COVID-19 recovery

12th February 2021

**Title:** Mental health and wellbeing for people receiving persistently lower pay during the pandemic

The Health Foundation | 3rd February 2021

The national lockdown means that some sectors remain closed, with workers furloughed for weeks or months. We will have seen an unprecedented period of people receiving less or no work with potentially long-lasting effects on their health and wellbeing.

This article explores the consequences for the mental health and wellbeing of people who received lower pay during the period from March to September 2020 than they were receiving before the first lockdown. The analysis is based on an online survey of more than 6,000 adults aged 18–65 who were interviewed in the period 17–22 September 2020 (our methods are summarised in the box at the bottom of the page).

Overall, this survey estimates that compared to immediately before the pandemic, 13% of the working age population saw a reduction in their pay across every subsequent month up to September 2020. Of those who experienced this persistent decrease in pay, 21% have been furloughed, 23% have lost hours and a further 23% have lost their job.

The analysis also found that:

* people with persistently low pay were more than twice as likely to report very low satisfaction, very low happiness and feeling worthless than those with no pay loss
* lower pay hit lower income households harder
* age matters - the youngest and oldest groups were significantly more likely than all other age groups to have persistently a lower pay.

The article concludes that people’s health and their financial circumstances are inextricably linked and trends to date suggest that people experiencing a prolonged economic decline are more likely to have poorer mental health and wellbeing. The unique societal shock caused by the pandemic means that measures for the post-pandemic recovery must focus as much on restoring mental health as restoring the economy.

Full detail: [Mental health and wellbeing for people receiving persistently lower pay during the pandemic](https://www.health.org.uk/news-and-comment/blogs/mental-health-and-wellbeing-for-people-receiving-persistently-lower-pay?utm_campaign=12132605_Mental%20health%20and%20lower%20pay%20%20%20WARM%20%20January%202021&utm_medium=email&utm_source=The%20Health%20Foundation&dm_i=4Y2,781KT,6ZKZT4,T9SRC,1)

**Title:** Poverty, health, and covid-19

BMJ | 2021; 372: n376 | 12th February 2021

Covid-19 does not strike at random—mortality is much higher in elderly people, poorer groups, and ethnic minorities, and its economic effect is also unevenly distributed across the population.

Exposure to infection is unequal. People in precarious, low paid, manual jobs in the caring, retail, and service sectors have been more exposed to covid-19 as their face-to-face jobs cannot be done from home. Overcrowded, poor quality housing in densely populated areas have often added to their increased risk. Poorer communities have also been more vulnerable to severe disease once infected because of higher levels of pre-existing illness. Increased rates of infection have led to greater loss of income linked to disruptions to work and job loss, but the immediate financial pressure of covid-19 has gone far beyond this.

The economic fallout is likely to be felt for years. Without concerted preventive action worse off families and communities will be disproportionately affected, increasing health inequalities in the UK and globally. This editorial states we must avoid reintroducing austerity measures to fix the economy, which would again fall heaviest on the most disadvantaged groups and communities, widening health inequalities still further. Instead, we must “build back fairer.”

Full editorial: [Poverty, health, and covid-19](https://www.bmj.com/content/372/bmj.n376)

**Title:** Protecting and supporting the clinically extremely vulnerable during lockdown

National Audit Office | 10th February 2021

This report looks at how effectively government identified and met the needs of clinically extremely vulnerable people to 1 August 2020. It only examines the support provided through the shielding programme and does not include wider support to CEV people, such as statutory sick pay. The report sets out:

• the inception of the shielding programme (Part One);
• identifying clinically extremely vulnerable people (Part Two);
• supporting clinically extremely vulnerable people (Part Three); and
• outcomes and lessons learned (Part Four).

 Report conclusions:

The shielding programme was a swift government-wide response to protect clinically extremely vulnerable people against COVID-19, pulled together at pace in the absence of detailed contingency plans. There was impressive initial support offered to many people, with food provided to just over 500,000 people.

The Department for Health and Social Care is confident that shielding has helped to protect CEV people and it is clear that many CEV people benefited from the support the Programme provided. However, given the challenges in assessing the impact of shielding on CEV people’s health, government cannot say whether the £300 million spent on this programme has helped meet its central objective to reduce the level of serious illness and deaths from COVID-19 across CEV people.

Full report: [Protecting and supporting the clinically extremely vulnerable during lockdown](https://www.nao.org.uk/wp-content/uploads/2021/02/Protecting-and-supporting-the-clinically-extremely-vulnerable-during-lockdown.pdf)

Report summary: [Protecting and supporting the clinically extremely vulnerable during lockdown](https://www.nao.org.uk/wp-content/uploads/2021/02/Protecting-and-supporting-the-clinically-extremely-vulnerable-during-lockdown-Summary.pdf)

**Title:** Blueprint launched for NHS and social care reform following pandemic

Department of Health and Social Care | 11th February 2021

The Health and Social Care Secretary, with the support of NHS England and health and care system leaders, will set out new proposals to build on the NHS response to the pandemic. The proposals will bring health and care services closer together to build back better by improving care and tackling health inequalities through measures to address obesity, oral health and patient choice.

The measures set out in a government white paper to be published on GOV.UK, will modernise the legal framework to make the health and care system fit for the future and put in place targeted improvements for the delivery of public health and social care. It will support local health and care systems to deliver higher-quality care to their communities, in a way that is less legally bureaucratic, more accountable and more joined up, by bringing together the NHS, local government and partners together to tackle the needs of their communities as a whole.

The measures include proposals to make integrated care the default, reduce legal bureaucracy, and better support social care, public health and the NHS. The reforms will enable the health and care sector to use technology in a modern way, establishing it as a better platform to support staff and patient care, for example by improving the quality and availability of data across the health and care sector to enable systems to plan for the future care of their communities.

Full detail: [Blueprint launched for NHS and social care reform following pandemic](https://www.gov.uk/government/news/blueprint-launched-for-nhs-and-social-care-reform-following-pandemic)

**Title:** How has coronavirus affected mental health?

BBC News | 11th February 2021

The coronavirus pandemic has led to concerns about a worsening of mental health across the UK. This BBC explainer looks at the scale of the problem, asking:

* How has mental health changed?
* What issues are impacting our mental health?
* Are people still getting help?
* How quickly are people getting help?

Full detail: [How has coronavirus affected mental health?](https://www.bbc.co.uk/news/explainers-55957105)

**Title:** Doctors warn of ‘tsunami’ of pandemic eating disorders

The Guardian | 11th February 2021

Psychiatrists have warned of a “tsunami” of eating disorder patients amid data showing soaring numbers of people experiencing anorexia and bulimia in England during the pandemic. Dr Agnes Ayton, the chair of the Eating Disorder Faculty at the Royal College of Psychiatrists, said the number of people experiencing problems had risen sharply with conditions such as anorexia thriving in the isolation of lockdown. She said: “We expect the tsunami [of patients] is still coming. We don’t think it has been and gone.”

She also noted that in Oxford, where she works, about 20% of people admitted were usually urgent referrals but this proportion had shot up to 80%.

Separately, data released on Thursday shows huge rises in waiting times for young people and children, with a 128% increase in the number waiting for routine treatment compared with last year.

Full detail: [Doctors warn of ‘tsunami’ of pandemic eating disorders](https://www.theguardian.com/society/2021/feb/11/doctors-warn-of-tsunami-of-pandemic-eating-disorders)

**Title:** Seroprevalence and risk factors of exposure to COVID-19 in homeless people in Paris, France: a cross-sectional study

The Lancet Public Health | 5th February 2021

During the COVID-19 lockdown period from March 17 to May 11, 2020, French authorities in Paris and its suburbs relocated people experiencing recurrent homelessness to emergency shelters, hotels, and large venues. A serological survey was done at some of these locations to assess the COVID-19 exposure prevalence in this group.

The results show high exposure to SARS-CoV-2 with important variations between those at different study sites. Living in crowded conditions was the strongest factor associated with exposure level. This study underscores the importance of providing safe, uncrowded accommodation, alongside adequate testing and public health information.

Full article: [Seroprevalence and risk factors of exposure to COVID-19 in homeless people in Paris, France: a cross-sectional study](https://www.thelancet.com/action/showPdf?pii=S2468-2667%2821%2900001-3)

See also: [COVID-19 and homelessness: when crises intersect](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667%2821%2900022-0/fulltext)

**Title:** Long covid: WHO calls on countries to offer patients more rehabilitation

BMJ | 2021; 372: n405 | 10th February 2021

The World Health Organization has urged countries to prioritise rehabilitation for the medium and long term consequences of covid-19 and to gather information on “long covid” more systematically.

WHO has produced a standardised form to report clinical data from individual patients after hospital discharge or after their acute illness to examine the medium and long term consequences of covid-19. It has also set up technical working groups to build a consensus on the clinical description of what WHO now calls “the post-covid-19 condition” and to define research priorities.

Full detail: [Long covid: WHO calls on countries to offer patients more rehabilitation](https://www.bmj.com/content/372/bmj.n405)

Related: [Global covid-19 clinical platform case report form (CRF) for post covid condition (Post COVID-19 CRF)](https://www.who.int/publications/i/item/global-covid-19-clinical-platform-case-report-form-%28crf%29-for-post-covid-conditions-%28post-covid-19-crf-%29) | WHO

**Title:** Healthcare staff must be given time to recuperate from pandemic, say leaders

BMJ | 2021; 372: n420 | 11th February 2021

The NHS must have a realistic and steady approach to resuming services disrupted by the pandemic that explicitly recognises the need for staff to recover, NHS leaders have said. In a letter to the prime minister leaders from the NHS Confederation, which represents healthcare providers, warned, “The NHS cannot recover its services at the same rate of increase when staff are so exhausted.”

The letter noted that there were over 5000 more patients with covid-19 in UK hospitals right now that at the peak of the first wave and that this was taking its toll on staff. The leaders called for sustained local mental health support for the NHS workforce beyond the end of March and for a long term, fully funded plan to increase staffing numbers.

The government must also set out clear expectations for the public on when routine procedures and other treatments would be fully back on line, they added.

Further detail: [Healthcare staff must be given time to recuperate from pandemic, say leaders](https://www.bmj.com/content/372/bmj.n420)

See also: [Letter to the Prime Minister about NHS recovery priorities](https://www.nhsconfed.org/-/media/Confederation/Files/Publications/Documents/Letter-to-the-Prime-Minister---NHS-recovery-priorities---080221-FINAL-PD.pdf) | NHS Confederation

**Title:** Coronavirus and the social impacts on Great Britain: 12 February 2021

Office for National Statistics | 12th February 2021

Indicators from the Opinions and Lifestyle Survey covering the period 3 to 7 February 2021 to understand the impact of the coronavirus (COVID-19) pandemic on people, households and communities in Great Britain.

Main points:

This week, over the period 3 to 7 February 2021, based on adults in Great Britain:

* Compliance with most measures to stop the spread of the coronavirus (COVID-19) remained high, with similar proportions to last week reporting always or often handwashing after returning home (90% this week compared with 89% last week), using a face covering (95% this week compared with 94% last week) and avoiding physical contact when outside their home (93% both this week and last week).
* The proportion of adults reporting staying at home or only leaving for work, exercise, essential shopping or medical needs in the past seven days was similar to last week (56% this week compared with 57% last week); this proportion has gradually decreased since mid-January although remains higher than before the introduction of national lockdowns across Great Britain in November 2020.
* Personal well-being scores for life satisfaction, feeling that things done in life are worthwhile and happiness remained at some of the lowest levels recorded since this survey began in March 2020; the anxiety score improved slightly this week compared with last week.
* The proportion of adults who felt that it will take more than a year for life to return to normal (27%) fell slightly this week (down from 29% last week) but remains higher than those who feel life will return to normal in six months or less (21% this week, up from 17% last week).

Full detail: [Coronavirus and the social impacts on Great Britain: 12 February 2021](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/coronavirusandthesocialimpactsongreatbritain/12february2021)

**Title:** Wider lockdown key to preventing Covid-19 surge if schools reopen

University College London | 10th February 2021

Wider restrictions must remain in place if schools reopen in March in order to keep the epidemic’s R number below 1 in the UK, a new UCL-led modelling study suggests.

The pre-print study, published on the site medRxiv, suggested that reopening schools to all pupils in some form on March 8 may lead to an increase in cases but that, if a broader lockdown remained, it was unlikely to cause the R rate to go above 1 and lead to the epidemic growing again.

The research team used a mathematical to assess the impact of various scenarios of schools reopening on March 8 on the spread of the SARS-CoV-2 virus, including the “Kent variant”, B.1.1.7. The model also accounted for a continued roll-out of vaccines.

They found that opening schools in a staggered fashion was likely to lead to a smaller increase in cases. Reopening only primary schools and exam-critical year groups in secondary school – Year 11 and Year 13 – would lead to the smallest increase, the researchers found. Reopening primary schools fully, but with secondary schools operating on a two-weeks-on, two-weeks-off rota system would also lead to a smaller increase than fully opening all schools at the same time.

The study’s modelling suggested that, if the wider lockdown were lifted on April 19, new infections would increase sharply and the R number would go above 1. However, the researchers said that a rapid vaccination programme could potentially prevent this, depending on the transmission-blocking properties of the vaccines.

The researchers found that if a full national lockdown were to continue throughout March and April, the R number – the number each person with Covid-19 infects on average - might stay at 0.8.

If schools reopened fully on March 8, the study simulations suggested that the R number would rise to about 0.9. The best schools reopening scenario – only opening primaries and exam-critical years in secondary school – would, the simulations suggest, keep the R number down to about 0.83.

Further detail: [Wider lockdown key to preventing Covid-19 surge if schools reopen](https://www.ucl.ac.uk/news/2021/feb/wider-lockdown-key-preventing-covid-19-surge-if-schools-reopen)

Research paper: [Modelling the impact of reopening schools in early 2021 in the presence of the new SARS-CoV-2 variant and with roll-out of vaccination against COVID-19](https://www.medrxiv.org/content/10.1101/2021.02.07.21251287v1.full.pdf)

*[please note, this article is a preprint and has not been certified by peer review. It reports new medical research that has yet to be evaluated and so should not be used to guide clinical practice]*

**Title:** Factors associated with SARS-CoV-2 infection and outbreaks in long-term care facilities in England: a national cross-sectional survey

The Lancet Healthy Longevity | 11th February 2021

Outbreaks of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection have occurred in long-term care facilities (LTCFs) worldwide, but the reasons why some facilities are particularly vulnerable to outbreaks are poorly understood. This paper aimed to identify factors associated with SARS-CoV-2 infection and outbreaks among staff and residents in LTCFs.

The study found that half of LTCFs had no cases of SARS-CoV-2 infection in the first wave of the pandemic. Reduced transmission from staff is associated with adequate sick pay, minimal use of agency staff, an increased staff-to-bed ratio, and staff cohorting with either infected or uninfected residents. Increased transmission from residents is associated with an increased number of new admissions to the facility and poor compliance with isolation procedures.

Full paper: [Factors associated with SARS-CoV-2 infection and outbreaks in long-term care facilities in England: a national cross-sectional survey](https://www.thelancet.com/action/showPdf?pii=S2666-7568%2820%2930065-9)

**Title:** Data modelling tool can forecast vulnerability of local populations to COVID-19

National Institute for Health Research | Journal of Epidemiology & Community Health | 11th February 2021

During the first wave of the COVID-19 pandemic in England, several population characteristics were associated with an increased risk of death from the virus, including age, ethnicity, income, deprivation, care home residence and housing conditions. Public health agencies wanted to understand how these vulnerability factors were distributed across their communities.

Researchers analysed 6,789 small areas in England and assessed the association between COVID-19 mortality in each area and five vulnerability measures relating to ethnicity, poverty, and prevalence of long-term health conditions, living in care homes and living in overcrowded housing. They developed a Small Area Vulnerability Index (SAVI) modelling tool, which forecasts the vulnerability of the local population to the virus.

Nationally, the UK government has already used the SAVI tool in its work on identifying the damage done to communities by the impact of COVID-19. Regionally Lancashire County Council, Durham Council and the Merseyside Resilience Forum have used the SAVI tool for planning their response to COVID-19.

Full detail: [Data modelling tool can forecast vulnerability of local populations to COVID-19](https://www.nihr.ac.uk/news/data-modeling-tool-can-forecast-vulnerability-of-local-populations-to-covid-19/26841)

Research paper: [How does vulnerability to COVID-19 vary between communities in England? Developing a Small Area Vulnerability Index (SAVI)](https://jech.bmj.com/content/jech/early/2021/02/04/jech-2020-215227.full.pdf)

**Title:** Nearly six out of every 10 people who died with coronavirus in England last year were disabled, figures suggest

Office for National Statistics | BBC News | 11th February 2021

Between 24 January and 20 November 2020 in England, the risk of death involving the coronavirus (COVID-19) was 3.1 times greater for more-disabled men and 1.9 times greater for less-disabled men, compared with non-disabled men; among women, the risk of death was 3.5 times greater for more-disabled women and 2.0 times greater for less-disabled women, compared with non-disabled women.

The ONS figures suggest disabled people were disproportionately affected by the pandemic - accounting for 17.2% of the study population but nearly 60% of coronavirus deaths. The ONS said an "important part" of the increased risk was because disabled people were "disproportionately exposed to a range of generally disadvantageous circumstances" compared with non-disabled people.

Full detail: [Updated estimates of coronavirus (COVID-19) related deaths by disability status, England: 24 January to 20 November 2020](https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronaviruscovid19relateddeathsbydisabilitystatusenglandandwales/24januaryto20november2020)

BBC News: [Disabled people account for six in 10 deaths in England last year - ONS](https://www.bbc.co.uk/news/uk-56033813)

**Title:** GPs receive funding boost to vaccinate housebound in NHS drive to protect most vulnerable

NHS England |  7th February 2021

The NHS will pay GPs an additional £10 for every COVID vaccination they deliver to someone who is housebound as part of the drive to protect the most vulnerable people as swiftly as possible.

Full detail: [GPs receive funding boost to vaccinate housebound in NHS drive to protect most vulnerable](https://www.england.nhs.uk/2021/02/funding-boost-to-vaccinate-housebound/)

**Title:** The COVID-19 exit strategy—why we need to aim low

The Lancet Respiratory Disease | 11th February 2021

As we find ourselves in the second year of a global pandemic, the question on everyone's mind is: when will this end? Much of the narrative around the pandemic last year was that all hopes for a return to normal hinged on development of an effective vaccine. Against all precedent, going into 2021, the world had several vaccines with demonstrated efficacy against symptomatic COVID-19 in its armamentarium. Yet as this editorial discusses, a magic bullet they are not.

This piece looks at numerous issues and uncertainties surround the existing COVID-19 vaccines:

* We do not yet know the quality or length of protection the vaccines will provide and how effectively they will stop viral transmission.
* New variants of SARS-CoV-2 with mutations in key proteins threaten vaccine efficacy.
* Certain groups—eg, children, people with immunodeficiency, pregnant women, and elderly people—were not included, or were underrepresented, in vaccine trials, making the safety and efficacy in these groups less certain.
* Supply-chain constraints, pricing, and unequal vaccine procurement across countries mean that coverage across most, if not all, countries will remain below the level required for herd immunity—if such a level exists, another unknown.

We can say that vaccines will make an important contribution to returning life to normal, but they should be only one part of an exit strategy.

Full editorial: [The COVID-19 exit strategy—why we need to aim low](https://www.thelancet.com/action/showPdf?pii=S1473-3099%2821%2900080-3)

**Title:** SARS-CoV-2 variants and ending the COVID-19 pandemic

The Lancet | 11th February 2021

The COVID-19 pandemic has devastated health-care systems, shut down schools and communities, and plunged the world into an economic recession. While 2020 was a challenging year, 2021 looks to be difficult with the emergence of multiple variants of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). This comment piece suggests the race to vaccinate the world will need to respond to the pathogen's constant evolution to evade immunity and asks ‘what marks the path to the end of this pandemic’?

The article states that as high-income countries race to immunise their populations within months, they leave themselves vulnerable to SARS-CoV-2 evolving in other countries to a new lineage that vaccines might not protect well against. Hence, the end of the pandemic is only possible when vaccines that are effective against circulating variants are distributed equitably across the world. Global cooperation to ensure equity and responsiveness to local contexts is essential on the difficult path ahead to ending the COVID-19 pandemic.

Full article: [SARS-CoV-2 variants and ending the COVID-19 pandemic](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2821%2900370-6)

We

[TRFT Library & Knowledge Service](https://www.trftlibraryknowledge.com/) aim to bring together the latest guidelines, research and news on Covid-19 through our [Covid-19 portal](https://www.trftlibraryknowledge.com/coronavirus.html). For daily updates on Covid-19 visit our '[Latest Health](https://trfthealthweeklydigest.wordpress.com/)' newsfeed, or use the hashtag [#covid19rftlks](https://twitter.com/hashtag/covid19rftlks?src=hashtag_click) to see our latest tweets on Covid-19 research, guidelines and news.

We also produce a range of subject-specific news feeds to ensure our clinical and professional teams stay up to date with developments in their work areas. Please visit our [website](http://www.trftlibraryknowledge.com/) for more information

<https://www.trftlibraryknowledge.com/health-newsfeeds.html>