higher their eventual old age pension will be. The best return that is available in Gibraltar for a pensioner is 5% in the Savings Bank, so this is a very good return even at the new rate. It is a matter of making sure that ... People who put the money in because they could afford it may now have a problem in affording it, and I think in particular there may be cases – I do not know whether there are or not because I do not know who is involved and I do not know ... I did mention that the information that they worked out for me showed that you could get the money back very quickly, depending on how many normal Social Insurance contributions you had already paid. These are not people
1775 who have not paid anything; these are people who may have stopped working, maybe, and they want to carry on paying in order to get a bigger pension. Clearly, if you have paid very little, the impact of the new one is so big that you get your money back within nine months, and if you have paid a great deal then it takes a few years. In all the cases, having looked at all the possible permutations, it is quite clear that it still is a worthwhile investment if you can afford it, but it is only at the expense of everybody else, clearly, because the Social Insurance Fund is intended to be self-financing, so by definition if somebody pays less than they take out, somebody else must be paying more than they take out. Of course, if there are 15,000 contributors and only 232 who are voluntary contributors, then the cost to the remaining contributors is minuscule, but nevertheless it is a cross-subsidy from within the fund.
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1785 **Hon. R M Clinton:** Mr Speaker, I am grateful to the Minister for what he has just said. If I can just pick up on his very last point about the cross-subsidy, as he is aware, the amount that it went up to, which was the £36.30, is the same as the maximum an employee would be paying on the maximum, but, as he is aware, that £36.30 which is contributed by an employee is actually split
1790 60/40 – 60% GHA, as far as I recall, and 40% Statutory Benefits Fund. So, where is it that he thinks there is a subsidy coming in, when you could argue that in fact the voluntary contributions are now paying the subsidy, since they are actually meant to be paying the Statutory Benefits Fund, whereas those in employment are in fact paying 60% towards the GHA?

1795 **Hon. Sir J J Bossano:** Mr Speaker, it is not 60%, it is 70%, actually, but it is not 70% of the £36, because it so happens that the combined 100% is ... 70% goes to the GHA and the proportion that the employer pays is 70%, de facto 100% of the employee contribution goes for the pension and 100% of the employer contribution goes to the GHA. If you join the two, then 70% of the combined, which happens to be the same amount in money as 100% of the employer, is the one
1800 that goes to the GHA. So, the proportions of employer and employee in fact mean that, in cash, 100% of what the employee pays goes to pay for his pension and 100% of what the employer pays goes to pay the GHA.

1805 **Hon. R M Clinton:** Mr Speaker, I think Sir Joe missed his vocation – he would make a very good accountant. Of course, where you draw the line is totally arbitrary. It just happens to be, as he did say, coincidence, but in fact there is nothing – that I am aware of, at least – in writing that says

that is what it is meant to be. So, you could argue it any way you wanted, really, in terms of the attribution. If I am wrong, I am happy to be corrected.

1810 **Hon. Sir J J Bossano:** There is nothing arbitrary but it is deliberate, Mr Speaker. That is to say the proportions have been changed to deliberately arrive at that situation because, as I have mentioned on many occasions in the past, the judgement of the Government is that, the way the present Social Insurance Fund is structured, we have a huge, pending problem in the future – which I do not call a ticking time bomb – and we believe it needs to be addressed. How we address
1815 it depends on how much flexibility we have in addressing it, which depends on whether we do a deal on the question of Schengen and whether that deal on the question of Schengen has any repercussions on any obligations in terms of community nationals paying insurance in Gibraltar.

The problem fundamentally is a very simple one, in that our insurance system in 1973 and today, which has not changed, says that if you want to get a full pension you work in the case of
1820 40 years, which makes it easier to illustrate, and the minimum pension is one quarter, and for that you have to pay 10 years, which is one quarter of the 40-year lifespan working. So, if you pay for one quarter of your working life, you get one quarter of the pension. If you pay less, you get nothing. Somebody who comes in from the European Union under community law has to be given a credit for every year, provided he has done one year here, and therefore it means that since – I
1825 have told the House on many occasions – we have a turnover of 6,000 people a year and we have been 43 years in the European Union, all those thousands of European nationals who have worked here are entitled to one fortieth of a pension if they are male, or one forty-fifth of a pension if they are female, and we do not have the resources to work out what that amounts to. We have been trying to computerise the system since 2011 and it is still not completed, but it is a massive
1830 exercise.

So, clearly, when we are free of the European Union we will be able to do something that is more sustainable than what we have got today. Moving in that direction, what we have been doing, on my advice, has been to make the proportions finish up where they are today. The share was not that in the past, so we have been increasing the share that went to the GHA so that it will
1835 take up 100% of the employer, which makes it easier to be doing something in the future which can separate the Social Security side from the GHA side. We are in the very early days of that process because there are so many unknown elements that it is not realistic to try and produce something that will survive better into the future than the attempts that we made in the past. The first time it was the withdrawal of the Spanish labour and now it is the rights of EU nationals who
1840 are no longer coming in.

Hon. R M Clinton: Mr Speaker, I am grateful to the Hon. Minister for his explanation.

Just turning, finally, to the last two questions, Questions 181 and 182, it would be obvious, I
1845 guess, that the Social Insurance Advisory Committee has fallen into abeyance, (*Interjection*) and I would welcome the Minister's thoughts as to whether he would consider its function in any future reform of Social Security as he has just alluded to.

Secondly, in respect of Question 182, in respect of actuarial reports, can he give an indication of what any recommendations could have been, although I can imagine that if the last actuarial report was in 2014, it would have made for good reading regardless. I would be grateful for the
1850 Minister's thoughts.

Hon. Sir J J Bossano: I think what I will recommend to the Government is that we amend the legislation and remove things that are statutory requirements, which, in the case of the first one ...
1855 Clearly, it was done in 1955, probably to get advice on launching this thing, and in spite of the number of reviews that there have been to the laws of Gibraltar, nobody has noticed that it was there until the hon. Member came along. That is the explanation for that one.

I think the other one, frankly, is spending money, which is a waste of time and money because we know that we need to change what we have got, and therefore to pay somebody to tell us

1860 how much we need to increase if it was not changed is not something that makes sense. The reports I have seen in the past are not rocket science. They just made estimates of what will happen if the workforce increases and what will happen if the workforce does not increase, what happens if you raise contributions every other year and you raise ... What the actuary does is put a series of possible options that legislators or governments may take, and then he tells them, 'If you want to do that, you will have to raise contributions by so much.' The underlying assumption
1865 all the time is that the fund is supposed to be fully funded by the contributions of the beneficiaries, because otherwise you would not need an actuary to advise you what your future liabilities are going to be, but we are at a point in time where the future liabilities could be one thing or another, depending on how we come out of these future negotiations. Obviously, as both the Leader of the Opposition and my colleague have said, if the view of the EU is the one that we have read, then
1870 all I can say is come back Margallo, all is forgiven.

Mr Speaker: Next question.

Q183/2021
Disability benefit –
Applications

Clerk: Question 183. The Hon. D A Feetham.

1875 **Hon. D A Feetham:** Mr Speaker, will the Minister with responsibility for disability benefits please provide the breakdown he undertook to provide at the last session of this House in response to supplementary questions to Questions 9-10/2021?

1880 **Clerk:** Answer, the Hon. the Minister for Social Security, Economic Development and Enterprise.

Minister for Economic Development, Enterprise, Telecommunications & the GSB (Hon. Sir J J Bossano): Mr Speaker, I now hand over to the hon. Member the information which I understand is what he required in the supplementary. I think, once he looks at it, if he tells me that it is not what he was looking for and lets me know what he is looking for, I will try and get it for him.
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Hon. D A Feetham: Whilst that goes on, Mr Speaker, I have noticed that there is an error in *Hansard*. Essentially what happened here was that I asked a question, it was statistical in nature, I invited Mr Speaker to continue and then, if appropriate, come back. Mr Speaker agreed with that. The questions were questions that were answered by Minister Balban, and when we came back *Hansard* reflects that the answers to the supplementary are given by Minister Linares, which is incorrect, it was Minister Balban who provided the answers, so *Hansard* needs to be corrected. It was a long schedule of statistical information, which I will analyse.
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1895 **Mr Speaker:** There should only be two – (*Interjection*) Copies for the rest of the Members, right.

Hon. D A Feetham: Perhaps we can continue with the next question and I will come back to it whilst I listen to the question of my hon. Friend.
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Mr Speaker: Next question.

Answer to Question 183

51 Applications remain Underdetermined

4 Pending cases undetermined from 2019

Applicant No.	Date of Application	Outcome	Reason
1	09/09/2019	Pending	Seen by the panel on 20/04/2021 - Determined
2	03/10/2019	Pending	Seen by the panel on 03/03/2021 - Deferred - need updated GHA Notes
3	31/10/2019	Pending	Seen by the panel on 03/03/2021 - Determined
4	13/11/2019	Pending	Seen by the panel on 03/03/2021 - Deferred - need updated GHA Notes
5	18/02/2020	Pending	
6	06/03/2020	Pending	
7	10/03/2020	Pending	
8	16/03/2020	Pending	
9	03/05/2020	Pending	
10	23/06/2020	Pending	
11	08/07/2020	Pending	
12	09/07/2020	Pending	
13	23/07/2020	Pending	
14	03/08/2020	Pending	
15	04/08/2020	Pending	
16	14/08/2020	Pending	
17	14/08/2020	Pending	
18	14/08/2020	Pending	
19	17/08/2020	Pending	
20	15/09/2020	Pending	
21	25/09/2020	Pending	
22	05/10/2020	Pending	
23	14/10/2020	Pending	
24	15/10/2020	Pending	
25	19/10/2020	Pending	
26	30/10/2020	Pending	
27	04/11/2020	Pending	
28	06/11/2020	Pending	
29	16/11/2020	Pending	
30	03/12/2020	Pending	
31	04/12/2020	Pending	
32	09/12/2020	Pending	
33	10/12/2020	Pending	
34	21/12/2020	Pending	
35	21/12/2020	Pending	
36	21/12/2020	Pending	
37	21/01/2021	Pending	
38	05/02/2021	Pending	
39	09/02/2021	Pending	
40	11/02/2021	Pending	
41	19/03/2021	Pending	
42	24/03/2021	Pending	
43	31/03/2021	Pending	
44	07/04/2021	Pending	
45	07/04/2021	Pending	
46	13/04/2021	Pending	
47	13/04/2021	Pending	
48	13/04/2021	Pending	
49	21/04/2021	Pending	
50	23/04/2021	Pending	
51	26/04/2021	Pending	

Q184/2021

**Women in receipt of state old age pension –
Numbers aged 60 to 64**

Clerk: Question 184. The Hon. K Azopardi.

1905 **Hon. K Azopardi:** Mr Speaker, how many women aged between 60 and 64 were in receipt of a state old age pension at 31st December 2020, broken down by those aged 60, 61, 62, 63 and 64 at 31st December 2020.

1910 **Clerk:** Answer, the Hon. the Minister for Social Security, Economic Development and Enterprise.

Minister for Minister for Economic Development, Enterprise, Telecommunications & the GSB (Hon. Sir J J Bossano): Mr Speaker, the numbers of female pensioners according to age on 31st December 2020 were as follows: 60, 223; 61, 280; 62, 282; 63, 297; and 64, 333.

1915 **Mr Speaker:** Next question.

Q185/2021

**Individuals on autism scale –
Support available to find employment**

Clerk: Question 185. The Hon. Ms M D Hassan Nahon.

1920 **Hon. Ms M D Hassan Nahon:** What policy does Government have in place to support individuals on the autism scale to find employment?

Clerk: Answer, the Hon. the Minister for Social Security, Economic Development and Enterprise.

1925 **Minister for Minister for Economic Development, Enterprise, Telecommunications & the GSB (Hon. Sir J J Bossano):** Mr Speaker, as I have previously explained on numerous occasions, all persons with disabilities – which includes autism, but there is nothing specific only for autism – which reduce the ability of the person to obtain employment are supported by agreement with employers so that the first year of employment is at no cost to the employer. When we identify suitable employment, in order to encourage the employer to give preference to somebody with a disability, be it autism or something else, we pay the first year's salary and then the employer takes over the cost.

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1935 **Hon. Ms M D Hassan Nahon:** Mr Speaker, I thank the hon. Member for his answer. If, for example, there were – because I have had various representations – people with autism, many times high-functioning and just needing that extra support, and they were actively looking, where would the Minister tell me to tell those constituents to go, in order to help them secure employment under these circumstances?

1940 **Hon. Sir J J Bossano:** The individuals we assist are identified in the process of them coming to look for work. I have somebody in my office, who is doing a very good job. He does a very good job because the job he is required to do at reception ... although it differs for people with different conditions, but it is an environment that is not drastically changing in any way, and I think that is

1945 one of the issues that helps people to be able to work in a normal environment, if we find a job that is not in conflict with their skills.

1950 In identifying employment, we work together with employers. If we find there is no way that we can help the person to have employment in the normal jobs market, then eventually we have the Supported Employment Company, which is where we have, in effect, failed to put them in a job. The level of work that they are capable of doing is something that emerges from the fact that we give everybody who comes to ask for assistance through the training schemes an interview. We help them to do their CVs and we have somebody asking them what they can and what they cannot do. Usually, if there are people who have disabilities, they come with family members, who help us understand what it is, and then, in the knowledge that we have of what employers are looking for, we try to place them in a job and we basically make it financially attractive to the employer by delaying the cost to the employer by 12 months. At the moment, that is what is in place.

Q183/2021
Disability benefit –
Supplementary questions

Hon. D A Feetham: The Hon. Daniel Feetham has some supplementaries.

Hon. D A Feetham: Mr Speaker, thank you very much.

1960 Returning to the question that I asked, there were 51 applications that were undetermined last time round when I asked the questions. Now we have a list, and all of them, except two, are still pending. There are some that are still pending. Some date to the end of 2019, but some at the beginning, as well, of 2020. What is the Government doing in order to deal with what is a significant backlog in applications for disability benefit, bearing in mind that this is a benefit that is often needed by those who apply and there are people who are going through hardship as a consequence of not receiving the benefit?

Minister for Economic Development, Enterprise, Telecommunications & the GSB (Hon. Sir J J Bossano): I need to say two things to the hon. Member: I have been dealing with this for two weeks; and the second thing is that this is the answer that was prepared for him when he asked the question, so it does not necessarily mean ... I do not think anybody has updated those figures for today, because if he looks, the date here that says 'Seen by the panel – Determined' is in April, which was around the time he was asking the question, I think. It may be that the list has now been reduced, but now that he has brought it to my attention I will see what can be done to improve the situation and I will let him know what success I have.

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1985 **Hon. D A Feetham:** Mr Speaker, we have asked a lot of questions about disability benefit. It is important, obviously, to the people who are affected. I just get the feeling, I have to say, that the Government makes it up as it goes along in relation to this. When I have asked questions in the past ... For example, when Mr Licudi was the Minister responsible for this and I asked about the qualifying criteria for disability benefit, and I pointed out that in fact I had documents in my possession where these panels kept coming up with different definitions of which disability qualified, which I found surprising to say the least, he then said to me, 'We are conducting a review in relation to this.' I do not know what is going on with that review. I have asked in the past and the Government comes back and says, 'We are still looking at it.'

Now I ask this question. I know that the Hon. Minister has only been in post two weeks, and it is not a criticism of the Hon. Minister personally, but of course he is responsible for his Government, and there is continuity here. I asked the question and surely the Government should

1990 have come prepared with an up-to-date position. If this is the position as at when I last asked the question ... I hesitate to ask will he undertake to provide me with an up-to-date position, because I asked the Minister, Minister Balban, last time round. He said, 'I will provide it,' and I have had to ask the question in this House again in order to get the information that the Minister undertook to provide to me. I am not saying it is a legal undertaking or anything, but the Minister did say that he was going to provide this information.

1995 Therefore, does he not agree that the Government needs to step up to the plate in relation to this and needs to really focus on this once and for all and deal with the issues that have been raised in this House about disability benefit?

2000 **Hon. Sir J J Bossano:** I think the hon. Member needs to understand the exponential increase that there has been in this particular element of the Government since 2011. The numbers applying and the numbers receiving and the cost of this, I think, has seen one of the biggest increases in the whole budget of Government. I think part of it is the change in the definition that was made at one stage, where it is not defined as something that is related to a particular illness but how that illness may affect a person in coping with his needs. Therefore, you can have two
2005 people with exactly the same condition and one copes better than the other, so the one who copes better does not get the help, as I see it. Maybe we need to re-examine the change that was made, with the best intentions, is really ... I can understand that if somebody sees somebody next door with exactly the same problems but coping less well being helped, then it must seem that there is something wrong with the system because, from the person's point of view, presumably
2010 the help is because of the problems he has had, not because of how successful he is in overcoming them.

Obviously, I will devote as much time as I can to see what we can do to improve the situation. When I have something to report, I will let the hon. Member know without having to wait for his question. I will let him know how it is going.

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Hon. D A Feetham: I will frame it in terms of a question: does he not recognise that the answer that he has given me actually goes to the heart of what is the problem, in my view? That is that the hon. Gentleman has alighted on the definition of disability, what is 'disabled' for the purpose of qualifying for this benefit. The problem that we have with this is that different panels essentially
2020 look at the different criteria and come to different decisions, even if it is the same illness or the same disability affecting a person in exactly the same way. That is the problem that we have here, and that is why I suggested to the Hon. Minister that perhaps either the definition of disabled for the purpose of the benefit is actually set out in the statute and is very clear, and with the criteria underneath, if necessary, and these panels' attention is then drawn to the statutory definition; or,
2025 alternatively, there is a guidance note that is issued by the Government with a detailed explanation of what 'disabled' means for these purposes. That then deals with the situation, because, at the moment, the problem we have is that different people are treated in different ways, and it really is extremely unfair to those who are unsuccessful; those who are successful will not complain.

2030 Also – again, I will frame it as a question – will he not agree that this is also an area where there could be cross-party work between the Government and the Opposition? Certainly from this side of the House we are quite prepared to meet with the hon. Gentleman and essentially pinpoint what have been the problems by reference to examples and how we think the legislation could be improved.

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Hon. Sir J J Bossano: I am not going to comment until I know more about this. I will get back to the hon. Member when I feel that I know as much about it as he seems to know.

Chief Minister (Hon. F R Picardo): Mr Speaker, if I can be of assistance, one of the things that
2040 has become very clear to me and one of the things that I am working on at the moment, unrelated

to disability benefit, is how issues of disability that each Department deals with – in other words, not issues to do with payments, which is what the hon. Gentleman is talking to the Hon. the Father of the House about, which is the responsibility of the Father of the House and which the Father of the House has answered, but issues that other Departments deal with. For example, the Ministry of Transport deals with the disability permit and the Ministry of Housing deals with the housing issue. All of these things, we feel, are not joined up enough and we need to join them up in a different way.

Some of the work that the Little Smiles group has been doing and has been brought to the attention of the Government is designed to try and make the process for the parent of a child with disabilities, or the next of kin, guardian or parent of the adult with disabilities, or indeed the person with disabilities in certain circumstances, who needs to engage with the Government ... They should only need to engage once – a benefit is something slightly different, but when it comes to engagement with the Government – so that you do not have to go round the houses to ensure that you are getting the things you need. That is some work that we are already very advanced on and I hope to make an announcement quite soon. I also expect to be able to brief the Hon. Mr Bossino when we first get together, perhaps before we are a Select Committee, but just to exchange views, because I think, on that, there is much that we can improve.

We think that we have improved the service that each of the Departments give to people who have disabilities, but we think that we can further improve things by joining up access to those different ... I say 'benefits' without the word meaning payments, but with all the different things that Government does and facilities that we give to disabled people without requiring them to fill in the form that requires the information as to disability etc. on a per Department basis. This should happen once. The Government should then have the information and the Government should be providing, through its different Departments, the assistance that the family of a disabled person needs, and not ... Some families of disabled persons do not know about a particular help that is given by a particular Department, whilst what should happen is that the Government should bring all of these facilities together and make them available to people who have a particular disability that would benefit from what we do in other instances.

I hope that work will see the light of day very soon, and I hope hon. Members opposite will welcome it and that we can, as I indicated during the course of my Budget address, deal with these issues in a less partisan way going forward, as many mature democracies do, where they do things not on a party-political basis.

ADJOURNMENT

Chief Minister (Hon. F R Picardo): Mr Speaker, given that hon. Members are indicating that they do not wish to ask anything else, I would propose that the House should now adjourn until tomorrow at 3.30 in the afternoon.

Mr Speaker: I now propose the question, which is that this House do now adjourn to Thursday, 29th July at 3.30.

I now put the question, which is that this House do now adjourn until Thursday, 29th July at 3.30. Those in favour? (**Members:** Aye.) Those against? Passed.

This House will now adjourn to Thursday, 29th July at 3.30 p.m.

The House adjourned at 6.39 p.m.