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Self-Isolation Stats and Facts

Overall narrative

- TF will argue that if those on lower incomes were as likely to come forwards for testing, and self-isolate after a positive result, **R would reduce by 11% in low income areas and 7% overall**
- To facilitate increased testing uptake, they will propose changing eligibility criteria for TTSP to a £26k income limit, rather than a means-tested system, and doing away with the discretionary pot available to local authorities. They think a simplified system will be easier to communicate
- There is evidence that people on lower incomes are less likely to come forwards for testing
- But there is not sufficient evidence that the proposed changes would lead to that happening
- Costs of the schemes, assuming the same % uptake, are annexed. In a mid-level incidence environment, the proposal would cost £107.5m/month vs £23.2m/month for the current scheme – that's a significant increase (and an unfunded pressure on T&T's £15bn FY21/22 budget) and we don't think we have the evidence to justify the associated spend.
- Points to make (supporting information for each below):
    - **1. There is insufficient evidence that changing the eligibility criteria would make an impact**
    - **2. There is evidence that other, operational, changes to the existing scheme would improve uptake. These are free (or much cheaper) and we should explore those first**
    - **3. Lack of financial support is not the primary reason people do not come forwards for testing**
- DHSC note that daily contact testing or changing eligibility requirements for fully vaccinated asymptomatic contacts could greatly reduce costs but we are yet to see movement on this. You could also raise the need to progress here in line with other countries - particularly removing the isolation requirement for fully vaccinated people as a number of other countries have done - US, Israel, Denmark, Slovakia, Ireland and South Korea.

Points to make

1. **There is no concrete evidence that changing the eligibility criteria would make a material difference to testing uptake**:

- Pilots have not taken place – so we do not have a reliable and dedicated evidence base
- The introduction of the discretionary pot didn't improve uptake:
    - Given a lack of dedicated pilots, evidence we do have relates to LAs who have decided to implement more generous eligibility criteria using the discretionary pot
    - If there were a causal link between generosity of eligibility criteria and uptake, we would have expected the introduction of the discretionary pot to have had an impact on overall take up. However, **there has been no change to the number of TTSP applications relative to incidence since its introduction** (fig x)
- Evidence on discretionary payments as a proportion of total payments is not strong enough
    - The TF may argue that, although overall uptake has not changed, the fact that discretionary payments now make up a larger proportion of total payments (40% vs 30% previously) demonstrates that previously ineligible people are now eligible.

  - This is tautologous – and simply demonstrates that expanding eligibility results in more people being eligible. It does not demonstrate people who would not have come forwards for testing are now coming forwards
- There is evidence from specific councils that an income limit made no difference:
  - Hackney Borough Council has a simple threshold for discretionary payments of income of £500 per week (i.e. £26k annual income) and less than £3,000 in savings, which is clearly communicated to the public. However, it has the highest turnaround time for payments (an average of 55 days), the joint lowest success rate (just 14%) and administration costs of £1,083 per payment.

2. Evaluation suggests there is more to do to make the existing scheme better

- We should focus on improving comms around the existing scheme, rather than making changes. Uptake among the eligible population is only 30%. We don't think that pivoting to a national scheme would necessarily make a difference – and that there is more we can do to clearly explain the current structures
- Payments take too long - average time for LA make a successful payment to claimant is 13.3 days, with 20% of LAs taking longer than 2 weeks to get payments to claimants. Payments should be timely to support people in their period of isolation. Changing eligibility criteria has no value if people can't access the funding quickly. TF will argue that changing eligibility criteria will simplify the scheme and decrease waiting times, but the main issue is the eligibility/fraud checks, rather than the criteria.
- The £20m per month discretionary funding available to LAs since March is underutilised:
  - Around 1/2 of LAs expanded discretionary eligibility criteria with the additional funding
  - Over half of 314 LAs had unclear, incorrect or misleading information on websites regarding the discretionary scheme.
  - 55% of councils (173) have spent less than 30% of their total discretionary funding allocation
- Only 58% of the funding made available for practical support was used in March

3. Financial support is not the primary reason people do not come forwards for testing or comply with self-isolation

- People don't fully understand when they need to get tested:
  - 28% dismissed symptoms as too mild or not as covid-19;
  - 20% didn't think they were eligible or know how to get a test.
- There are a range of other reasons why people do not take tests or self-isolate:
  - The main reason people broke self-isolation was to go to the shop (30%, ONS survey)
  - We have wider practical support to deal with this (£16m per month for practical support e.g. food deliveries, caring support, medicines deliveries) yet only 58% of the funding provided to LAs to support people in March was used which suggests we can go further with existing funding to tackle other barriers people face.
- We should continue to explore Daily Contact Testing and options for doubly vaccinated people not isolating
  - We do not yet have a clinical view on Daily Contact Testing
  - We expect a decision on vaccination/isolation in the next few weeks

Self-reported adherence to self-isolation

	ONS		CORSAIR	CABINS
	People with +ve test	**Contacts of +ve case**	**People with covid symptoms**	**Contacts of +ve case**
Percentage fully adherent	86%	90%	52% [25-27 January 2021 wave]	78%
Main reasons for breaking self-isolation (by rank)	• 32% to go to shops • 26% work, school, or university • 21% medical reason • 20% another reason • 19% outdoor recreation/exercise	• 22% medical reason • 20% outdoor exercise/recreation • 18% shops • 18% another reason	• 43.6% temporary/improved/mild symptoms • 21.5% shops for groceries/pharmacy • 15.8% work • 15.6% shops other than groceries/pharmacy • 15% medical need (non-covid) • 13.2% did not think necessary • 12.2% boredom • 11.9% care for vulnerable person • 11.3% meet with friends/family • 11.2% depressed/anxious	• 42.3% exercise • 17.0% to get covid test • 16.6% to shop for essentials/groceries • 9.9% to walk the dog • 5.8% to collect medication • 5.4% shop for non-essentials • 4.5% medical purposes • 4.5% caring responsibilities • 2.7% to go to work
What were the main challenges experienced during isolation?	• 79% of people living with others were unable to keep completely separate from household members • 37% negative effect on well-being & mental health • 32% lost income	• 32% negative effect on well-being & mental health • 28% lost income	• Non-adherence associated with being male, younger, dependent child, lower socio-economic grade, greater financial hardship during pandemic, working in key sector.	• 66.7% want to see family • 60.6% want to see friends • 58.6% lack of exercise • 31.2% loneliness • 24.6% mental health difficulties • 20.4% financial concerns • 17.5% living with others not self-isolating • 17.1% caring for vulnerable adults outside household

International comparisons

Model	International examples
Our model	**Financial support:** £500 payment for individuals on low incomes and cannot wfh, in addition to statutory sick pay and any benefits the individual may receive **Non-financial:** Locally coordinated food and medicines delivery service, wellbeing support, and practical activities (e.g. taking over care responsibilities) **All cases and contacts must self-isolate for 10 days**
Different policy for vaccinated	**US, Israel, Denmark, Slovakia, Ireland and South Korea** – no isolation requirement for fully vaccinated asymptomatic contacts. In Vienna (Austria), this lack of isolation requirement for vaccinated close contacts also applies to those who have recovered in the last six months. Ireland also does not require asymptomatic contacts who had a positive test more than 2 weeks and less than 9 months ago to isolate.
Different policy for contacts and cases	**Belgium** – Cases must isolate for 10 days, contacts must isolate for 7 days.
Comprehensive: available to all who lose income from self-isolation	**Germany, Finland** – compensate 100% of lost earnings **France, Norway, Spain, Belgium** • cover 70-90% of lost earnings • In France and Belgium supplemented with daily allowance. • Separate arrangements for self-employed. **Ireland, New Zealand, South Korea, Taiwan** – provide fixed sum instead of percentage of salary e.g. Ireland provides €350 per week. **Singapore** • employed get paid sick leave. • Claims of $100 per day can be made by self-employed residents. • Unemployed can apply for social and financial assistance.
Partial: financial support available to those who meet certain criteria	**Switzerland** • those who test positive entitled to continued salary for 3 weeks or daily sickness benefits. • Self-employed support depends on daily sickness benefit insurance • Close contacts received compensation for lost earnings. **Australia (Victoria, New South Wales)** • $1500 per person for residents or those with a work visa, if unable to earn an income and have no leave to take

	• Victoria provides $450 to those awaiting test results **Japan –** employees are eligible for sickness allowance equal to 2/3 average daily wage **Canada** • Payment of CAD 500 (USD 413) for 1 week (up to a max of 4 weeks) for employed and self-employed unable to work due to possible COVID-19 infection, but only if other benefits are not being taken up and the claimant earned sufficient income in 2019 or 2020
Limited: support not widely or readily available	**Netherlands** – do not provide any support directly tied to self-isolation. **Italy** – workers receive standard sick pay for entire quarantine period if testing positive but no support available for those self-isolating because of close contact with positive case. No support available for self-employed.
Coordinated non-financial assistance	**South Korea, Taiwan, New York –** locally coordinated support services available to all e.g. daily necessities, food delivery, medication **Italy, Spain, France –** support targeted to those who need it most **Japan, Netherlands –** ad hoc support
Accommodation	**South Korea, Vietnam, Singapore, Japan –** dedicated facilities to self-isolate are often the default **France, Iceland, Spain, Italy, Denmark, Australia, Ireland –** alternative accommodation only used for those most at need.

Proposed scheme	Low incidence (23,161 cases / week)	Average mid-incidence (80,000 cases / week)	Average high incidence (118,000 cases / week)
Cases told to isolate per month	100,287	346,400	510,940
Monthly payments	60,200	193,500	279,500
Payment cost / month	£30.1m	£98.9m	£141.9m
Admin cost / month	£3.4m	£12.9m	£17.2m
Total cost / month	£33.5m	£107.5m	£154.8m

Current scheme	Low incidence	Average mid incidence	Average high incidence
Cases told to isolate (pre-DCT)	100,287	346,400	510,940
Main payments / month	8,660	21,650	30,310
Discretionary payments / month	12,000	12,000	12,000
Total payments / month	20,660	33,650	42,310
Main payment cost / month	£4.3m	£10.8m	£15.2m
Discretionary cost / month	£6m	£6m	£6m
Total payment cost / month	£10.3m	£16.8m	£21.2m
Total admin cost / month	£3.9m	£6.4m	£8m

Cost comparisons (assuming 30% uptake)

Total cost / month	**£14.2m**	**£23.2m**	**£29.2m**

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Weekly COVID-19 cases and applications as of 2 June 2021 (most recent weekly data)