Local lockdowns can be successful—here's what we need to make them work

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Over the past few weeks, the UK government has gradually eased national lockdown measures. As the economy reopens, and people return to workplaces and spend more time in shops, pubs and restaurants, the number of contacts an individual has with other people will inevitably increase.

Since then, there has been an [increase in COVID-19 cases](link) following the lowest recorded estimate in June, as well as spikes in transmission in certain areas. In response, rather than locking down the whole country again, the [government](link) has brought in local lockdowns in affected areas.

National [lockdown](link) has a significant [indirect effect on people's health](link): fewer people go to hospital emergency departments when needed and vaccination and cancer screening programmes are delayed. Local lockdowns, therefore, aim to control the spread of the virus in a specific area in response to a local spike of infections. They may be the best option we have for managing the pandemic prior to a vaccine becoming available.

A local lockdown has recently been imposed in [Aberdeen following an increase in COVID-19 cases](link). Bars and restaurants there have closed and residents have been advised to remain home and limit travel. Greater Manchester, Preston and Leicester have also seen restrictions reinstated as case numbers have risen.

Internationally, local lockdowns have been used to control increasing case numbers—with further restrictions imposed in [Australia](link), Germany, [Italy](link) and [China](link).

How to make local lockdowns a success

Local lockdowns are not a perfect solution. They still create a disproportionate economic and social burden for the people living in those areas. Local businesses suffer, people are unable to go to work, and children may not be able to attend school. This type of lockdown is also difficult to enforce—the UK is a densely populated country and ensuring minimal movement inside or outside of a lockdown area is almost impossible.

And they can only work if data on coronavirus cases lies in the hands of those who need it. Issues brought to light in the recent lockdown of Leicester demonstrated that local authorities [did not have access to testing results](link), making it difficult to rapidly identify clusters in the community. Without this important data being shared between local health authorities and national health bodies, it is difficult to ascertain how far a lockdown should be extended for it to be effective.

Local lockdowns also have the potential to increase inequalities, especially in disadvantaged areas. Demographic and socioeconomic factors may play a role in localised increases in cases, and [we already know that certain ethnicities](link) are at higher risk of COVID-19 infection and transmission. Local hot spots will probably be in areas of increased disadvantage, particularly among black, Asian and minority ethnic groups who are more likely to live in densely populated urban areas and are also disproportionately represented in [high-risk essential jobs](link).

This was reflected in a statement from [Independent Sage](link), which provides independent advice on how the government should deal with the coronavirus epidemic, on the "predictable and avoidable" situation in Leicester—"a city rich in multiple cultures and traditions, [which] also has high levels of disadvantage and poverty".

To prevent local lockdowns making inequalities worse, they should be implemented for the shortest time possible to minimise disruption to people's lives. Certain requirements need to be met for this to happen.

There must be clear communication and data-sharing between all levels of government, including local authorities, the NHS, Public Health England and the UK government. Data must be made readily available to all parties, including up-to-date case numbers to help identify hotspots. In doing so, early action can be undertaken and the necessity for wider restrictive measures reduced.

A robust testing and tracing strategy must also be in place. Tests should be easy for people to access with results rapidly provided. Cases and their contacts who are required to self-isolate should be supported by central government to assist with accommodation and cover loss of income.

Finally, local authorities must be involved at every step with clear community messaging that gives people ample opportunity to prepare for increased restrictions.

Local lockdowns do work—as recent evidence from a study of these measures in the Italian city of Vo' has demonstrated – and they remain our best option if there is continued viral transmission in the community.

The focus now should be on coordination and data-sharing between local authorities and national government, and clear criteria for implementation and relaxation of measures to reduce the impact of lockdowns on communities.

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