Department of Health & Social Care

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Rt Hon Greg Clark MP
Chair, Science and Technology Committee
House of Commons
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16 October 2020

Dear Greg

Thank you for your letter asking for the evidence supporting:

- my announcements to the house on 21 September, which included new measures for self-isolation, local measures for several areas, and Child Support Bubbles; and
- the decision to mandate the closure of businesses selling food or drink between the hours of 10pm and 5am.

Self-isolation

As you know, to control the virus we require everyone to reduce opportunities for the virus to spread by maintaining social distancing, and requiring people to isolate who have tested positive or are at higher risk of having the virus (e.g. have Covid-19 symptoms or close contact with someone who has tested positive).

The Government's requirement for people to isolate for 10 days if they have tested positive, and 14 days if you live with someone who has tested positive is based upon the best evidence from a number of international studies.[1]

[1] Examples include;

- Lauer SA, Grantz KH, Bi Q, et al. The Incubation Period of Coronavirus Disease 2019 (COVID-19) From Publicly Reported Confirmed Cases: Estimation and Application. Ann Intern Med 2020
- Wölfel, R., Corman, V.M., Guggemos, W. et al. Virological assessment of hospitalized patients with COVID-2019. Nature 581, 465–469 (2020)
- Ling et al. Persistence and clearance of viral RNA in 2019 novel coronavirus disease rehabilitation patients Chin Med J (Engl). 2020 May 5; 133(9): 1039–1043.
- Lauer et al. The Incubation Period of Coronavirus Disease 2019 (COVID-19) From Publicly Reported Confirmed Cases: Estimation and Application

Prior to 28th September 2020 the isolation policy was set out in guidance. General population surveys conducted between March and August this year show self-reported self-isolation compliance in the general population of around 20%.[2]

There are three key considerations to increasing compliance behaviours. Firstly, people must understand when and in what circumstances they must self-isolate – this is often called having a capability to comply. Secondly, they must have the opportunity to comply, that is the required access to support. And finally, they must have the motivation to comply.

Studies have highlighted the importance of supporting the financially vulnerable during self-isolation and increasing their opportunity to comply. One survey found that the ability to self-isolate is three times lower in those with household incomes under £20,000 and less than £100 in savings.[3] Studies also highlight the importance of employers regarding opportunity and motivation to comply – a clear reciprocal duty between employees and employers regarding self-isolation supports both opportunity and motivation to comply.

The Government's communication campaign and guidance has aimed to improve the general public's understanding of what actions they should take and why. The £500 Isolation Support Payment for people on low incomes who can't work because they've tested positive or are asked to self-isolate by NHS Test and Trace is aiming to address the 'opportunity' barrier to compliance. The above work along with the introduction a new legal duty to self-isolate for people who test positive or who are asked to do so by NHS Test and Trace, along with enforcement of this measure aim to increase the general public's motivation to comply with self- isolation rules.

This approach is consistent with a number of other countries, including Australia, Germany, Greece, Hong Kong, Italy, Singapore, South Korea, Spain and Taiwan, who have also opted to use the combination of enforcement and financial support to encourage higher levels of compliance for self- isolation rules.

Local measures

I announced a number of amendments to local restrictions that were based on data presented to me at the Local Action Committee from NHS Test and Trace, including the JBC, PHE and in consultation with local leaders. I have set out the data at the time of the announcement for the regions impacted below.

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[2] Summary of results from a time series of 21 nationally representative surveys in the UK (the COVID-19 Rapid Survey of Adherence to Interventions and Responses [CORSAIR] study) Smith LE, Potts HWW, Amlôt R, Fear NT, Michie S, Rubin GJ - 9th September 2020

[3] Perceptions and behavioural responses of the general public during the COVID-19 pandemic: A cross-sectional survey of UK Adults. Christina J Atchison, Leigh Bowman, Charlotte Vrinten, Rozlyn Redd, Philippa Pristerà, Jeffrey W Eaton, Helen Ward, 3rd April 2020

Wolverhampton

In Wolverhampton, the 7 day incidence rate from 9 September to 15 September was 48.1 per 100,000 population with a test positivity rate[4] of 3.2%. This was predominately due to community transmission stemming from household mixing. Wolverhampton had the fourth highest incidence rate in the West Midlands, behind only Birmingham, Sandwell and Solihull, which are also subject to intervention. Wolverhampton's Council leaders supported these recommendations.

Oadby and Wigston

In the Borough of Oadby and Wigston, there had been a rapid proliferation of cases over the last week. The Borough has a weekly incidence rate of 105.2 per 100,000 population from 9 September to 15 September with a test positivity rate of 7.4%. Oadby in particular is driving the increase in incidence rates and the Borough of Oadby and Wigston currently had the highest incidence rate in the East Midlands. Household mixing is thought to be the main driver of transmission, with a higher proportion of cases in the BAME community.

West Yorkshire

Incidence rates had increased across all wards in Bradford, Kirklees and Calderdale, which were subject to a hyper-local approach with only those wards that had the highest incidence rates under national intervention. Weekly incidence rates from 9-15 September 2020 had increased to:

Area	Incidence rate per 100k Population	Positivity rate (%)
Bradford	101.6	8.4
Kirklees	73.6	7.5
Calderdale	47.1	4.9

[4] Positivity statistics quoted in this letter were previously deduplicated across the course of the pandemic to prevent persistent infections being counted as new cases. Since week 40, PHE has calculated positivity as the number of individuals testing positive during the week divided by the number of individuals tested during the week. This approach accounts for the increasing number of individuals who will have been tested multiple times as the pandemic progresses. The approach is described in PHE's Weekly National Influenza and COVID19 Surveillance Report – Week 31: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/925324/Weekly_Flu_and_COVID-19_report_W41_FINAL.pdf

Lancashire

In Lancashire, incidence rates had increased significantly. Weekly incidence rates from 9-15 September 2020 had increased to:

Area	Incidence rate per 100k population	Positivity rate (%)
Blackburn with Darwen	110.8	5.8
Hyndburn	147.2	6.4
Preston	144.6	6.6
Burnley	114.1	5
Pendle	91.9	4.5
Rossendale	135.4	6.6
South Ribble	48.9	3.9
West Lancashire	43.9	4.1
Chorley	45.4	3.5
Wyre	55.7	5.8
Fylde	38.9	3.9
Lancaster	23.6	2.5
Ribble Valley	30	2.3

Incidence rates in Blackburn with Darwen, Hyndburn, Preston, Burnley, Pendle, Rossendale, South Ribble, Wyre, Chorley and West Lancashire were significantly above the national average with Fylde's rates was slightly above the national average of 32.9 per 100,000 from 9-15 September. Household and social mixing, particularly in venues associated with the night time economy and hospitality were identified as key factors in causing widespread community transmission.

It was anticipated that those areas that had slightly lower incidence rates, such as Lancaster and the Ribble Valley, which are surrounded by areas that had high incidence rates, could observe a significant increase in cases in the following weeks given the interconnectedness of the area.

Merseyside and Cheshire

In Merseyside and Cheshire, incidence rates had increased sharply above the national average in England. Weekly incidence rates from 9-15 September 2020 had increased to:

Area	Incidence rate per 100k population	Positivity rate (%)
Warrington	99.3	7.3
Liverpool	124.9	9.4
Wirral	108	6
Knowsley	125.7	8.4
St. Helens	104.4	6.5
Halton	100.4	5.9
Sefton	65.7	5.5

There was widespread community transmission across Merseyside and Warrington, and the incidence rates were consistently high across the region. Predominant contributory factors are household and social mixing, particularly through hospitality and leisure. The rates in Halton and Sefton were above the national average and had increased significantly over the last two weeks.

Measures introduced

As a result of the higher rates of transmission in Wolverhampton, Oadby and Wigston and West Yorkshire, Lancaster, Merseyside and Cheshire it was assessed that action was needed to reduce social contact and thereby control the virus. As a result, in addition to existing national restrictions, all meetings indoor Covid-secure retail and hospitality, and indoor private dwellings (homes and gardens) that are within an area designated areas were required to be limited to one household (unless exemptions apply). In addition, a person living in a designated area was required to limit their meetings indoors to Covid-secure retail and hospitality, and indoor private dwellings (homes and gardens) to one household (unless exemptions apply).

In addition, in Lancaster, Merseyside and Cheshire, to address the higher rates of transmission, hospitality and leisure venues were required to be closed, including for takeaways, from 22:00 to 05:00 (delivery only during that period). We also mandated table service in order to reduce the amount of time that customers spend at the ordering counter.

These restrictions will reduce the amount of social contact that people have with each other, thereby controlling and reducing the transmission of the virus, whilst allowing businesses to continue to operate and allow the general public to use their services.

Child support bubbles

Several local authorities had requested an exemption on informal childcare where household mixing restrictions in private dwellings are in place. For those local authorities that were subject to these restrictions, only one household and support bubble may gather in private dwellings and gardens (unless one of the exceptions apply). Feedback from local Directors of Public health and local authorities have highlighted adverse impacts from this policy, which needs to be balanced against the risk of transmission if this restriction is eased. The rule of six continues to apply in these local authorities, as in the rest of England, other than in the private dwelling setting.

Feedback from some local authorities has highlighted a negative impact on working families, including key workers. For example, local authorities have received complaints from workers at hospitals and other emergency services who are unable to rely on existing sources of informal childcare under the current rules and support bubble arrangements. Currently individuals living in local authorities subject to household mixing restrictions in private dwellings may access formal childcare, such as registered childminders. However, in addition to the financial cost, this is impractical for many people, particularly those who work unsociable hours who are not realistically able to source informal childcare during the hours they are working.

To address this, the Government introduced Children Support Bubbles. There is an exemption to allow for a household (“the first household”) with at least one child aged 13 or under to link with one other household (“the second household”), for the purposes of second household providing informal childcare to the child aged 13 or under. A gathering which is only made up of the second household and the first household children that are 13 or under then the gathering is not subject to the one household indoor gathering limit or the one household indoor gathering limit

10pm closing time

The 10pm closing time for hospitality and takeaway-only policy was first introduced in Bolton as part of a substantial and wide-ranging package of interventions in response to rapidly rising case rates. There was an estimated rate of 18.8 new cases per 100k people for the 7-day period up to and including 25th August which rose to an estimated case rate of 115.8 per 100k for the 7-day period up to and including 3rd September. Cases were widespread across the borough with age appearing to be an important feature with most cases occurring in 18-49 year olds (76% of all cases), and a concentration amongst 20-39 year olds (57% of all cases).

Against this very rapidly deteriorating picture, my officials across NHS Test and Trace, including the Joint Biosecurity Centre (JBC), and Public Health England (PHE) worked

with the local authority in Bolton to develop the package of measured I then announced on the 8th September. These measures were based on analysis of the drivers of community transmission, contact tracing data and international comparisons. The goal was to reduce social contact and thereby control and reduce transmission of the virus.

Nationally, cases continued to rise as they are still, and the Government was therefore required to act to introduce restrictions that went further than the national limitations on household mixing already in place, aiming to significantly reduce social contact whilst prioritising education and minimising negative economic impacts. Action was considered to reduce social contact in hospitality settings as Scientific Advisory Group for Emergencies (SAGE) have highlighted that alcohol consumption may increase risk of non-compliance with social distancing and that hospitality settings are associated with increased risk of transmission[5]. In addition, transmission rates are higher indoors and especially where there is poor ventilation and people are raising their voices to be heard, both which are relevant for the hospitality and wider entertainment sector.

This is supported with evidence from PHE's Weekly Coronavirus Disease 2019 (COVID-19) surveillance report, which highlighted that between 21-27th September, 13% of those testing positive for Covid-19 reported eating out in the time before symptom onset. Separately, a Centres for Disease Control investigation of symptomatic outpatients from 11 US health care facilities in July 2020 found that 'close contact with persons with known COVID-19 or going to locations that offer on-site eating and drinking options were associated with COVID-19 positivity.' The study showed that adults with confirmed Covid-19 were approximately twice as likely as control-participants to have reported dining at a restaurant in the 14 days before becoming ill. Finally, PHE data shows that between 3 August and 27 September, 136 outbreaks and 56 clusters occurred in restaurants and food outlets[6].

We know that people go to pubs, bars, restaurant social clubs, casinos, bowling alleys, amusement arcades precisely for the purpose of socialising. The measures introduced including introducing a 10 pm closing time, mandating table-service, and reducing some of the exemptions from the rule of six all aimed to limits the time people spend in such settings and introducing measures such as, whilst allowing the businesses to continue to operate and the general public to use their services.

In addition, there a number of countries have introduce local restrictions in response to cases rising, Examples include in Spain, where hospitalisations have increased ten-fold since July, half of Spanish regions have 10pm closing times. In Denmark and the Netherlands, all food and beverage retailers have to close at 10pm. In Paris, where COVID-19 patients now account for 40 per cent of intensive care beds, all bars have shut.

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[5] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/918723/S0706_Fifty-second_SAGE_meeting_on_COVID-19.pdf

[6] Data extract on 14/10/2020 done by the PHE COVID-19 Outbreak Surveillance Team

SAGE has provided expert strategic scientific advice to Government throughout the COVID-19 response. SAGE did not provide advice on introducing a 10pm curfew as this is too granular detail. Department for Business Energy and Industrial Strategy and Her Majesty's Treasury provided input in relation to the likely impact on businesses and the support packages that would be available for the sectors to access whilst Department for Transport provided feedback from transport operators in the affected lockdown areas are reporting that there are no capacity issues due to the 10 p.m. curfew. We are continuing to gather information on transport services in these areas to ensure that public transport remains safe to use.

I hope the above is helpful and look forward to discussing these issues further with interested MPs.

Yours ever,

MATT HANCOCK