

w/c 22<sup>nd</sup> March 2021

Produced by Health Evidence Matters

## Public Health England

### National COVID-19 reinfection surveillance

The aim of this surveillance programme is to assess duration of immunity, protection against clinical and more severe disease, and to understand the risk of possible reinfection.

[Details](#)

### Investigation and management of suspected SARS-CoV-2 reinfections: a guide for clinicians and infection specialists

Reinfection with SARS-CoV-2 remains rare, though in the context of high prevalence, cases will occasionally occur. This guidance provides details on investigating and risk assessing individuals who are suspected to be re-infected with SARS-CoV-2.

[Details](#)

### PHE study shows three-quarters of over 70s have COVID-19 antibodies

New findings show estimated 75.8% of 70 to 84 year old blood donors had antibodies against COVID-19 by early March. However, only 5.6% were from natural infection, which shows that older adults are able to mount a very robust immune response to a single dose of COVID-19 vaccine..

[Details](#)

### Injectable opioid treatment: commissioning and providing services

This guidance is for local authority commissioners and service providers who are considering setting up an injectable opioid treatment service. It includes advice on commissioning and development, recommendations on clinical & operational elements, & detailed operating procedures

[Details](#)

### Inequalities in oral health in England

This report describes the current picture of oral health inequalities and oral health service inequalities in England. The information presented may be used to inform the equality impact assessment of proposed public health interventions and to inform commissioning of services.

[Details](#)

### Alcohol dependence prevalence in England

Estimates of the number of alcohol dependent adults in each local authority in England for 2018 to 2019.

[Details](#)

### Children living with parents in emotional distress: March 2021 update

The proportion of children living with at least one parent reporting symptoms of emotional distress, by family type and work status.

[Details](#)

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Health Evidence Matters provides clinical and public health evidence reviews and training in evidence-based practice skills.

### **Public Health Matters: Giving every child the best start in life**

The modernised Healthy Child Programme will help ensure every child can thrive and achieve - we want all children to be ready to learn at 2, ready for school at 5 and ready for life when they reach adulthood.

[Details](#)

### **Public Health Matters: Preventing COVID-19 infections in care homes**

Care home residents can now be visited indoors by a single, named individual. This blog sets out how visiting in care homes is being enabled through use of testing, the right use of PPE and other infection prevention and control (IPC) measures.

[Details](#)

### **Public Health Matters: Tackling violence against women and girls**

Since the disappearance and murder of Sarah Everard on the 3rd March, women around the world have been sharing their stories of catcalling, harassment and assault. To successfully prevent violence against women in the future it is essential to tackle the root causes of violence, which includes challenging societal and cultural norms that can lead to violence.

[Details](#)

### **Public Health Matters: Cancer in children and young people – what do the statistics tell us?**

We have published the first UK-wide report on children, teenage and young adult cancers in almost a decade. The report combines data on cancer incidence, survival and mortality from cancer registries in the four UK countries and this blog looks at 5 of the key points.

[Details](#)

### **Weekly national Influenza and COVID-19 surveillance report Week 11 report (up to week 10 data) 18 March 2021**

The main points from this week's national influenza and COVID-19 surveillance report are:

- Surveillance indicators suggest that at a national level COVID-19 activity continued to decrease across the majority of indicators in week 10 of 2021.
- Case rates have increased across the younger age groups in those aged between 0 and 19 and fallen in those aged 20 and above.
- Case rates continue to be highest in those aged 30 to 39; they have fallen in week 10 to 82.7 per 100,000 population.
- The lowest case rate was in those aged 70 to 79, with a rate of 16.5 per 100,000 population.

[Full text](#)

### **Department of Health and Social Care**

#### **Public health grants to local authorities: 2021 to 2022**

The public health allocations and monetary conditions for local authorities to improve health in local populations.

[Details](#)

The Public Health Grant 2021/2 does not go far enough in providing local public health teams with the resource they need to tackle the challenges of the year ahead, and is not representative of an ambition to 'level-up'

#### **Faculty of Public Health response**

#### **LGA response**

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### **Government response: UK regulator confirms that people should continue to receive the COVID-19 vaccine AstraZeneca**

A review by the MHRA and EMA has concluded available evidence does not suggest venous thromboembolism is caused by COVID-19 Vaccine AstraZeneca and benefits of the vaccines against COVID-19 continue to outweigh any risks.

A further, detailed review into five UK reports of sinus vein thrombosis occurring together with thrombocytopenia is ongoing. This has been reported in less than 1 in a million people vaccinated so far in the UK, and can also occur naturally – a causal association with the vaccine has not been established.

[Details](#)

### **£7 billion for NHS and social care for COVID-19 response and recovery**

The NHS will receive an extra £6.6 billion over the next 6 months to support the continuation of the NHS response to COVID-19 (hospital discharge programme, infection control measures, long COVID services, and NHS staff support services) and the recovery of elective services.

[Details](#)

### **Shielding advice for the clinically extremely vulnerable to stop from April**

Advice to the clinically extremely vulnerable to shield ceases from 1 April, following the steady decrease in the number of COVID-19 cases and hospitalisations for the last couple of weeks. Those on the shielded patient list are however still advised to take extra precautions.

[Details](#)

### **More than 25 million people in the UK have received their first dose of a COVID-19 vaccine**

Significant milestone reached as almost half of all UK adults in the UK get first dose of the vaccine. Almost 95% of people aged 60 and over have been vaccinated.

[Details](#)

### **Extra £47.6 million for Vaccines Manufacturing and Innovation Centre**

The Vaccines Manufacturing and Innovation Centre (VMIC) has been granted an additional £47.6 million to support the expansion and acceleration of the programme.

[Details](#)

### **Trials to find preventative COVID-19 treatments for most vulnerable to launch in UK**

Two new clinical trials to develop treatments to prevent people catching (coronavirus) COVID-19 are to launch in the UK.

[Details](#)

### **Coronavirus cases by local authority: epidemiological data, 18 March 2021**

Weekly watchlist giving epidemiological coronavirus (COVID-19) data for each lower-tier local authority (LTLA) in England

### **Government Office for Science**

#### **Latest R number and growth rate**

Last updated on 19<sup>th</sup> March 2021.

Latest R number range for the UK

0.6 to 0.9

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Latest growth rate range for the UK

-6% to -3%

per day

[Details](#)

### **National Institute for Health and Care Excellence (NICE)**

#### **Consultation on advocacy services**

NICE is consulting on draft guidance about advocacy services for adults with health and social care needs. Comments can be submitted using its evidence forms, which should be emailed to [advocacy@rcog.org.uk](mailto:advocacy@rcog.org.uk) with any relevant information by 5pm on Monday 29 March.

[Details](#)

### **Research and analysis from academic journals – non-coronavirus-related**

#### **British Journal of Clinical Pharmacology: Adverse events of recreational cannabis use reported to the French addictovigilance network (2012-2017)**

National database study found a tripling of reported adverse events between 2012 and 2017 (179 to 562). Many AEs were reported, including psychiatric (51.2%), neurological (15.6%) and cardiovascular (7.8%) The most common AE was dependence (ranging from 10% to 20.3%).

[Abstract](#)

#### **BMJ collection: Child health redesign**

The World Health Organization and UNICEF have initiated efforts to reorient their child health strategy, shifting attention towards a life course perspective and away from an exclusive focus on under-5 survival. This collection sets out the evidence informing the redesign process

[Details](#)

### **Research and analysis from academic journals and preprints – coronavirus-related**

#### **Nature: Increased mortality in community-tested cases of SARS-CoV-2 lineage B.1.1.7**

Dataset review found a 61% higher risk of death associated with the B.1.1.7 variant (UK variant) vs pre-existing SARS-CoV-2 variants, corresponding to an increase in risk of absolute death for a 55-69 year old male from 0.6% to 0.9% within 28 days of a positive test.

[Full text](#)

#### **AstraZeneca press release 22/03: AZD1222 US Phase III trial met primary efficacy endpoint in preventing COVID-19 at interim analysis**

- 79% vaccine efficacy at preventing symptomatic COVID-19
- 100% efficacy against severe or critical disease and hospitalisation
- Comparable efficacy result across ethnicity and age, with 80% efficacy in participants aged 65 years and over
- Favourable reactogenicity and overall safety profile – no blood clots

The trial involved 32000 people.

[Details](#)

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### **Annals of Internal Medicine: Antibody Response After SARS-CoV-2 Infection and Implications for Immunity: A Rapid Living Review**

Review (66 observational studies; n =16 525) found most adults with SARS-CoV-2 infection confirmed by RT-PCR develop detectable levels of IgM and IgG antibodies after infection with SARS-CoV-2 and IgG levels peak ~25 days after symptom onset and may remain detectable for ≥120 days

[Full text](#)

### **BMJ: Association between living with children and outcomes from covid-19: OpenSAFELY cohort study of 12 million adults in England**

Study of 12 million adults in England, showing that living with children during the second wave was associated with an increased risk of testing positive or being hospitalised for COVID-19. In real terms, the effects were modest and equal to an extra: 40-60 infections (5-7% increase) and 1-5 hospital admissions per 10,000 people for those living with young children; and, 160-190 infections (20-23% increase) and 2-6 admissions (1-4% increase) for those living with adolescents.

Risk of death was increased for adults aged ≥65 years.

[Full text](#)

### **NEJM: Efficacy of the ChAdOx1 nCoV-19 Covid-19 Vaccine against the B.1.351 Variant**

A two-dose regimen of the ChAdOx1 nCoV-19 vaccine did not show protection against mild-to-moderate Covid-19 due to the B.1.351 variant. There were no severe cases in the smallish RCT study so impact on severe Covid-19 is unknown.

[Full text](#)

### **The Lancet: Assessment of protection against reinfection with SARS-CoV-2 among 4 million PCR-tested individuals in Denmark in 2020: a population-level observational study**

In the first large scale study of its kind, analysis (n >10m test results) found natural infection with SARS-CoV-2 led to observed protection against reinfection estimated to be ~ 80% after 6 months but observed low natural immunity in age ≥ 65yrs underlines need to vaccinate previously infected, particularly this age group.

[Full text](#)

[Comment -Risk of SARS-CoV-2 reinfection after natural infection](#)

### **The Lancet: Seroprevalence and humoral immune durability of anti-SARS-CoV-2 antibodies in Wuhan, China: a longitudinal, population-level, cross-sectional study**

The first long-term seroprevalence study from Wuhan, China finds 6.92% of people in the city had antibodies against COVID-19 in April 2020, of which 40% developed neutralising antibodies that did not decrease between April and October-December 2020.

[Full text](#)

[Comment – Sustained neutralising antibodies in the Wuhan population suggest durable protection against SARS-CoV-2](#)

### **NEJM: Spread of a Variant SARS-CoV-2 in Long-Term Care Facilities in England**

Review of 143,994 samples found the SARS-CoV-2 B.1.1.7 (UK) variant is now prevalent in all regions of England, and it spread rapidly from the community into long-term care facilities (LTCFs). Authors note enforcement of disease-control measures is needed, particularly in LTCFs.

[Full text](#)

### **PLOS Medicine: Cardiometabolic risk factors for COVID-19 susceptibility and severity: A Mendelian randomization analysis**

Genetic evidence supports higher BMI as a causal risk factor for COVID-19 susceptibility and severity. Obesity could amplify COVID-19 disease burden independently or through its cardiometabolic consequences and suggest that targeting obesity may be a strategy to reduce the risk of severe COVID-19 outcomes.

[Full text](#)

### **The Lancet Child & Adolescent Health: SARS-CoV-2 infection and transmission in primary schools in England in June–December, 2020 (sKIDs): an active, prospective surveillance study**

In England, SARS-CoV-2 infection rates were low in primary schools following their partial and full reopening in June and September, 2020.

[Full text](#)

### **The Lancet Child & Adolescent Health: Surveillance-based informative testing for detection and containment of SARS-CoV-2 outbreaks on a public university campus: an observational and modelling study**

Targeted testing of residence halls was 2.03 times more likely to detect a positive case than random testing (95% CI 1.67–2.46). Weekly prevalence was reduced from a peak of 8.7% to 5.6% during this 2-week period, a relative reduction of 36% (95% CI 27–44). Prevalence continued to decrease after implementation of weekly testing, reaching 0.8% at the end of in-person instruction (week 9). SARS-CoV-2 transmission models concluded that, in the absence of SBIT (ie, voluntary testing only), the total number of COVID-19 cases would have increased by 154% throughout the semester. Compared with SBIT, random surveillance testing alone would have resulted in a 24% increase in COVID-19 cases. Implementation of weekly testing at the start of the semester would have resulted in 36% fewer COVID-19 cases throughout the semester compared with SBIT, but it would require twice the number of daily tests.

[Full text](#)

[Commentary - Testing for SARS-CoV-2 infection: a key strategy to keeping schools and universities open](#)

### **The Lancet Infectious Diseases: The potential health and economic value of SARS-CoV-2 vaccination alongside physical distancing in the UK: a transmission model-based future scenario analysis and economic evaluation**

This modelling study highlights the substantial health and economic value of introducing Covid-19 vaccination and provides early insights about possible future post-vaccination scenarios from an economic and epidemiological perspective.

[Full text](#)

### **The Lancet Infectious Diseases: Vaccination and non-pharmaceutical interventions for COVID-19: a mathematical modelling study**

This study estimates vaccination alone is insufficient to contain the outbreak, highlighting risks associated with early/rapid relaxation of non-pharmaceutical interventions. In their absence, most optimistic assumption leads to estimated R of 1.58 (95% CI 1.36-1.84).

[Full text](#)

[Comment - Risking further COVID-19 waves despite vaccination](#)

### **JAMA: Four-Month Clinical Status of a Cohort of Patients After Hospitalization for COVID-19**

In study (n=478 survivors of COVID-19 in France), 4 months after hospitalisation,  $\geq 1$  new-onset symptom was reported by telephone interview by 244 patients (51%), including fatigue, cognitive symptoms and dyspnoea. CT lung scan abnormalities were reported in 63% of 171 patients.

[Full text](#)

### **CDC Report: Transmission of Severe Acute Respiratory Syndrome Coronavirus 2 during Border Quarantine and Air Travel, New Zealand (Aotearoa)**

Case report of a probable instance of airborne transmission of SARS-CoV-2 in the hotel quarantine system in New Zealand. Aerosols appeared to travel to a neighbouring room during a 50 second window in which the doors to both rooms were open.

[Full text](#)

### **BMJ Open: Impact of COVID-19 pandemic on utilisation of healthcare services: a systematic review**

Review (81 studies) found healthcare utilisation decreased by about a third during the pandemic (median 37% reduction, comprising reductions for visits of 42%, admissions 28%, diagnostics 31% and for therapeutics 30%), with greater reductions among people with less severe illness

[Full text](#)

### **BMJ Open: Seroprevalence of SARS-CoV-2 infection in healthcare workers in a large teaching hospital in the North West of England: a period prevalence survey**

Study at a teaching hospital in North West of England (n=4474 staff) found that seroprevalence was 17.4%. Staff working in clinical areas where patients with COVID-19 were nursed were more likely to have detectable antibodies. (OR 2.68, 95% 2.27 to 3.15).

[Full text](#)

### **BMJ Open: Evaluating access to health and care services during lockdown by the COVID-19 survey in five UK national longitudinal studies**

This cross-sectional study (n=14,891) found women (OR 1.40, 95% CI 1.27-1.55) and those with a chronic illness (1.84, 1.65-2.05) experienced more appointment cancellations during lockdown. Ethnic minorities and those with a chronic illness required a higher number of care hours.

[Full text](#)

### **BMJ Feature: How covid-19 has exacerbated LGBTQ+ health inequalities**

Despite inadequate monitoring of health in the LGBTQ+ community, the data suggest a disproportionate effect of the covid pandemic and its control measures

[Full text](#)

### **BMJ Feature: What do we know about Sputnik V and other Russian vaccines?**

In August 2020, Russia approved its first domestically developed Covid-19 vaccine, before phase III clinical trials had even begun. This feature article reviews what is known about the Sputnik V vaccine, and two other Russian developed vaccines approved for emergency use.

[Full text](#)

### **BMJ Analysis: Preventing the next pandemic: the power of a global viral surveillance network**

A call for a global early warning system to detect viruses with pandemic potential

[Full text](#)

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### **BMJ Editorial: Delaying the second dose of covid-19 vaccines**

This editorial discusses concerns regarding Covid-19 vaccine efficacy in older adults after a single dose, and the durability of the immune response, and calls for studies to identify the correlates of immunity among vaccinated people over time, so policies can be adapted quickly.

[Full text](#)

### **BMJ news: Covid-19: WHO says rollout of AstraZeneca vaccine should continue, as Europe divides over safety**

Reports of blood clotting disorders in some countries has led Denmark, Norway, Bulgaria, Iceland, France, Germany, Italy, Spain, Portugal, Slovenia, and Cyprus to suspend all use of the AZ vaccine. Five other countries (Austria, Estonia, Latvia, Lithuania, and Luxembourg) have paused the use of a single batch of a million doses of the vaccine. The World Health Organization and the European Medicines Agency have said that there does not seem to be an increased risk of blood clots with the vaccine and have advised that vaccinations should continue.

[Full text](#)

### **BMJ news: Covid vaccine could be rolled out to children by autumn**

Real world reports indicate few adverse events in children. Although these vaccinations were not part of a clinical trial, trials are currently under way to test the Pfizer, Moderna, and Oxford-AstraZeneca vaccines in children.

[Full text](#)

### **BMJ Opinion: Are people letting down their guard too soon after covid-19 vaccination?**

New data raise concerns that people may mistakenly assume that an initial dose of a COVID-19 vaccine will provide immediate protection and will reduce their engagement in protective behaviours.

[Full text](#)

### **BMJ Opinion: Restoring confidence after the covid-19 Oxford/AstraZeneca vaccine pause will be an uphill battle**

The impacts on public confidence are likely to be long lasting and experienced globally.

[Full text](#)

## **National Institute for Health Research**

### **Living with Covid19 – Second review**

This dynamic review of the evidence around ongoing Covid-19 (often called Long Covid) has been updated since its first iteration in October 2020. The second review considers over 300 papers and academic opinion pieces, bringing together the current evidence on prevalence, possible causes, diagnosis, management and more. It also contains the results of a survey, which had >3000 responses from people living with Long Covid.

[Details](#)

### **Taking a strengths-based approach to social work and social care: A literature review**

The aim of this review is to examine the development and the potential of strengths-based models in social work and the social care sector.

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The literature review (in collaboration with PSSRU) addresses questions around how these approaches impact on practice, and what this means for individuals in receipt of social care services and their carers or families.

[Details](#)

### **Office for National Statistics**

#### **COVID-19 caused more deaths in 2020 than other infectious diseases caused for over a century**

*15 March 2021*

More than 140,000 people have now died in the UK with COVID-19 mentioned as the underlying cause or a contributory cause on their death certificates.

This includes more than 73,500 people in England and Wales whose deaths were due to COVID-19 — where it was the underlying cause — registered in 2020. Almost 4,400 further deaths from infectious and parasitic diseases were registered in 2020. COVID-19 is likely to be classed as an infectious and parasitic disease following the precedent of similar diseases, such as previous coronavirus strains (before COVID-19), and other viral infections.

This means COVID-19 was the underlying cause of more deaths in 2020 than any other infectious and parasitic diseases had caused in any year since 1918; that year there were just over 89,900 deaths from various infectious and parasitic diseases registered in England and Wales.

[Details](#)

#### **Fewest number of COVID-19 deaths since early-November 2020**

*16 March 2021*

There were 2,105 deaths involving the coronavirus (COVID-19) in England and Wales in the week ending 26 February 2021 – the fewest since the week ending 6 November 2020.

Deaths from all causes also decreased in the most recent week and were only slightly above average for this time of year. By setting, deaths were below the five-year average in both hospitals and care homes for the first time since October.

In total across all settings, there were 11,592 deaths in England and Wales in the week ending 5 March, of which 18.2% involved COVID-19.

[Details](#)

#### **COVID-19 was leading cause of death in England and Wales in February**

*18 March 2021*

Of the 55,489 deaths registered in England in February 2021, 30.1% were due to the coronavirus (COVID-19). In Wales, COVID-19 accounted for just over a fifth (22.2%) of the 3,199 deaths registered in February.

This made COVID-19 the leading cause of death for the fourth consecutive month in both England and Wales.

However, the age-standardised mortality rates (ASMR) for deaths due to COVID-19 significantly decreased in February for the first time since summer 2020. ASMRs provide a mortality rate that takes into account the size and age structure of the population.

[Details](#)

#### **The decline in people testing positive for the coronavirus has slowed for most age groups**

*19 March 2021*

The percentage of people testing positive for the coronavirus (COVID-19) within the community

population in England has decreased among those in school year 7 and older in the two weeks to 13 March 2021.

The decline has slowed in all age groups except those aged 25 to 34 and 50 to 69 years. Trends in those aged two years to school year 6 appear level, but there is high uncertainty.

Overall in England, the percentage of people testing positive for the coronavirus has continued to decrease in the week ending 13 March 2021, to 160,200 people (0.29%), down from 200,600 people (0.37%) the week before.

[Details](#)

### **The UK had among the highest excess mortality rates in Europe for under-65s in 2020**

*19 March 2021*

Excess deaths among those aged under 65 years in the UK were among the highest in Europe in 2020, a comparison of all-cause mortality in different countries reveals.

The UK had Europe's second highest relative cumulative age-standardised mortality rate for this age group, at 7.7% above the five-year average for the year to 18 December 2020, behind Bulgaria, at 12.3% above the five-year average.

It also had the second highest peak in weekly excess mortality rates for those aged under 65 years, at 62.7% above the five-year average during the week ending 24 April 2020. This was again behind Bulgaria, which recorded a rate of 108.5% above the five-year average during the week ending 27 November 2020.

[Details](#)

### **Around 4 in 10 adults would continue to avoid crowded places more often post-pandemic**

*19 March 2021*

Around 4 in 10 (38%) of adults think, once the coronavirus (COVID-19) pandemic is over, they will avoid crowded places more often than they did before the pandemic.

Responses to this week's Opinions and Lifestyle Survey indicate how people would potentially change their behaviour in the longer-term compared to before the pandemic.

The activities adults said they had been doing more often during the pandemic were similar to the activities people said they thought they would keep doing more often after the pandemic. These activities were: avoiding crowded places, video calls with family and friends, and online shopping for goods other than groceries

[Details](#)

### **Coronavirus: how people and businesses have adapted to lockdowns**

The economic toll of lockdown has been lower in autumn and winter 2020 and early 2021 than it was in spring 2020, with people adapting their behaviours and spending habits and businesses making changes to working practices.

Article compares mobility and economic activity across the main periods of public health restrictions

[Details](#)

### **House of Commons Public Administration and Constitutional Affairs Committee**

#### **Government transparency and accountability during Covid 19: the data underpinning decisions**

Report concludes that the UK government's failure to share the data behind its decisions during the covid pandemic it likely to have undermined its response and placed a "needless strain on public confidence." It urges the government to reinvigorate how data is communicated with the public and

shared with partner agencies in the fight against Covid-19 to enable fast, flexible response to the future challenges of the pandemic, and ensure they are supported by society.

[Details](#)

### **Resolution Foundation**

#### **The 12-month stretch: where the government has delivered – and where it has failed – during the Covid-19 crisis**

This briefing note explores the past 12 months of the pandemic through the health crisis, the economic crisis, and their impact on households' ability to cope financially. It considers the big picture of what policy-makers have done, how well they have done it, and where it's left people, both in terms of health and economic outcomes. It concludes that the past year has been marked by successes on income support and vaccines, but also failures on lockdown that have cost lives and deepened the economic crisis, and a legacy of inequality that needs to be addressed in the recovery.

[Details](#)

### **The King's Fund**

#### **The NHS's role in tackling poverty: awareness, action and advocacy**

One of the main drivers behind the creation of the NHS was to protect the poorest in society from being bankrupted by the need to pay for care. But the NHS can do more to mitigate, prevent and reduce poverty. This report sets out what the NHS, as the largest economic institution in the country, needs to maximise its contribution to tackling poverty, within its resources and with its partners.

[Details](#)

### **Health Foundation**

#### **Health Foundation Long Read: Securing a positive health care technology legacy from COVID-19**

This publication explores the challenges of implementing health care technologies and investigates patient and staff experiences of technology during the first phase of the pandemic.

[Details](#)

### **Care and Support Alliance (CSA)**

#### **A cry for hope: why 2021 must be the year for social care reform**

This report, based on a survey of more than 4,000 people at the end of 2020 who need social care, reveals that because of a lack of care one in seven (14 per cent) said they needed hospital treatment, and more than a quarter (28 per cent) said their health had deteriorated. The situation was worse for carers where two in five (41 per cent) said their health had deteriorated because of their caring responsibilities. Further statistics reveal that nearly one in four said they had asked for help during the pandemic but did not receive any.

[Details](#)

### **Centre for Mental Health**

#### **Maternal mental health during a pandemic: a rapid evidence review of Covid-19's impact**

This rapid evidence review (produced together with the Maternal Mental Health Alliance) looks at the impact of Covid-19 on the mental health of new and expectant mothers and the support that's been available during the pandemic.

[Details](#)

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## **Social Care Institute for Excellence**

### **How might leadership roles evolve in integrated health and care systems?**

This report for the NHS Leadership Academy explores some of the implications of the long-term plan and its supporting plans on leadership within local health and care systems, the roles that may emerge over time, and what knowledge, skills and support leaders need in the future. The report provides an overview of research carried out to better understand how leadership roles are changing in the health and social care sector, especially in collaborative and integrated health and care systems.

[Details](#)

## **Health for Care**

### **An emerging consensus: MPs' and councillors' views on fixing social care funding**

The Health for Care coalition commissioned YouGov to survey a representative sample of MPs and councillors in England between November and December 2020 to gauge their views on the need for additional funding and support needed for social care. The findings reveal a strong consensus on the need for adult social care reform in England. This consensus spans party divides and both national and local government.

[Details](#)

## **Institute for Public Policy Research**

### **Without skipping a beat: the case for better cardiovascular care after coronavirus**

The toll of the Covid-19 pandemic on health far exceeds deaths caused directly by Covid-19. There have been widespread disruptions to routine and urgent health and care services, as well as the NHS long-term plan. As such, the health and care system needs not just to recover from Covid-19, but to 'build back better'. This briefing considers the challenge in relation to cardiovascular disease (CVD) – the UK's leading cause of death.

[Details](#)

### **State of health and care: the NHS long-term plan after Covid-19**

After a decade of austerity, the NHS long-term plan was meant to be a turning point for health care. However, those plans have been severely disrupted by the coronavirus pandemic. This analysis shows the scale of the damage done by the pandemic across several major health conditions. It recommends a package of six ambitious changes to 'build back better'.

[Details](#)

## **NHS Digital**

### **COVID-19 Clinical Risk Assessment Tool**

An online tool that can help clinicians better understand how at-risk a person may be of catching coronavirus and being admitted to hospital or catching coronavirus and dying is now available. The COVID-19 Clinical Risk Assessment Tool is powered by QCovid®, a coronavirus risk prediction model created by the University of Oxford. Clinicians can use the tool to risk assess individual patients or review those assessed as part of the COVID-19 population risk assessment. Details of patients who were risk assessed, but who did not meet the agreed threshold for addition to the Shielded Patient List, are now available for practices to review. There are instructions for individuals and practices to follow before using the tool, including the requirement for a Data Protection Impact Assessment (DPIA) and

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privacy notice in place that covers the tool's use. A template DPIA and privacy notice have been provided to support this.

[Details](#)

### Care Quality Commission

#### **Protect, respect, connect – decisions about living and dying well during COVID-19: CQC's review of 'do not attempt cardiopulmonary resuscitation' decisions during the COVID-19 pandemic**

Report found worrying variation in people's experiences of do not attempt cardiopulmonary resuscitation (DNACPR) decisions during pandemic. While there were some examples of good practice, CQC also heard from people who were not properly involved in decisions.

[Details](#)