

**13. Social Affairs Policy Review Committee –
Implementation of the Abortion Reform Act 2019 –
Second Report 2020-21 received**

The Chairman of the Social Affairs Policy Review Committee (Ms Edge) to move:

That the Second Report of the Social Affairs Policy Review Committee for the Session 2020-21: Implementation of the Abortion Reform Act 2019 [PP No 2021/0136] be received.

6140 **The President:** Item 13, Social Affairs Policy Review Committee. Chairman of the Committee, Ms Edge, to move.

Ms Edge: Thank you, Mr President.

6145 The Abortion Reform Act was in many ways a success story for this Hon. Court. It was consulted on in 2017; it went through the Branches in 2018; it received Royal Assent in January 2019; and it went live in May 2019. It just shows what we can do as a legislature when we put our minds to it.

6150 On 12th March this year, the Social Affairs Policy Review Committee issued a public call for evidence to find out what effect the Act was having in the outside world. First, the good news. We were very pleased to receive the email at Appendix 2 in our Report. It is from a lady who had had an abortion here on the Island. She wrote: 'The main doctor who dealt with me and my abortion was utterly amazing, it was done with little appointments up the hospital. She gave me many options and so much support and help. Never once did I feel ashamed or embarrassed. The team were amazing and I am truly grateful for the help I managed to get on Island, especially in the beginning of a pandemic.'

6155 I would like to thank her for taking the time to write to the Committee and for her bravery in telling us her story. I would also like to pay tribute to the doctor and the other people in the Island who supported her through what must have been a very difficult time.

6160 Mr President, we do not know how many abortions have been carried out in the Island under the new Act. The Department of Health and Social Care has not published any figures on this. However, the British Pregnancy Advisory Service told us that, since the Act came into place, the number of women in the Isle of Man seeking advice has gone up. In 2019, it was 197; and in 2020, 181. But the number travelling to the UK to use the services has fallen away. It seems likely that a lot of women who have consulted the British Pregnancy Advisory Service in the past two years will have ended up accessing the new on-Island services.

6165 So, on to the good news. The other side of it, Mr President, is that a lot more could be done. The British Pregnancy Advisory Service and the British Society of Abortion Care Providers have made it clear to us that there is a lot of unexploited potential in our Act. Some of that will take time to develop, but in the immediate term what I really want to focus on is the issue of publicity.

6170 In the Committee we were all very struck by the email we received from Lynn Dawson. She is one of the people on the Island who campaigned so hard for a change in the law. She wrote:

There are no leaflets available explaining the service, what is available and how to access it ...

There are no posters ...

A google search for the service brought up ... nothing from the Isle of Man department of health, which is supposed to be running the service.

The telephone number is not listed on the page devoted to Women and Children's Services.

A search of the department page showed that the number is available in a news item from May 2019 but has not been added to any of the services that women might try to access it through.

This is a truly shocking indictment of the Isle of Man department of health and its treatment of women.

Mr President, I agree with Lynn Dawson that it is shocking and I think that the Minister should be shocked too. I hope that the press will report on this debate and I would like it to be a chance to get the word out that you can now get an abortion on the Island. If anyone listening to this wants to find out more, the number to call is 642521.

6175 Mr President, we have not made any recommendations in our Report, but our conclusion is clear: there needs to be much better public information. I hope that the Minister will contribute to this debate and agree with us, and publish these services.
I beg to move, Mr President.

6180 **The President:** Hon. Member for Garff, Mr Perkins.

Mr Perkins: Thank you, Mr President.
I beg to second and reserve my remarks.

6185 **The President:** Hon. Member for Ramsey, Dr Allinson.

The Minister for Education, Sport and Culture (Dr Allinson): Thank you, Mr President.

I would like to thank the Committee for their hard work, for the evidence they gathered and for the way they handled what is a very sensitive matter. I would like to thank them, but I cannot, because I was shocked by the paucity of this Report.

6190 This is an ideal chance to see how an important part of social policy has been enacted on our Island, and what we have in front of us is 34 lines, 19 of which came from the Campaign for Abortion Law Modernisation. Their only conclusion again is based on what they were sent. But the Committee did not go out to ask for evidence from people like the Department of Public Health, the Department of Health and Social Care, the doctors who were praised for doing the actual work themselves, or the nurses involved in that.

6195 The email from the user that the Chair has read out is quite moving, but it does not reflect the *true* nature of abortion services on the Isle of Man. As the Chair said, we still do not know exactly how many women are accessing this service. Last week on 10th June, the United Kingdom published their latest data. What they have shown is that the number of women registered on the Isle of Man who are accessing services in the United Kingdom has decreased from 95 in 2018, down to 11 in the last year. But what we need to know is why those women have still had to go across: is that by choice, or is that by lack of services here?

6200 So, on contacting the Director of Public Health, she has committed to publishing a report next month to show those figures, to show the demographics, because part of our legislation was to get the data so we could compare the provision of *our* services with that in the United Kingdom.

6205 What is also lacking from the Report is further work looking at how, once we have developed abortion care services, we can remove some of the stigma by having an integrated sexual health service which would combine abortion services, if necessary, family planning services and GUM services, but also look at dealing with other aspects of sexual health such as the menopause
6210 **(A Member:** Hear, hear.) and giving specialised advice to women where often they cannot find that from other aspects.

So I am disappointed in this Report for that, although I do find that their conclusion is absolutely valid. I am still getting reports that women are accessing the Abortion Support Network, a charity set up for those jurisdictions that do not have abortion services to give advice. That should not be the case and I would like to ask the Minister for Health and Social Care if he will give a commitment to publicising this service again, as it was right at the beginning. But obviously we need to keep that going because this is a service that women and people who are pregnant will only access when they need it. They expect it to be there and sometimes obviously they are having problems finding it.

6215 The other aspect of this Report is the idea of post-legislative scrutiny. I personally think that is really important. I would like to see Tynwald Committees, when we pass important bits of legislation, just programme in, in a year or two's time a bit of work to see if they are actually delivering on what we intended to do. For instance, the Hon. Member, Mr Peake spent a huge amount of time crafting the Safe Access Zone part of this legislation, one of the first in the British Isles. I know that one has been established round Noble's Hospital, but I would like to know
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whether that works, whether we need to change that, whether it has been effective, whether there have been any challenges to that. This Report does not say that, but that would be really useful for us to move forward.

6230 The other aspect of it is that as this administration and as this Tynwald we have passed some really important bits of legislation: the Sexual Offences Bill, the Domestic Abuse Bill and the Justice Reform Bill. There are parts in that which are really key social policies. At a weekend where we celebrated Pride for the first time on the Isle of Man, I would love to know about the pardons for historical homosexual offences and how that is progressing. And, once it is progressing, how many
6235 men or women have actually taken use of that? I would like to know in a year or two's time in terms of domestic abuse, has the legislation that we have passed been delivering? How many convictions have we had? In terms of strangulation, how many people have been convicted of that as a separate crime?

This is an important part of the way we work. The Hon. Member for Ramsey, Mr Hooper and
6240 Mr Thomas spent huge amounts of time going through bits of legislation line by line, which is incredibly important, and I thank them for that. But we as Tynwald must then check that the words we put on paper are made into actions.

So with that, Mr President, as I said, the Report is what it is, but what I would like to see is us, as Tynwald, taking on board the post-legislative scrutiny in a much more organised way; and
6245 making sure that we, as parliamentarians, ensure that the legislation we pass delivers what we want it to do for the people of this nation.

Thank you.

The President: Hon. Member, Mr Ashford.

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The Minister for Health and Social Care (Mr Ashford): Thank you, Mr President.

Post-legislative scrutiny is welcomed to ensure the benefits and purpose of our legislation will be fully realised and continue to be evaluated for its success and public benefit. I have not often been accused of being diplomatic, Mr President, but I will be diplomatic on this occasion and say
6255 that actually the Report was, should I say, a bit shorter than I was potentially expecting. It came off the back of a letter from the hon. mover of the Bill, Dr Allinson, and supported by myself as Minister as well. It is not often a Committee gets the opportunity of a Minister saying, 'Yes, come and scrutinise us, tell us what is happening in our services and go out there and get the evidence.'

So I will just say I was a bit surprised that it was not a bit more in-depth and did not expand out
6260 a bit more within the service. So I am going to use the opportunity, Mr President, to say where we are currently with the service and where we are going to, to try and give some of that depth to Hon. Members, so Hon. Members in the Court can have an understanding of that.

Manx Care have been reviewing the service and Manx Care would have been able, or DHSC, to say that to the Committee if we had actually been approached to give evidence. We are in the
6265 process of relaunching access to the service as a consequence of that review, including GP education, which is the main referral route into the service.

Manx Care, with DHSC support, will also prioritise the need to more widely publicise access to the services being available beyond primary care standard referrals. So this does include publicising more widely the relevant contact numbers and also online signposting as well. I
6270 understand what he said about leaflets, but not everyone wants leaflets, Mr President, some people worry, even in the more secure areas, about being seen to pick up the leaflet. So there needs to be the ability to have that online signposting as well, where people can do it discreetly in their own homes if they so wish.

Data is key to this. Public Health has the statistical analysis and, as Dr Allinson has already stated to the Hon. Court, Mr President, the Director of Public Health has committed to publishing
6275 that, so that will become available.

I am content that the Department of Health and Social Care, and now also with Manx Care, will continue to progress the need for flexible and responsive healthcare provision for integrated

6280 women's reproductive health in a more holistic manner. That is exactly what we need to do. As
Dr Allinson, Hon. Member for Ramsey has just stated, it needs to be integrated. (**A Member:** Hear,
hear.) We have got to stop looking at services in isolation. We need to be able to develop a suite
of services that are interlinked, rather than just referring people on and on round different types
of services. So, for instance, Manx Care has recently finalised the triumvirate, so medical nursing
and management structures started in the preceding 12 months, with the establishment of a
6285 Women, Children and Families care group, which is a huge step forward from where we were. This
includes abortion services, family planning and genito-urinary medicine (GUM), which will also
create better opportunities to pool resources and expertise in order to develop a service model
that streamlines the services moving forward.

6290 So this includes further work in respect of community-based provision in line with the
recommendation from the Report, but the availability of purpose-built facilities as well to manage
a wide plethora of sexual health services, which will need to be explored as part of the Public
Health's wider sexual health strategy development. The Report also confirms that abortion care
should be based on a nurse/midwife-led model, and Manx Care in their service model redesign
will consider the appropriate quality assurance service approach.

6295 I can confirm this is already recognised practice that women have a genuine choice between
medical and surgical methods. Manual electric vacuum aspiration is also already incorporated into
abortion services so that Manx women have access to on-Island, first-trimester surgical abortion.
This change was made in the last 12 months, initially as a result of COVID, but all women have a
choice and the majority, 99%, decide to receive care on Island. The option for off Island will remain
6300 for choice and risk assessment.

So, in summary, Mr President, I would like to thank the Committee for their examination of
this service, and I am grateful for the opportunity today to be able to put some more meat on the
bones for Hon. Members in this Court and also outside; and to also confirm the Department's
commitment to continued improvement in what is an essential service for our local community.

6305 As Dr Allinson said before, Mr President, it was a hard-fought-for service. It was fought hard
for by Hon. Members in this Court. We all remember the reaction from certain areas of the
community and certain areas that were not part of our community but decided to come over and
become part of it. So it was very hard-fought-for, and it is important that we do move this service
forward and we should be proud that this was the Tynwald, the Branches, that moved this forward
6310 and brought this modernisation to our Island.

The President: Hon. Member, Mr Hooper.

Mr Hooper: Thank you very much, Mr President.

6315 I think, like the previous two speakers, I am quite disappointed in this Report. It seems to really
focus on comments around only one issue that was raised, that promotion and awareness around
abortion services on the Island. The Report makes no reference to the other submissions that
actually touch on some really important pieces of information, much broader issues that actually
speak to the implementation of the Abortion Reform Act.

6320 Interestingly as well, which has not really been touched on, is I am not convinced that much
critical thought has actually been applied to those submissions. So the BPAS submission that has
really been referenced – the British Providers of Abortion Services – makes it clear that there has
been a reduction in Manx residents travelling to the UK. They say that:

In 2018 and ... 2019, it can be expected that this was as a result of an inability to travel.

But then it very importantly says:

In the second part of 2019, 2020 and 2021 this can be seen to be the direct impact of formal on-Island provision.

They are saying, actually, something is working. They then go on to say:

Since the change in law, we have seen an increase in the number of women receiving consultations. We have also seen a sizeable change in the funding route used by these women – and in 2021 have not yet provided a consultation to a Manx resident who has opted to self-fund.

6325 So what this indicates is there may very well be some issues around publicity and signposting on Island, but the evidence would seem to suggest that since the change in law *something* is working. The need for off-Island services has drastically reduced, at least according to the evidence submitted by BPAS.

6330 I would like to know from the Committee why they did not follow up on this. That seems to be a really important question that should have been asked to say actually one of the submissions, one of the evidence pieces you have collected, indicates that whilst publicity might be a concern – which it has indicated as a concern in all the evidence that is provided – actually, there is also evidence to suggest that something is working quite well. And there does not appear to be any comment on any of that inside this Report.

6335 The submission from the British Society of Abortion Care Providers, which describes itself as:

... the principal, authoritative Society for health professionals working in abortion care in the UK, its Crown Dependencies and its Overseas Territories ... and is a specialist society of the Royal College of Obstetricians and Gynaecologists.

Almost entirely ignored, that submission. Some mention was made of it in the opening remarks but the Report itself is absolutely silent. This Report concludes that:

Our general impression is that the progressive components of the 2019 law are to some degree underutilised. This means that, in effect, Manx women are not receiving the full extent of benefits of the liberalised law.

6340 Not mentioned in the Report. That is quite a significant statement, I think, for this professional body to have made. They then go on to make some recommendations, one of which is about displaying more prominently information about services. But it then goes on to talk about abortion care needing to be delivered from a community-based sexual and reproductive health facility, basing it on a nurse/midwife-led model and making sure that women have a choice between medical and surgical methods. All this detail is quite important, actually. If this is not happening and the professional society is saying we should be doing this stuff, why has the Committee not drilled into this and asked some questions?

6345 It was great to hear the Minister talk about some of this, but it is a Committee's job to unearth these things and actually if you are going to do an inquiry and a report you may as well do the inquiry properly.

6350 One thing that was quite concerning for me is the British Pregnancy Advisory Service talks about some of these concerns about community-based provision, but one element of the current provision they describe as 'not part of best practice care', and this is around blanket requirements to undergo an ultrasound scan in respect of home abortions. Now, I do not know whether this is an accurate claim or not, because the Committee has not mentioned it, just ignored it. If I am sitting on a committee and someone in evidence had suggested to me that one element of our healthcare service was not following best practice, the very least I would have done is asked the Department that question: 'Can you just validate this? Can you tell us what are you doing in this space?' Especially when the 'best practice' they are talking about is best practice issued in guidance by the Royal College that I have already referred to. So again there is something of concern in here.

6360 So, for me, the recommendation is what it is, you cannot really object to more publicity, but actually I would like to know why the Committee did not make any reference to these issues, which are much broader and potentially much more significant, I think, than concerns around signposting; and speak much more to better delivery about service for the benefit of people who need to use it, especially when you have one of the professional societies talking about, actually,

6365 we might not be following best practice in one area. It is quite concerning to hear that from a professional medical society.

I was also going to ask if the Committee could advise what engagement there had been with the Department, but the Minister has again helpfully clarified that there has not been any, which again is a little bit strange, given the nature of this piece of work. So whether the Committee can provide some commentary around these recommendations and this evidence, that will be quite helpful. I suspect that we will not be able to do that, because it does require I think a bit more in-depth digging and a bit more thought. But really the fact that none of this was followed up, none of it is even referenced in the Report, not even in a passing comment that 'Some other concerns were raised and here they are.' Really, the Report basically says, 'Signposting is the problem'. But the evidence does not say that, the evidence says so much *more* than that.

6375 I think the comments that have been made previously around post-legislative provision have been quite well made. We rely on our Committees, Tynwald relies on its Committees to do the job we have assigned them to do and when they do not, which I believe is the case here, it is up to us to ask, 'Why not?'

6380 I really do think that this Hon. Court needs an explanation from this Committee, why they have decided to almost ignore some of this evidence that is quite meaningful. This matters to a lot of people and actually to brush through it like this, I just think is completely unacceptable.

The President: Hon. Member, Mrs Lord-Brennan.

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Mrs Lord-Brennan: Thank you, Mr President.

I do not know if anybody remembers but part of the motif of the Abortion Reform Campaigners was the *Handmaid's Tale*. In case you do not know, in case you have not watched it, it is about a centrally planned, patriarchal society. I listened with interest to some of the contributions I have heard in this debate and actually part of this makes me go cold and part of this makes my heart race with anger at some of the things that I am hearing, because there is a bit of a back story to all of this. I am grateful actually to hear the Chair for this Committee, who was written to by the original promoter and mover of the Bill, Dr Alex Allinson. She mentioned some very important words to me: 'Women and Children's Services'. So let's hear more of that shall we? That is what we should be hearing about and talking about here.

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6400 But to hear the criticism of that Committee saying they have not done enough leaves me completely bemused, actually. They have pulled something together, they put a public call for evidence out. It could have absolutely been within DHSC to put a submission in (**A Member:** Hear, hear.) to say what they have done. It could have been easily understood that it would have been of interest by the original promoter of the Bill and also by the Department undertaking the services, that they would take an interest in the operation of this because it was important and because it was sensitive.

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6410 So now I am hearing that some sort of short amount of evidence has come forward, that has the actual very advocacy group that was campaigning and pushing for this saying that they are concerned and that it is a sensitive area, and other submissions as well, and then to hear that be taken as somehow in all of this it is the Committee's issue that they have not done enough. But come on, we always knew that this was going to be difficult and it was going to be sensitive. In my mind, it is completely unacceptable that people are putting their hands up, particularly the people who are most involved in this, the DHSC and the people who wanted this Bill have just kind of gone, 'Oh, well, you know, actually, this is not good enough that the Committee has not come forward with these things.' It was always going to be difficult.

6415 I feel angry, because it was not like some of these things were not realised. Because earlier on I brought to this Court a motion to say what we needed to have was something that looked early on at post-legislative scrutiny of this Bill, and recognising that it was going to be difficult, and it is going to be difficult for people to speak up and to speak out – and that was *after* concerns were raised about the original, in some quarters, about how far the Bill went. But actually once that law

was passed everybody said, 'This is excellent. Great modernisation for the Isle of Man. What a triumph!' And then that was it.

6420 And that is the problem. Because, as legislators, we have a massive responsibility here for the things that we put through and this is just a circumstance where it was always going to be difficult and needed to be sensitively handled; and actually maybe instead of the previous attempts of this being resisted they should have been supported. I just think it is quite wrong now to blame the Committee when the other people involved could well have sought to find out how this was going to work out, because it was always going to be difficult.

6425 The other point I would say is that I stand by everything that I have submitted in my submission to this Committee. It might be hard to hear, but it is because I felt like it was important at the time when I brought it to Tynwald and said this issue is going to need to be looked at; it is going to need to be looked at about how it is going to work in practice; it is going to absolutely need to be looked at in terms of contraceptive services, in terms of reproductive healthcare, in terms of education –
6430 because you cannot just look at this end result of a woman deciding to go and get an abortion, when you are not prepared to look at the whole thing.

So that should have been taken up *really* seriously and, instead, we saw some kind of heralding of a brilliant, progressive Isle of Man going above and beyond on this particular area. I just find it, as a woman, so bizarre. More care should have been taken on this. I would further say that sort of what happened a little bit was, and this is reflected in the submissions from CALM – which we should absolutely be taking seriously and not dismissing those at all – is that they had campaigned for something that a Tynwald Member had taken up. I am sure that absolutely they thought there would be more progress than this. But what we need to be really careful of is that interest groups do not get co-opted for some type of other drive or need to champion, and on the face of it
6435 ostensibly achieve something, that underneath on the ground may not be working out. It is down to us all to watch out for that, how that bit on the ground underneath is working out after we pass laws.

So I just find it so odd to hear the things and how it has all come full circle now, to be actually saying it is not quite right what CALM have said, it is not quite right what the Chair of the
6445 Committee has said ... And actually, wasn't the whole point of this about hearing *women's* voices? Apparently, the women needed to have this fixed for them and then that is what was attempted, but then nobody wanted to hear about the bad stuff; and now it is pointing back to actually the advocacy group is not quite right and the Chair of the Committee is not quite right. I just find the whole thing makes me incredibly uncomfortable and really, the next time somebody speaks up like I did in wherever it was in 2019, saying, 'Careful, careful, *please* think about how this is going to work out in practice with this law. It is going to be sensitive and it is going to be difficult' ...

If you are in a position of power do not put the pressure on and say, 'Now, now, no, we will look at it in a few years' time,' because this is why we end up in this situation where we have a
6455 Committee being blamed for trying to solve something when actually it was somebody else's job to think about it in advance, and to listen and to try to solve it. So that is why it makes me cold, and that is why it makes me angry.

Thank you, Mr President.

The President: Hon. Member, Mr Thomas.

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Mr Thomas: I thank you, Mr President.

I wanted first of all to thank the Committee and the officers for having achieved something with this Report. In other words, they have collected evidence and they have published the evidence. We have to remember that we are talking here about a handful, perhaps a couple of
6465 handfuls of officers working inside parliamentary scrutiny versus 900 people who work in the Civil Service policy and legislation; and, with all the other pressures, I think it is actually a major achievement for the Committee and the officers to put this together with the most important

output as being publishing some very helpful submissions, which can then inform the discussion thereafter.

6470 The second point I want to make, and I feel uncomfortable saying this, in the same way that Mrs Lord-Brennan just described herself as being uncomfortable, especially having been complimented in respect of the attention I pay to legislation with a few others particularly in the House of Keys. I feel uncomfortable because I have been thinking that this Report and what has happened has made me very reflective on the nature of post-legislative scrutiny and what has happened in this case.

6475 So I just want to bring Members' attention to the fact that post-legislative scrutiny is not only a function of this Hon. Court or its Branches. Post-legislative scrutiny involves lawyers, because there might well have been legal action that needed to be taken into account. So in the UK, the Law Commission reviews the actual operation of laws and makes suggestions. Most importantly, 6480 post-legislative scrutiny involves Government. So essentially back in 2008, a Labour Party member and Minister, a doctor from London, had to remind the executive government across of that very fact. The Rt Hon. Harriet Harman actually took a document making the very point that government, the executive, was not doing its job well enough across in terms of post-legislative scrutiny. What she said in her introduction to an excellent document published in 2008, which 6485 transformed things, was that:

This document sets out the Government's approach to post-legislative scrutiny. We are grateful to the Law Commission for its thoughtful and considered review of this area which informed our response.

We are proposing in this paper that 3 years after a law has been passed, it is reviewed by the relevant Government Department and then by Parliament, to see how the law has worked out in practice. We hope this will have the effect of improving policy making legislation in the future.

6490 So the executive is very much involved in this. So therefore I find Mrs Lord-Brennan's submission, and in fact the Hon. Member from Ramsey's submission, very interesting. Because, basically, I can completely put myself in the shoes of Dr Allinson. But, to me, it reads slightly oddly that now a Minister in a social policy area and another Minister in the social policy area who sit together on the Social Policy and Children's Sub-Committee of Council of Ministers, report to the Policy Review Committee Chair that Public Health, which is in Cabinet Office, is just about to report on this issue, but we think it would be a good idea for you to engage and consult and actually report, and so on. Why not wait until the public health report comes through? Why not take advantage of the fact that in Cabinet Office we have an engagement team, a consultation team, 6495 consultation software – that Dr Allinson used brilliantly to get public consultations done for the original legislation, to actually engage the people. Why pass it over to the parliamentary Select Committee?

6500 So basically, I think we are in a very difficult position here. I do not think either side should actually be critical of the other side. What we need for women, and for households and families more generally, is we need the best possible legislation and practice in the Isle of Man. That is what we are all agreed on. Let's now try and use the forthcoming Public Health Division of Cabinet Office's report and the evidence that we have got here, to actually improve things for women and families and children – and, in fact, people more generally in this Island and elsewhere – taking into account the professional perspectives that Mrs Lord-Brennan and other submitters to this 6505 Policy Review Committee have clearly laid out have had difficulties. Let's actually solve the issues rather than blaming people.

Thank you, Mr President.

The President: Mr Mercer.

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Mr Mercer: Thank you, Mr President. I will be brief.

Some contributions so far seem to be trying to deflect and reframe this debate. Some have focused on the supposed inadequacy of the Report, rather than the actual inadequacy of the

6515 service and its availability to those that need it. Let's focus our attention where it needs to be, on
the improvements highlighted here in this Report. (**A Member:** Hear, hear.)
Thank you.

The President: I call on the mover to reply, Ms Edge.

6520 **Ms Edge:** Thank you, Mr President.

Obviously, I thank everybody who has contributed. I just want to remind the two Ministers, really, what the remit of a Committee is, and it is to:

... scrutinise established (but not emergent) policies, as deemed necessary by each Committee ...

6525 The words 'as deemed necessary by each Committee' mean that the Committee has absolute
discretion to choose the manner in which it undertakes the scrutiny. I just think it is important to
read that out initially.

6530 Obviously I thank both Ministers for standing up and actually telling us, certainly the Health
Minister telling us where he is up to, but it is disappointing that you did not respond to the call for
evidence which you were quite free to do. But certainly Dr Allinson, the mover of getting this
legislation through, it is quite clear that not everything has been in place for individuals, and our
Committee is there to scrutinise.

6535 I do think it is important to remind everybody that we have been in a pandemic. We have had
a lockdown again and many times in this hon. place we have heard from both Ministers, 'We have
been in a pandemic so we haven't been able to achieve that.' So what the Committee has done is
pulled together what information it had and we have put it into a Report, and we have done that
without being able to actually have the Ministers in front of us for the scrutiny that we would
normally do on an annual basis. It has been –

Dr Allinson: Excuse me, Mr President, would the Chair give way for a moment?

6540 **Ms Edge:** I certainly will.

Dr Allinson: Sorry, I cannot have that. I wrote the letter to you in July 2020.

6545 Mr President, I have been in front of a Committee chaired by the Hon. Member for Onchan at
least twice since then. I think the Minister for Health and Social Care has similarly done that. So to
say that the pandemic stopped the Committee taking evidence from Ministers, doctors, anyone
else, I do not accept.

6550 Can I also ask the Chair: if things were so difficult why, at the end of the Report, is an email
from an unknown source with a list of Amazon books about climate change, about Islam and about
religion, why is that relevant to this Report when it was not relevant to actually *ask* the people
providing the service for their input?

Thank you.

Ms Edge: Thank you, Mr President.

6555 The Minister is welcome to his opinion, but I think in all honesty what we have got out of this
today is there is a Report in front of this Hon. Court. It has caused another debate and it has also
seen the weaknesses in this service to date. I think what we really need to take away from this
today is to focus and listen to the Hon. Member of Council and her concerns. She outlined where
the issue is, and it is certainly *not* with the Committee.

6560 The legislation is there, everything needs to be implemented, and I think that is the concern
from the debate today that I would be listening to, as the Chair of the Committee, that the
implementation strategy perhaps has not been ... Is there one?

6565 I totally accept that the Committee may, in the Hon. Member for Ramsey's words, have, 'had time to go out and do further work'. However, we are where we are now. We have done a Report with the information we had available to us. It has caused a debate, there will be further *Hansard*; and, hopefully, in the next administration this will be followed up to make sure we have got that legislation in place but, more importantly, the services delivered to the individuals. They should not have to go searching.

6570 I do not really think I need to say much more, Mr President, but the Hon. Member for Douglas Central talks about Women and Children's policy and I do not feel the Island is at the forefront of any of that. The services are poor and the Health Minister, Home Affairs Minister and Education Minister are in front of the Committee this week from the delayed meetings that were programmed, I think, for February, so it gives us an opportunity to ask some of the questions that have been raised today by the Hon. Member for Ramsey of the Health Minister next week, and I will look forward to the answers.

6575 Thank you very much, Mr President.

The President: Hon. Members, I put to the Court the motion at Item 13. Those in favour, say aye; against no. The ayes have it. The ayes have it.