Update on the implementation of the loan charge

HMRC has published further details on how it will implement the loan charge to support customers, and has made clear there will not be special settlement terms for the loan charge.

The loan charge applies to loan balances that were outstanding on 5 April 2019 and arose from the use of disguised remuneration tax avoidance schemes where the tax due has not already been settled.

Parliament approved amended legislation for the loan charge, which became law in July 2020. Those affected by the loan charge need to file their 2018 to 2019 Self Assessment tax return by 30 September, including a report of any loan balances subject to the loan charge, and put in place any arrangements they need to pay the charge due on that date.

HMRC has published a guide to how it will implement the loan charge. For those worried about their ability to pay the loan charge, HMRC has set out how its debt management processes work, including detailed examples of how the department agrees time to pay arrangements.

Some customers need to act now to conclude settlement of tax due on disguised remuneration schemes so that they do not have to pay the loan charge.

Customers who are not settling, and therefore become liable to pay the loan charge, will need to pay the charge that is due on 30 September or agree a Time to Pay arrangement with HMRC before then.

Customers should not hold out in the hope that HMRC will offer some special terms for calculating or paying the loan charge. Following an independent review, the government agreed to changes to the loan charge, such as the ability to spread it over 3 years, and these are reflected in the amended law that Parliament passed in July.

HMRC can only settle for an amount that is consistent with the law. HMRC cannot apply a different rate to that provided in legislation and has to be fair to all taxpayers, including those who have already settled their use of disguised remuneration tax avoidance schemes and those who have never used tax avoidance schemes.

For disguised remuneration loans that are not in scope of the loan charge under the amended legislation, HMRC has now published settlement terms. HMRC is also setting out the principles it will adopt on any future settlement terms, which will follow its published Litigation and Settlement Strategy.

For customers who need to pay the loan charge, we will publish our settlement terms for any remaining liabilities that arise from open enquiries into disguised renumeration scheme use in autumn 2020.

Letter to heads of admissions, higher education – 7 August 2020

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To end racial disparity we require your absolute focus

Around this time last year, the Youth Justice Board (YJB) published 'the disproportionality journey of the child'. One year on, and we've updated it to reflect the latest data and show what we have done in that time to bring about change.

In doing this, we have produced a presentation described as 'exploring racial disparity: how it affects children in their early years and within the youth justice system' and an infographic that summarises some of the main points Exploring racial disparity: summary (infographic) (PDF, 273KB, 3 pages).

We've also responded to feedback and taken advantage of new data to look more closely at marginalised groups, such as Gypsy, Roma and Traveller (GRT) children and looked-after children to help us identify areas for potential work in the future.

Against the backdrop of this new data it's clear that ethnic disproportionality remains a concerning issue. Black children are still more likely to be arrested, more likely to be held in custody on remand, receive generally harsher penalties and, shockingly, children from black, Asian and minority ethnic (BAME) backgrounds now make up more than half of all children in custody.

As this presentation shows, over-representation in the youth justice system

is a complex issue. That is true, but it does not mean that we cannot change it. Complexity is not an excuse for inaction or giving up, it's a challenge, and one that we must collectively meet.

Over the past year, as part of our programme of work to tackle the issue, we have been involved in a range of activities, for example we have revised a number of tools to analyse ethnic disproportionality and also used our influence to change how our partners approach this issue. We supported the Alliance of Sport to secure a record-breaking £1,000,000 grant from the London Marathon Charitable Trust for "Levelling the Playing Field" – a sports-based project to benefit children from BAME backgrounds. In September, we will bring together experts to improve employment opportunities for children disproportionately represented in the justice system and later in the year we are expecting to publish research into disproportionality in sentencing and the use of remand.

At the YJB, we remain determined to change the system, but we cannot change it alone. We need the help of government departments, agencies and statutory functions. We ALL need to look at the evidence and ask ourselves, "are children from BAME backgrounds over-represented in my area? If so, can I explain why that is, and if I can't, what am I going to do about it?"

Largest home antibody testing programme for COVID-19 publishes findings

- Over 100,000 volunteers have taken part in the world's largest home antibody testing programme for coronavirus.
- A further 2 studies showed some antibody finger prick tests were both easy to use at home and accurate enough for use in mass surveillance studies.

The first report from the world's largest home antibody testing programme tracking who has been infected by COVID-19 in England has today been published.

The study tracked the spread of infection across England following the first peak of the pandemic.

Over 100,000 volunteers tested themselves at home using a finger prick test between 20 June and 13 July to check if they have antibodies against the virus which causes COVID-19.

The findings indicate that 3.4 million people – 6% of the population – had already been infected by COVID-19 by 13 July 2020, with variations across the

country.

People living in London were most likely to have been infected, as were those working in care homes and health care, and people from Black, Asian and other minority ethnic groups and people living in larger households.

It is the first mass antibody surveillance study to be rolled out across the country using a finger prick test that can be used by individuals at home if given approval in the future. Mass surveillance of antibodies in the population is vital to track the extent of infection across the country and identify differences between areas and different groups of the population.

While research showed several finger prick tests were accurate enough for large-scale surveillance studies to monitor the spread of COVID-19, no antibody fingerpick test has yet met MHRA criteria for individual use, which means none are currently approved for use outside of surveillance studies.

Health Minister Edward Argar said:

> Large scale antibody surveillance studies are crucial to helping us understand how the virus has spread across the country and whether there are specific groups who are more vulnerable, as we continue our work to drive down the spread of the disease.
>
> We don’t yet know that antibodies provide immunity to coronavirus, but the more information we can gather on this virus, and the easier we can make it for people to participate in these studies, the better equipped we will be to respond.
>
> The British public have already played a massive part in helping to keep the country safe and I’d urge them to consider signing up to one of the many vital surveillance studies taking place over the coming months as part of our national testing effort.

Key findings of the report on the national home testing study include:

- In London, 13% of people had antibodies while in the South West of England it was less than 3%.
- The study showed high rates in those with people-facing jobs in care homes (16%) and health care (12%), compared to 5% of people who were not key workers.
- There were far higher rates in people from Black (17%), Asian (12%) and other (12%) than white (5%) ethnicity. Work is underway between the Department of Health, local Directors of Public Health and local authorities to understand and mitigate risks of transmission for BAME communities at a local level.
- Almost everyone with a confirmed case of COVID was found to have antibodies (96%).
- Those aged 18 to 34 were most likely to have antibodies (8%) with the lowest prevalence in those over 65 (3%).
- People living in the most deprived areas had higher antibody levels than

those in the wealthiest areas (7% compared with 5%).
- People living in households of more than 6 or 7 people (12%, 13%) were more likely to have had the virus compared to those living alone or with one other (5%)
- People who smoked were less likely to have antibodies than non-smokers (3% compared to 5%).
- 32% of people reported no symptoms, and this was more common in people over 65 (49%).

This surveillance study will be repeated in autumn and will test a further 200,000 people for antibodies.

While some antibody tests require a larger sample of blood and for the sample to be sent back to a lab, these home antibody tests can be used at home, providing results in under 15 minutes and are more practical for use in large scale antibody surveillance studies. However, no LFIA are yet approved for home use outside of a research study.

Testing positive for antibodies does not mean you are immune to COVID-19. Currently, there is no firm evidence that the presence of antibodies means someone cannot be re-infected with the virus.

If someone tests positive for antibodies, they still need to follow national guidelines including social distancing measures, getting a swab test if they have symptoms and wearing face coverings where required.

Professor Graham Cooke, NIHR Research Professor of Infectious Diseases and research lead at Imperial, said:

> There are still many unknowns with this new virus, including the extent to which the presence of antibodies offers protection against future infections.
>
> Using the finger-prick tests suitable for large scale home testing has given us clearest insight yet into the spread of the virus in the country and who has been at greatest risk.
>
> These data will have important implications as decisions to ease lockdown restrictions in England.

Published today are 2 peer-reviewed papers from the REACT 2 team reporting the findings of studies carried out in May and June that led to the design of the study testing 100,000 people for antibodies.

The first study, published in the journal Thorax, is the biggest and most robust study on finger prick antibody tests. It analysed 11 finger prick antibody tests to evaluate their accuracy and ease of use among NHS workers, comparing them to gold standard lab-based antibody tests. The research team found the 4 best performing self-tests were able to accurately identify individuals with antibodies over 80% of the time, while also correctly ruling out those who don’t in more than 98% of tested individuals. None of these

tests met MHRA criteria for use outside of surveillance studies.

The second study, published today in Clinical Infectious Diseases, is one of the largest studies of the usability of home testing to date. With over 14,000 participants, 2 finger prick tests were used by members of the public who gave feedback to improve the process for testing in the larger study of 100,000 volunteers. The study found that over 97% of people were able to successfully perform the test on their own, and up to 94% had a valid result. Importantly, participants ability to read their test results on their own was very similar to that read by a clinician.

Taken together these 2 studies provide one of the most comprehensive assessments of home antibody self-testing to date and underpin the major findings reported today.

Professor Helen Ward, lead author for the study of population prevalence, said:

> Thanks to the contribution of tens of thousands of members of the public, we have shown that the pandemic of SARS-CoV-2 infection in England has spread very unevenly. It has fallen particularly heavily on ethnic minority groups and key workers, particularly in care homes and healthcare. Those in deprived and densely populated areas are most likely to have been exposed to the virus, and we need to do far more to protect people from any future waves of infection.

Kelly Beaver, Managing Director – Public Affairs, Ipsos MORI said:

> The thorough and rigorous work carried out by Imperial College London has allowed us to find a robust at home finger prick test for COVID-19 antibodies. This is the springboard for developing a far greater understanding of COVID-19 antibodies and how prevalent they are in the population through our large-scale antibody study, conducted with over 100,000 members of the public.

The REACT programme, which has been commissioned by the Department of Health and Social Care, is being carried out in partnership with Imperial College Healthcare NHS Trust and Ipsos MORI.

The MHRA is the national regulator for medical devices and verifies all tests. For finger prick antibody tests to be suitable for wider use outside of academic surveillance studies, it recommends a sensitivity of at least 98%, correctly identifying those who have had coronavirus infection, and specificity of at least 98%, correctly identifying those who have not had coronavirus infection. None of these 11 tests evaluated during the first REACT 2 study met all criteria, and no other tests have met these criteria yet.

REACT 2 Study 1: The research team assessed 11 tests on just under 300 NHS workers who had recovered from COVID-19 at least 21 days previously and participants were asked to fill out a survey on how easy the tests were to use. Each device was assessed according to the manufacturer's instructions and performed first by the NHS worker followed by a technician. The tests were then compared against the accuracy of a lab test. Researchers also evaluated the tests on a batch of 500 blood samples from before the pandemic. The tests were evaluated on people with mild infection, who had not been hospitalised. Individuals who have had a mild infection are less likely to have launched a strong immune response to the infection, meaning they may only have low levels of coronavirus antibodies. Testing on these individuals will therefore give a good indication of whether the tests are suitable for large-scale community testing on the general population, outside the hospital setting, where cases are less severe.

Sensitivity of the 11 tests was variable, ranging from 21% to 96%, and in all cases was lower than what manufacturers reported. Tests which were more than 80% sensitive underwent further specificity testing.

On specificity, the finger prick tests were found to correctly identify the absence of antibodies 97% of the time and were therefore deemed suitable for use in national-scale antibody studies. Six had specificity over 98%, which the UK Medicines and Healthcare products Regulatory Agency recommends as the minimum level for use in clinical settings. This means they are reliable enough for use as a healthcare test at individual level as they provide a low number of false negatives.

There are 2 types of antibodies produced called IgG and IgM. Some lateral flow antibody tests are looking for the presence of both and some just for one.

This study looked at the sensitivity and specificity rates for detecting IgG antibodies to the coronavirus. These are typically long-lasting antibodies produced in response to infection.

REACT 2 Study 2 and 3: A major public involvement exercise and usability study was carried out with members of the public to assess how easily people can use the antibody tests at home without supervision. Feedback from an initial pilot study involving 315 people was used to guide the design of the antibody testing pack and instruction guides. The findings of this study were also used to inform a large-scale survey of adults in England, involving 14,400 volunteers, who took one of two different antibody tests and provided feedback. This work under-pinned the launch of REACT 2 Study 5, the population study of 100,000 volunteers.

Devices with lower sensitivity can still play an important role in surveillance studies as long as the specificity is high enough and the results are not used to guide behaviour.

The reports published for pre-print can be found here

Liz Truss’ response to latest tariffs

Government response

Liz Truss’ response to USTR announcement on tariffs in the ongoing Airbus/Boeing dispute.

Speaking in response to the USTR announcement on tariffs, International Trade Secretary Liz Truss said:

> In Washington DC last week I met my opposite number Bob Lighthizer, the US Trade Representative, to warn against new tariffs being imposed on great British products like gin and blended whisky. I am pleased that the US has not applied these additional tariffs, and welcome the decision to lift tariffs on shortbread.
>
> However, the announcement does not address tariffs that already exist on goods like single malt Scotch whisky. These tariffs damage industry and livelihoods on both sides of the Atlantic and are in nobody’s interests. I am therefore stepping up talks with the US to remove them as soon as possible.

Further information:

- Liz Truss flew the US last week and had a series of key meetings with the United States Trade Representative, Robert Lighthizer, and other key members of the US Administration and Congress (spanning 2 – 4 August) to step up free trade agreement talks and protest against tariffs on critical British industry.

- Therefore it is welcome that the US has lifted tariffs on shortbread and decided not to impose additional tariffs on key UK products such as gin and blended whisky, but the continuation of any tariffs on unrelated

British industries is completely unnecessary and harms industry on both sides of the Atlantic.

- Liz Truss will now be taking forward further talks with USTR Lighthizer.

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