

	<p>not the availability of tests: 800,000 polymerase chain reaction (PCR) tests were now available every day, and plenty of lateral flow device (LFD) tests were available in the community, but people were not using them even if they had symptoms. On the second issue of self isolation compliance, there was a danger that, if the Government employed strong-arm tactics, it would put more people off getting tested in the first place. There was evidence to suggest that people were not getting tested because they were worried about the consequences of testing positive.</p> <p>Continuing, THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE said that the landscape of international comparators for self isolation policies included countries that either took authoritarian approaches (such as electronically tagging those in self isolation or tracking their movements using mobile phone data) or else highly supportive ones. There was a limit to what the UK Parliament would accept in terms of interventions of an authoritarian nature. The Government currently supported people self isolating on low incomes with a £500 Test and Trace Support Payment (TTSP), however the means tested element was hard to assess, which meant that payment delivery was slow. This was resulting in individuals having uncertainty about whether or not they would receive the TTSP. Ensuring that people got tested and self isolated was key to exiting lockdown, even as vaccine rollout continued.</p> <p>Continuing, THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE said that the leak to the media that day of a version of the paper before the Committee had been exceptionally unhelpful. The media had quoted a figure of £453 million per week as the cost for making universal payments of £500 to all positive cases. That figure was wrong because it was predicated on 60,000 cases a day whereas this did not take into account the likely impact of daily contact testing or TTSP uptake being less than 100 per cent. In reality, the money required would be much less than the figure reported and could potentially be accommodated within the existing NHS Test and Trace budget. It would also be important not to create another benefits difficulty by the back door.</p> <p>Continuing, THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE said that he was proposing that three key recommendations from the paper should be progressed as ‘no-</p>
--	--

	<p>j) the Ministry of Housing, Communities and Local Government, Department for Health and Social Care and Her Majesty's Treasury (HMT) would discuss matters related to the quantum for the discretionary fund expansion outside of the Committee meeting;</p> <p>k) it would be important to learn lessons from experience of delivering the shielding scheme in designing packages of non-financial support. Initially about a third of the shielded population came forward to seek non-financial support from their local authority, given that the offer had been well publicised. Over time, the percentage of the shielded receiving support has dropped to between 1.5 and 2.5 per cent. It would be hard to judge what demand existed for non-financial support. It would be surprising if demand was as high as it was for the shielded, given the shielded population was likely to be older and have fewer other support resources. It would be important to work out the demand, understand funding and be clear on how far the Government would go to publicise the offer so as not to artificially and unnecessarily stoke demand;</p> <p>l) accommodation of individuals self isolating only worked if done at pace. There were concerns that, from a deliverability point of view, the Government was not yet in a position to house people immediately. Many local authorities did not have access to the right sort of accommodation. It was also difficult to determine the parameters for whom this approach was most suitable. The Government had been lobbied to provide accommodation for those in social housing, but the same arguments could reasonably be applied to people living in shared housing. As such, any such policy would be very hard to implement;</p> <p>m) the proposal on non-financial support included the expansion of the medicine delivery service; this would make a material difference. It would be important to take a more consistent and visible approach to the provision of practical support;</p>
--	--

	<p>v) self isolation as a disincentive to get tested had been observed in the poorer boroughs of London where disease prevalence was high; this was no coincidence, and a solution was needed;</p> <p>w) given that boredom was a well-cited reason why people broke self isolation, there should be more that the Government could do to understand peoples' behaviour and how to influence it;</p> <p>x) Office for National Statistics data showed that only a third of people with symptoms were coming forward for a test and that many did not think they could cope with self isolation. The UK was testing more people per 100,000 of the population than any other developed nation, but it was not finding enough people. All the spend was for naught if this could not be addressed; and</p> <p>y) weighing up the cost of expanding TTSP and the cost of slower lifting of non-pharmaceutical interventions needed to be done, so as to posit a point of economic tradeoff, if possible. Individuals being unhappy with stricter enforcement also needed to be weighed against using stricter enforcement for people who do not comply with self isolation so that the wider public could get back to freedom.</p> <p>Responding, THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE said that the attraction of option one was the simplicity that it provided for local authorities from an administration perspective. He said that he would welcome the expansion of discretionary funds as that would help on the ground, but that the availability of the discretionary fund needed to be communicated clearly so as to encourage individuals to get tested. Without solving the testing issue, it was hard to see how serial testing could be introduced, which itself amounted to a loosening of non-pharmaceutical interventions.</p> <p>Summing up, THE CHANCELLOR OF THE DUCHY OF LANCASTER said that there was consensus on recommending the ramp up of communications, the provision of greater funds for discretionary payments (option four), and an increase in non-financial support. The enforcement proposals were agreeable,</p>
--	--