

The purpose of this document is to highlight **key resources and literature** around different areas of recovery from Covid-19.

If you would like to provide feedback or discuss any further work, please contact maria.hughes@kent.gov.uk

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Resources

Covid-19 Evidence Resources			
LGA	Covid-19: Good council practice https://www.local.gov.uk/covid-19-good-council-practice	Case reports	A diverse, current and informative range of case studies that will be of help to local authorities as they navigate this changed environment, while showcasing some of the important work being carried out by the sector
Cochrane	Cochrane Covid Reviews and review bank https://covidreviews.cochrane.org/	Evidence Reviews	Cochrane provides high-quality, relevant, and up-to-date synthesized research evidence to inform health decisions. This page highlights content relating to the coronavirus (COVID-19) pandemic and the various related activities that Cochrane is undertaking in response.
Living Overview of Evidence L.OVE	https://app.iloveevidence.com/loves/5e6fdb9669c00e4ac072701d	Systematic Reviews	This L-OVE topic brings together all the systematic reviews relevant to Coronavirus disease (COVID-19). It organizes the evidence in PICO-question format and keeps it up to date in a simple, friendly format. L-OVE saves you the time you would spend searching and screening, provides the most comprehensive evidence base for a question, and makes living evidence a reality.
National	NIHR's response to Covid-10	Research	The NIHR plays a critical role in terms of funding, enabling and delivering research into COVID-19 in the UK.

Institute for Health Research (NIHR)	https://www.nihr.ac.uk/covid-19/		Includes urgent public health research, 'recovery and learning' research, as well as global health research.
EPPI Centre	Covid-19: A living map of the evidence	Map of evidence	In response to the current crisis, the EPPI Centre have produced an up-to-date maps of the current evidence that are partitioned into broad domains for easy exploration. This includes RCTs on treatments, prevention and vaccines.
COVID-NMA	A Living mapping and living systematic review of COVID-19 trials supported by the WHO and Cochrane Library https://covid-nma.com/	Map and systematic review	Together with their partners, Cochrane have created this living mapping of ongoing Covid-19 research followed by a living network meta-analysis of study results as soon as they are available.
Cabinet Office	Our Plan to Rebuild: The UK Government's COVID-19 Recovery Strategy	Report	The Government's roadmap for how and when the UK will adjust its response to the COVID-19 crisis.
Kent and Medway Health Protection Board	Kent and Medway Health Protection Board Routine COVID-19 report [Contact maria.hughes@kent.gov.uk for access to this report]	Report	This report presents a summary of the descriptive epidemiology of COVID 19 in Kent & Medway. It draws on a combination of published data and restricted case level data provided by Public Health England under a data sharing agreement. Contact COVID-19 ICC business intelligence team to be added to mailing list.
ONS	Coronavirus and the social impacts on Great Britain Statistical Bulletins	Bulletin	Weekly indicators from the Opinions and Lifestyle Survey to understand the impact of the coronavirus (COVID-19) pandemic on people, households and communities in Great Britain. Datasets used in each bulletin can be downloaded.
ONS	ONS Health Index	Methodology Dataset Interactive Tool	The Health Index is a composite measure that captures a broader definition of health, comprising three domains that together make up what drives our health albeit over different time horizons and in different ways. Within each domain are several domains and sub-domains with specific indicators such as those outlined below. The three domains are: <ul style="list-style-type: none"> • Healthy people - health outcomes such as life expectancy, health conditions and personal well-being. • Healthy lives - lifestyle, behaviour, modifiable risk factors. • Healthy places - wider determinants of health, environmental factors. LCP Health Analytics have developed an interactive Health Index explorer tool , where users can see the index in their own area and see how it compares it to the rest of England and how it has changed over time.

Mental Health

Theme	Citation	Evidence type	Outline	Key points
Local government and	Centre for Mental Health (August 2020) <i>Our Place: Local</i>	Report	Examines the initiatives of local councils that are rising to the challenge of	Includes: <ul style="list-style-type: none"> • Evidence for prevention

<p>mental health responsibilities</p>	<p>Authorities and the Publics Mental Health https://www.centreformentalhealth.org.uk/sites/default/files/2020-08/CentreforMH_OurPlace.pdf?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=11742783_NEWSL_HWB%202020-08-17&dm_i=21A8,6ZOSF,3RMW1,S5V0H,1</p>		<p>promoting good mental health and preventing poor mental health in their communities. These councils seek to improve population mental health, reduce inequalities and prevent mental ill health in their communities through a combination of strategic and practical approaches. The report presents learning from these areas, prior to the pandemic and in the midst of the challenges brought by Covid-19, alongside an overview of the evidence for prevention and the national policy context.</p>	<ul style="list-style-type: none"> • Role of Local Authorities • Case studies • Prevention and promotion during the pandemic (use of digital innovation) • Implications <p>There is a real risk that many more people will risk mental ill health in the wake of the pandemic. By taking affirmative action to reduce the risk of serious and long-lasting mental health problems, it will be possible to help individuals and communities to recover, boost communities' resilience and help people to 'bounce back' from the crisis. The nine case studies in this document demonstrate promising approaches to achieving this.</p>
<p>Population mental health</p>	<p>PHE (September 2020) 'COVID-19 mental health and wellbeing surveillance: Spotlights' https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-spotlights</p>	<p>Report</p>	<p>The report is about population mental health and wellbeing in England during the COVID-19 pandemic. It includes up to date information to inform policy, planning and commissioning in health and social care. It is designed to assist stakeholders at national and local level, in both government and non-government sectors.</p>	<p>For adults there appears to be an underlying relationship between age and the impact of COVID-19 on mental health and wellbeing. Younger adults are reporting both worse symptoms and a larger deterioration in mental health. On average, older age groups appear to have been less affected so far.</p>
<p>Primary care networks</p>	<p>Naylor, C. et al (July 2020) 'Mental Health and Primary Care Networks' The Kings Fund; Centre for Mental Health https://www.kingsfund.org.uk/publications/mental-health-primary-care-networks</p>	<p>Report</p>	<p>The establishment of primary care networks (PCNs) is one of the most important reforms to primary care in England in recent years. This report, published jointly by The King's Fund and the Centre for Mental Health, explores the opportunities the emergence of these new networks creates for improving the support and treatment provided to people with mental health needs in primary care, and describes why such improvement is badly needed.</p>	<p>Key messages:</p> <ul style="list-style-type: none"> • The provision of mental health support in primary care does not meet the range of needs of that exist, with significant gaps in services. Children and adolescents and older people are among those who are often poorly served. • The Covid 19 pandemic means the case for change is stronger than ever, with intense workload pressures being experienced in both primary care and mental health services, and with potential increases in mental health needs in the population.
	<p>'Covid-19: Resilience, Mental Health and Mindfulness' The Mindfulness Initiative; The All-Party Parliamentary Group on Mindfulness, August 2020 https://www.themindfulnessinitiative.org/Handlers/Download.as</p>	<p>Briefing paper</p>	<p>This briefing paper from the Mindfulness All Party Parliamentary Group and the Mindfulness Initiative summarises some of the key research findings on the mental health impact of Covid-19, and makes the case for investment in mindfulness interventions, to help people cope with</p>	<p>The APPG on Mindfulness recommends that the Government takes urgent steps:</p> <ol style="list-style-type: none"> 1. To promote and provide comprehensive information and online mindfulness resources to the general public 2. To ensure that professional teaching and ongoing support for mindfulness practice is

	hx?IDMF=b0da0cb9-948b-47a7-8a3a-246b1c9a4aa9		ongoing pressures, for communities experiencing greater socioeconomic pressure or for local recurrences. The paper is written by Jenny Edwards CBE, the Mindfulness Initiative's Health Policy Lead.	available for communities experiencing health inequalities, using digital and face to face delivery 3. To ensure that health and social care staff are offered the opportunity to learn mindfulness practices to support their mental health and wellbeing 4. To provide guidance to GPs on the mindfulness programmes available, to enable them to select the most appropriate pathway for their patients and include them in social prescribing
Recovery	Wilton, J. 'Trauma, mental health and coronavirus: Supporting healing and recovery', May 2020. Centre for Mental Health https://www.centreformentalhealth.org.uk/sites/default/files/2020-05/CentreforMentalHealth_Briefing56_Trauma_MH_Coronavirus_2.pdf	Briefing paper	The response to Covid-19 has brought abrupt changes to everyday life. Many people will have felt isolated and disempowered at some point during the lockdown, and all will have experienced a loss – of their freedom, of their job, of their health, of a loved one. While many will come through it without lasting negative effects on their mental health, there is evidence that quarantine conditions can have several long-term psychological effects, including post-traumatic stress symptoms, in some people. This briefing explores the ideas of collective trauma and healing, and what the process of recovery may look like.	There is evidence that quarantine conditions can have several negative psychological effects, including post-traumatic stress symptoms, in some people. When the acute phase of the physical health crisis has passed, addressing these social and psychological consequences of coronavirus must be made a priority. Careful thought needs to be given to how we can repair the social fabric and support those who have experienced the most distress. A trauma-informed approach to both collective and individual recovery will be needed.
Recovery	'International Policy Guidance and Responses to COVID-19 Mental Health Recovery' July 2020; Mental Health Foundation Scotland https://www.health-ni.gov.uk/sites/default/files/publications/health/international-policy-covid19.pdf	Rapid review	This rapid review has been commissioned by the Mental Health and Capacity Unit of the Department of Health NI and funded by the Mental Health Foundation. The main aim is to identify, analyse and present evidence to inform the response to mental health needs arising and/or being exacerbated by the Covid-19 Pandemic and examine the international evidence beyond the UK and Ireland. This is a fast-moving landscape and it is anticipated that additional relevant reviews and articles will be identified as	However services emerge from this crisis, many decision-makers are seeing this as an opportunity to make change creating the potential to positively transform mental health care. There is consensus that this cannot be achieved without tackling the root causes of health inequalities and their social determinants. Grave economic stressors add considerable threats to increasing social inequality and poverty in NI. Data collection, modelling and sharing needs to be enhanced to better inform policy and service development. There are also opportunities to build on the more positive elements that have emerged in crisis. These include the adaptability and flexibility of community-based care, the recognition of the importance of lived experience in the design, development and monitoring of services, improved interagency collaboration, the acceleration of the

<p>Prevalence of anxiety, depression and stress.</p>	<p>Salari, N. et al (2020) Prevalence of stress, anxiety, depression among the general population during the COVID-19 pandemic: a systematic review and meta-analysis. Global Health 2020 Jul 6;16(1):57. doi: 10.1186/s12992-020-00589-w.</p>	<p>Systematic review and analysis</p>	<p>research, policy and practice develops.</p> <p>The aim of this study is to analyze the existing research works and findings in relation to the prevalence of stress, anxiety and depression in the general population during the COVID-19 pandemic.</p>	<p>digitalisation of healthcare and the importance of connecting physical and mental health.</p> <p>The prevalence of stress in 5 studies with a total sample size of 9074 is obtained as 29.6% (95% confidence limit: 24.3-35.4), the prevalence of anxiety in 17 studies with a sample size of 63,439 as 31.9% (95% confidence interval: 27.5-36.7), and the prevalence of depression in 14 studies with a sample size of 44,531 people as 33.7% (95% confidence interval: 27.5-40.6). It is essential to preserve the mental health of individuals and to develop psychological interventions that can improve the mental health of vulnerable groups during the COVID-19 pandemic.</p> <p>Due to the pathogenicity of the virus, the rate of spread, the resulting high mortality rate, COVID-19 may affect the mental health of individuals at several layers of society, ranging from the infected patients, and health care workers, to families, children, students, patients with mental illness, and even workers in other sectors.</p> <p>Recent studies have similarly shown that COVID-19 affects mental health outcomes such as anxiety, depression, and post-traumatic stress symptoms.</p> <p>The latest and most accurate information, such as the number of people who have improved and the progress of medications and vaccines, can reduce anxiety levels. In this regard, mental health professionals recommend promoting healthy behaviors, avoiding exposure to negative news, and using alternative communication methods such as social networks and digital communication platforms to prevent social isolation.</p> <p>Recent studies have revealed an association between medical history and increased anxiety and depression caused by the COVID-19 spread. Previous research works had shown that medical history and chronic illnesses are associated with increased psychiatric distress levels. People who have a history of medical problems and are also suffering from poor health may feel more vulnerable to a new disease.</p>
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Maternal mental health	Papworth et al (March 2021) <i>Maternal mental health during a pandemic: A rapid evidence review of Covid-19's impact</i> Centre for mental health	Evidence review	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.	Key questions of this review <ul style="list-style-type: none"> • How has Covid-19 impacted on the mental health of expectant mothers and mothers of newborns? • What has the impact of Covid-19 been on maternal mental health and perinatal mental health services, including voluntary and community sector, across all four UK nations? • Where is there data available (or indeed gaps) on impact for the wider family, of which expectant mothers and mothers of newborns are a part? For instance, babies and partners.
Impact of Covid on People's mental health in Britain	Public First (2021) <i>The Other Pandemic: The Impact Of Covid-19 On Britain's Mental Health</i> http://www.publicfirst.co.uk/wp-content/uploads/2021/03/The-Other-Pandemic.pdf	Report	In February 2021 Public First polled 4,000 people and held 12 in depth focus groups with people from across Britain. The findings – published in this report by Public First – lay bare the genuine, wide and profound mental health crisis in Britain today. 15 percent of the public have lost a close friend or relative to the virus. And 40 per cent say their mental health has been negatively affected in the last 12 months.	The key findings of the report show that: <ul style="list-style-type: none"> • Young people have endured much worse mental health than older people. • Women have carried a particularly heavy burden. • Women were more likely to say they found homeschooling “stressful”, • Those with children have worried terribly about a “lost year” of childhood. • The better off have coped much better financially. • Furlough has not shielded people from extreme worry about their financial situation

Health Inequality

Theme	Citation	Evidence Type	Outline	Key points
Health inequalities	Data and Analytics Support for COVID-19 – Inequalities available via FutureNHS (you will need an account to access this resource) May 2020	Data and analytics	Research and analysis relating to health inequalities and COVID-19 to support place-based approaches to planning and responding to the pandemic, while mitigating against potential impacts on those with the poorest health outcomes.	
Poor health	Marmot, M., Allen, J., Goldblatt, P., Herd, E., Morrison, J., 'Build Back Fairer: The COVID-19 Marmot Review' (December 2020) http://www.instituteofhealth.org	Report	The aim of this report is three-fold: <ul style="list-style-type: none"> • To examine inequalities in COVID-19 mortality. Focus is on inequalities in mortality among members of BAME groups and among certain occupations, 	The recommendations made in this report are, in large measure, built upon those made in the 10 Years On report (outlined below). The report highlights that: <ul style="list-style-type: none"> • inequalities in social and economic conditions before the pandemic contributed to the high and unequal death toll from COVID-19

	https://www.health.org.uk/about-our-work/latest-updates-from-the-institute/build-back-fairer		<p>alongside continued attention to the socioeconomic gradient in health – the more deprived the area, the worse COVID-19 mortality tends to be</p> <ul style="list-style-type: none"> To show the effects that the pandemic, and the societal response to contain the pandemic, have had on social and economic inequalities, their effects on mental and physical health, and their likely effects on health inequalities in the future To make recommendations on what needs to be done 	<ul style="list-style-type: none"> the nation’s health should be the highest priority for government as we rebuild from the pandemic the economy and health are strongly linked – managing the pandemic well allows the economy to flourish in the longer term, which is supportive of health reducing health inequalities, including those exacerbated by the pandemic requires long-term policies with equity at the heart to build back fairer from the pandemic, multi-sector action from all levels of government is needed investment in public health needs to be increased to mitigate the impact of the pandemic on health and health inequalities, and on the social determinants of health.
Poor health	<p>Marmot, M., Allen, J., Boyce, T., Goldblatt, P., Morrison, J. (February 2020) ‘Health Equity in England: The Marmot Review 10 Years On’</p> <p>https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on</p>	Report	<p>This report examines the progress in addressing health inequalities in England, 10 years on from the landmark study Fair Society, Healthy Lives (The Marmot Review).</p> <p>Led by Professor Sir Michael Marmot, the review explores changes since 2010 in five policy objectives:</p> <ul style="list-style-type: none"> -giving every child the best start in life -enabling all people to maximise their capabilities and have control over their lives -ensuring a healthy standard of living for all -creating fair employment and good work for all -creating and developing healthy and sustainable places and communities. <p>For each objective the report outlines areas of progress and decline since 2010 and proposes recommendations for future action.</p>	<p>The report highlights that:</p> <ul style="list-style-type: none"> people can expect to spend more of their lives in poor health improvements to life expectancy have stalled, and declined for the poorest 10% of women the health gap has grown between wealthy and deprived areas place matters – living in a deprived area of the North East is worse for your health than living in a similarly deprived area in London, to the extent that life expectancy is nearly five years less.
Digital exclusion	<p>Dimitriadis, S (29 May 2020) ‘Straddling the divide: Digital exclusion during COVID-19 and beyond’</p>	Report	<p>This report outlines how Covid-19 risks widening inequalities caused by digital exclusion, but how it also acts as a catalyst to accelerate digital inclusion efforts.</p>	<p>The way business and local gov. has adapted to support those digitally excluded by:</p> <ul style="list-style-type: none"> Making their products and services more inclusive and actively considering the needs of their most vulnerable users;

	https://ilcuk.org.uk/wp-content/uploads/2020/05/Straddling-the-divide-Digital-exclusion.pdf			<ul style="list-style-type: none"> • Adapting products to make them safely useable during COVID-19; • Directly addressing barriers to digital inclusion in the community. <p>The crisis is also challenging a common belief and a key barrier to digital inclusion – that digital tech is not useful. But the lack of coordination behind efforts to tackle digital exclusion risks leaving many behind. To prevent this, national and local government could work together to:</p> <ul style="list-style-type: none"> • Actively encourage the adoption of the most useful tech; • Help disadvantaged groups to master digital skills; • Create a nationally co-ordinated volunteer service to achieve this – making use of the numerous NHS volunteers who have yet to be called into action.
Deprivation	<p>‘Levelling up communities’ Covid Recovery Commission 2020</p> <p>https://covidrecoverycommission.co.uk/wp-content/uploads/2020/10/Levelling-up-communities.pdf?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=11898514_NEWSL_HWB_2020-10-26&dm_i=21A8,730YA,3RMW1,SMBLP,1</p>	Report	<p>This first report presents the Commission’s initial analysis on how inequality impacts on individuals, neighbourhoods and communities right across the UK and how these inequalities have been impacted by the Covid-19 pandemic. It argues that a new approach to levelling up is needed to tackle these inequalities. This should focus on local impacts and use a comprehensive strategy, wider than simply rebalancing economic fortunes, to ensure the UK economy and society is fairer post-Covid-19, than it was before</p>	<p>From the analysis in this paper, it is already clear that everyone has their part to play in delivering a stronger and fairer economy for the UK; whether that is through improving educational opportunities, building more resilient communities, strengthening economic growth and creating jobs, supporting development and upskilling in the workplace or ensuring that mental health is central to policymaking across a wide range of areas.</p> <p>Importantly, it is the Commission’s belief that - in addition to national government action - many of these issues can be more effectively tackled where local policymakers and politicians and, ultimately, local people have a greater say in what happens. These are all themes that the Commission will return to in future reports. In the meantime, the Commission believes that, if taken forward, the small number of recommendations in this report can lay the foundations for a comprehensive strategy to ensure that the UK’s post-Covid recovery delivers a stronger, fairer and more resilient economy.</p>
	<p>‘Disparities in risks and outcomes of Covid-19’ Public Health England 2020</p> <p>https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908434/Disparities_in_the_risk_and_outcomes_of_COVID_August_2020_update.pdf</p>	Report	<p>To present findings based on surveillance data available to PHE, regarding the impact of COVID-19 on replicating and increasing existing health inequalities. Aims to improve our understanding of the pandemic and formulate the future public health response to it.</p>	<p>Death rates from COVID-19 were higher for Black and Asian ethnic groups when compared to White ethnic groups. These analyses were not able to include the effect of occupation, obesity of comorbidities. Bangladeshi ethnicity had around twice the risk of death when compared to people of White British ethnicity. Confirmed that COVID has replicated existing health inequalities and in some cases exacerbated them.</p>
Migrant population	Migrant populations and infectious diseases (multiple)	Review of systematic	Migrant populations may be at higher risk of developing COVID-19 and having	Several factors influence the risk of infectious disease among migrant populations, and their acceptance of healthcare interventions.

	<p>reviews) Added October 4, 2020 https://evidenceaid.org/resource/migrant-populations-and-infectious-diseases-multiple-reviews/</p>	<p>reviews</p>	<p>complications and poor outcomes. Existing research into infectious diseases and migrant populations might provide useful information for policy makers and several relevant systematic reviews are summarized here. More details on these, including citations and links to their full text, are available further down this page.</p>	<p>The Riccardo review found that risks of most infectious diseases among migrant populations can be attributed to migration-specific factors (such as migrant status, migration trajectory, country of origin and access to health care), and behavioural or socio-economic factors (such as overcrowding, high mobility, poverty, education and occupation).</p> <p>The Driedger review found that individuals’ level of disease knowledge, peer and family support, social determinants (such as years of formal education), cultural/family beliefs and social connections, as well as the cultural sensitivity and communication skills of healthcare practitioners, influence migrants’ acceptance and uptake of interventions for infectious diseases. Both structural and community-level barriers reduced access to public health interventions.</p> <p>The Giorgio Rossi review reported problems in infectious disease monitoring in migrant populations in Europe, including both over- and under-reporting, other data inaccuracies and inadequate surveillance methods.</p> <p>The Riccardo review found that frequent transmission pathways for communicable diseases in migrant holding centres include human-to-human transmission, water- and food-borne infections and skin infections. They concluded that critical issues for disease prevention and control were living conditions (notably minimising overcrowding), effective coordination among stakeholders, health information (especially related to early detection and reporting), human resources, physical infrastructure and health financing.</p>
<p>Inequalities in healthcare</p>	<p>NHS Reset; NHS Confederation (2020) ‘Health Inequalities: Time to Act’ https://www.nhsconfed.org/resources/2020/09/health-inequalities-time-to-act</p>	<p>Report</p>	<p>This report reflects engagement with NHS Confederation members, gleaned from focused discussions and webinars between June and September 2020. It also draws on the results of a member survey of more than 200 healthcare leaders on health inequalities and how to make progress in this area.</p> <p>This engagement is showing an increasing awareness that the NHS has not designed</p>	<p>The report does not offer a comprehensive analysis of all dimensions of health inequalities or policy approaches. Instead, it provides an overview of feedback and reflections from members on how – and if – the COVID-19 pandemic will be a turning point for the NHS.</p> <p>Key points</p> <ul style="list-style-type: none"> • Our engagement with members is showing an increasing awareness that the NHS has not designed services in a way that accounts for the diverse needs of communities. As a result, the outcomes experienced have been unequal. • Members recognise that having diverse leadership must be

			<p>services in a way that accounts for the diverse needs of communities, and as a result, the outcomes experienced have been unequal.</p>	<p>part of the overall strategy to tackle health inequalities, but there are differing views as to whether it is possible in the medium term to have leadership that reflects the communities being served.</p> <ul style="list-style-type: none"> • Leaders support the need for a cross-government approach and joined-up national policy for issues such as homelessness and housing, poverty and support for marginalised and vulnerable groups. • Health leaders are committed to prioritising and addressing health inequalities, but only two in five feel they have the knowledge, tools and support available to them to play their part in addressing health inequalities and improving health outcomes for marginalised communities.
Ethnic minorities	Beyond the data: Understanding the impact of COVID-19 on BAME groups	Report	This report is a descriptive summary of stakeholder insights into the factors that may be influencing the impact of COVID-19 on BAME communities and strategies for addressing inequalities. It supports the rapid review of disparities in the risk and outcomes of COVID-19.	
	Government Equalities Office (Oct 2020) Quarterly report on progress to address COVID-19 health inequalities	Report	This is the first quarterly report on progress to address the findings of Public Health England's (PHE) review into disparities in the risks and outcomes of COVID-19.	
	Second quarterly report on progress to address COVID-19 health inequalities (March 2021)	Report	<p>The first report (see above) concluded that a range of socioeconomic and geographical factors coupled with pre-existing health conditions were contributing to the higher infection and mortality rates for ethnic minority groups, with a part of the excess risk remaining unexplained for some groups.</p> <p>This second report looks at those causes in more detail and sets out some of the work undertaken to fill the gaps in our understanding and to mitigate the risks of COVID-19 infection. It sets out the progress made under the terms of reference and in implementing the recommendations from the first report</p>	
South East response to inequalities	<p>Durairaj, S. (2020) Turning the tide: The South East Response to the Covid-19 BAME Mortality and Morbidity Disparities, Health and workforce Inequalities.</p> <p>Durairaj, S. (2020) Turning the Tide - Addressing racial inequalities across our workforce and communities Implementation plan.</p>	<p>Report</p> <p>Implementati on Plan</p>	The South East Response to the Covid-19 BAME Mortality and Morbidity Disparities, Health and Workforce Inequalities.	

	September 2020		
Evidence on health inequalities	The Health Foundation Emerging evidence on health inequalities and COVID-19: May 2020	Blog	An overview of some key themes emerging from recent work on the unequal impact of COVID-19, focusing on how children and young people are being affected, and the economic effects of the pandemic.
Ethnic Minorities	Reducing BAME deaths from COVID-19 (NHSE/I South East)	Webinar	Webinar hosted by BAME Population Mortality Reduction Board that NHS England / NHS Improvement South East Region has set up in recognition of the higher rates of mortality from COVID-19 in BAME groups. The group is chaired by Dr Shahed Ahmad (National Clinical Director for Cardiovascular Disease Prevention). A summary of the session can be found here .
Health Inequalities	COVID and Health Inequalities (contact maria.hughes@kent.gov.uk for access to this report) September 2020	Report	This document was developed in response to a request from SE DsPH for some immediate actions to address health inequalities in the context of the COVID pandemic. It sets out 6 principles and 6 suggested areas for immediate action that public health teams could take with partners to start to address health inequalities as part of preparation for a further 'wave' of infection and for COVID recovery. A menu of options is presented under each principle and action – implementation will depend on local systems and local needs.
BAME Health workers wellbeing	South East Survey on BAME staff, the COVID-19 pandemic and wellbeing (contact maria.hughes@kent.gov.uk for access to this report) January 2021	Report	This survey is the second conducted in the South East by the Equality, Diversity and Inclusion Team. The first was launched in June 2020 at the early stages of the COVID-19 pandemic. The aim was to give voice to the experience of healthcare workers (HCW) and Personal Protective Equipment (PPE) use at the early stages of the COVID-19 pandemic. This second survey was launched in October 2020 to find out about subsequent experiences and improvements and continue to build on the information that had been gathered to facilitate additional interventions. This time the survey also included questions about staff wellbeing, as this was a major issue during the Wave 1 of the pandemic.

Health Care

Theme	Citation	Evidence type	Outline	Key points
NHS Reset	(10 June 2020) NHS Reset; NHS Confederation 'Getting the NHS back on track: planning for the next phase of COVID-19' https://www.nhsconfed.org/resources/2020/06/getting-the-nhs-back-on-track	Report	This report outlines the key challenges that local organisations will face over the coming months. It also suggests some changes in policy and practice that will be required as the NHS prepares to restart a wide range of services either paused or stopped when the pandemic struck.	The key challenges identified are: funding; capacity; rehabilitation; health inequalities; regulation and inspections; system working; and managing public expectations.

NHS Reset	<p>NHS Confederation (2020) NHS Reset: A new Direction for Health and Care https://www.nhsconfed.org/resources/2020/09/nhs-reset-a-new-direction-for-health-and-care</p>	Report	<p>This report reflects our members' views and sets out a possible direction for the NHS and a future which should lead to improving health for individuals, families and communities.</p>	<p>Bringing together NHS Confederation members and partners, the NHS Reset campaign has convened the health and care system to reflect on the learning from the last six months and what it means for the future. In doing so, we have identified five factors we believe will help to fundamentally reset the way health and care is planned, commissioned and delivered.</p> <ul style="list-style-type: none"> • Honesty and realism • Extra funding • A lighter, leaner culture • Integrating health and care • Tackling health inequalities
NHS Reset	<p>Wilmington Healthcare; 2021. Looking Ahead 2021: Reset, partnerships, recovery</p>	Report	<p>This White Paper explores some emerging trends within the UK health care system, some of which will establish some of the future policy that will come to fruition in 2021 and change the NHS landscape.</p>	<p>Within the UK healthcare system it is possible to identify some emerging trends and to establish some of the future policy that will come to fruition in 2021 and change the NHS landscape. Wilmington Healthcare's latest white paper considers the current reality in the NHS:</p> <ul style="list-style-type: none"> • In hospitals, the day-to-day care of coronavirus patients, the adequate functioning of hospital services, infection control, safety and ensuring sufficient staffing will be top priority • Primary care will have a relentless Covid-19 focus – not least via the rollout of the national vaccination programme <p>Behind the scenes, is a more positive story Throughout 2020, rapid developments were taking place in real time – ones that had been years in the making but took on a new urgency as the pandemic set in. Integration, collaboration, digital transformation, out-of-hospital care and homecare – all elements of 2019's NHS long-term plan, still the primary driver of NHS policy – are now accepted, valued and widely-used concepts; we look at how some of them will be transforming systems in 2021.</p>
Wider impacts of the pandemic on health care	<p>Propper, C., Stoye, G., Zaranko, B. (April 2020) Institute for Fiscal Studies 'The wider impacts of the Coronavirus pandemic on the NHS' https://www.ifs.org.uk/publications/14798</p>	Report	<p>Increases in demand and changes to supply related to the Covid-19 pandemic will not only affect patients with the coronavirus, but will have large knock-on effects on the care provided to the wider population. In this briefing note researchers from IFS and Imperial College discuss likely implications for healthcare delivery in the short and medium term of</p>	<p>This briefing includes:</p> <ul style="list-style-type: none"> • Dealing with coronavirus patients against a backdrop of shortage • The effect on care volumes: cancellations, delays and disrupted treatment • The effect on care quality • Longer-term concerns

			the responses to the coronavirus pandemic, focusing primarily on the implications for non-coronavirus patients.	
NHS Reset	<p>Claridge, F., Deighton, R., Pett, W. (September 2020) 'NHS Reset: A New Direction for Health and Care' NHS Reset; NHS Confederation https://www.nhsconfed.org/-/media/Confederation/Files/Publications/Documents/NHS-Reset-a-new-direction-for-health-and-care.pdf?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=11872143_NEWSL_ICB%202020-10-14&dm_i=21A8,72GLR,3RMW1,SJLK,1</p>	Report	Bringing together NHS Confederation members and partners, the NHS Reset campaign has convened the health and care system to reflect on the learning from the past six months of the Covid-19 pandemic and what it means for the future. This report identifies five factors it believes will help to fundamentally reset the way health and care is planned, commissioned and delivered: honesty and realism; extra funding; a lighter, leaner culture; integrating health and care; and tackling health inequalities.	The NHS went into the pandemic under significant pressure, with demand for care outstripping the service's ability to meet key performance targets. The service is now facing a triple whammy. It must deal with local outbreaks and a second surge. It has to manage a huge backlog of treatment that has built up during the pandemic. And it must do this and restore services with reduced capacity as a result of infection control measures. On top of this, leaders are reporting that some staff who have been in the thick of this battle
Integrated care	<p>Lewis, L., Ehrenberg, N. (2020) 'Realising the true value of integrated care: Beyond COVID-19' International Foundation of Integrated Care https://integratedcarefoundation.org/wp-content/uploads/2020/05/IFIC3516-Covid-19-Thought-Leadership-Paper-A4-v7.pdf</p>	Report	This thought leadership report states that Covid-19 presents an opportunity to reset our fragmented health and care systems so that they are integrated, driven by people and communities, and resilient in the face of future systemic shocks. The IFIC proposes nine building blocks to help steer health and care system leaders towards a radically different future, whereas one team, one system, they can achieve a stronger and more resilient society.	Realising the true value of integrated care. Building stronger and more resilient care systems to deal with pressures, challenges and crisis such as Covid-19. The speed and scale of the response required by Covid-19 highlights how fragmented current health care systems are, <ul style="list-style-type: none"> • Population health and local context • People as partners in care • System wide governance and leadership • Digital solutions- help deliver care with a greater scale and flexibility • Aligned payment systems
NHS Reset	<p>'In the balance: Ten principles for how the NHS should approach restarting 'non-Covid care''; BMA (2020) https://www.bma.org.uk/media/2487/ten-principles.pdf</p>	Paper	Across the UK the NHS is beginning to restart work previously stopped or delayed due to the Coronavirus outbreak. This paper sets out key principles the BMA believes should be followed over the coming weeks and months to ensure that as this shift takes place, patient care is	The following ten principles must be followed as the NHS restarts more non-Covid care: <ol style="list-style-type: none"> 1. A realistic and cautious approach to balancing Covid and non-Covid capacity is needed 2. There must be adequate PPE for health and care workers, and measures in place to prevent the spread of the virus within the NHS 3. Decisions about staffing levels and redeployment must be safe and

			<p>safeguarded and healthcare workers are given the support they need.</p>	<p>made in consultation with employee representatives</p> <ol style="list-style-type: none"> 4. Measures must be taken to safeguard staff wellbeing 5. Clarity must be given to healthcare workers about their future contractual position, and plans to restore training and career development 6. There must be effective and transparent public communication so that patients understand what they can and cannot expect from the NHS at this time 7. Increased remote working, where clinically appropriate, and use of technology to empower patients should be supported 8. Local decisions must be guided by clinical expertise and the experience of those working at the frontline 9. The government must support and significantly enhance local public health services and ensure there is adequate capacity to test, trace and quarantine 10. A strategy is needed to ensure that restarting non-Covid work does not exacerbate health inequalities
NHS Cancer service recovery plan	<p>NHS Cancer Programme: Cancer services recovery plan. NHS England; 2020. https://www.england.nhs.uk/coronavirus/publication/cancer-services-recovery-plan/</p>		<p>The plan describes three aims: restoring demand coming into the system to at least pre-pandemic levels; reducing the number of people waiting longer than they should for diagnostics and/or treatment at least to pre-pandemic levels on both screening and symptomatic pathways; and ensuring sufficient capacity to manage future increased demand, including for follow-up care. It sets out a range of actions Cancer Alliances are taking to prepare for winter</p>	<p>The response to the pandemic by NHS cancer services has focused on three phases:</p> <ul style="list-style-type: none"> • Phase 1: ensure continuation of essential cancer treatment and screening for high risk individuals during the initial peak of the pandemic. • Phase 2: restore disrupted services as far as possible to at least pre-pandemic levels. • Phase 3 (to run until March 2021): full recovery of NHS cancer services in England, including ensuring that care for all patient groups continues to be safe, effective and holistic. This document sets out the national NHS plan to deliver this third phase
Collaborative working	<p>Implementing phase 3 of the NHS response to the COVID-19 pandemic August 2020</p>	Guidance	<p>Guidance to NHS organisations, asking them to work collaboratively with local communities and partners to take eight urgent actions to reduce the persistent health and wider inequalities that COVID-19 has further exposed.</p>	
	<p>Levelling Up Health All Party Parliamentary Group for Longevity (April 2021)</p>	Report	<p>Covid-19 has had a devastating impact on our country, exposing our nation's poor health and our health inequalities - 90% of those who died with Covid-19 had significant prior poor health. A new healthcare system is essential to confront how unhealthy we are. The report sets out why this is needed and what should be done. It proposes a 10 Year Health Improvement Plan, and new Health Improvement Fund, a shift in political attitudes that have impeded progress, clear priorities for action and the need to challenge and change organisations that harm our children and our health.</p>	

Economic Recovery

Theme	Citation	Evidence type	Outline	Key points
Climate change	Post-COVID-19 recovery strategies that will contribute to a fairer, cleaner, and more sustainable economy, LGA, Thursday 11 June 2020 https://www.local.gov.uk/parliament/briefings-and-responses/post-covid-19-recovery-strategies-will-contribute-fairer-cleaner	Briefing (House of Lords)	We need to continue to improve air quality, protect against flooding, and ensure our transport, planning, waste and energy policies are sustainable. The LGA is committed to supporting local government to continue on this journey, particularly as we begin the economic recovery from the COVID-19 pandemic.	<ul style="list-style-type: none"> • The recovery will look different in different areas of the country and only a locally coordinated response will be effective. The effective delivery of the next phase will depend on all agencies working in partnership at the local level and councils are best placed to convene this work. • A key component of clean growth is the creation of green jobs. Research from the LGA estimates that 693,628 low-carbon jobs could be created in England by 2030 . Localising and devolving skills investment, back to work support and a job guarantee will be critical to ensuring everyone benefits from these new local jobs. • Public Transport will be critical to a climate friendly economic recovery. As a sector, transport contributes 33 per cent of UK CO2 emissions and we therefore need to reduce emissions from this sector. Recovery plans should seek to build upon the increased use of forms of active travel during the COVID-19 pandemic, such as walking and cycling. • Councils will need flexibility in the use of a range of levers to support the economic recovery. Government can support this by bringing forward: <ul style="list-style-type: none"> ○ Proposals and consultation for the UK Shared Prosperity Fund (UKSPF) ○ An English Devolution White Paper that recognises the place leadership of councils and provides them with the powers and resources to drive recovery at the local level ○ Proposals to move towards aligning a range of funding streams towards a single funding pot.
Health Inequality	Nail, Y et al (September 2020) 'Using economic development to improve health and reduce health inequalities' The Health Foundation; 2020.	Report	This report sets out how economic development can be used to improve people's health and reduce health inequalities in the UK. The coronavirus (COVID-19) pandemic has shown us that people's health and the economy cannot	<ul style="list-style-type: none"> •As we seek to rebuild the economy post-pandemic and 'level up' UK regions, there is an opportunity to create more inclusive economies geared towards reducing inequalities and improving health. •The report contains case studies from the UK and around the world. Produced with the RSA and Demos Helsinki, each of the case studies offers practical insights into how economies can be built that work

	https://www.health.org.uk/publications/reports/using-economic-development-to-improve-health-and-reduce-he		be viewed independently. Both are necessary foundations of a flourishing and prosperous society. The report sets out a series of recommendations to support policymakers, researchers and changemakers in taking action to create more inclusive economies that enhance health.	better for everyone.
Local Government Association	LGA (2020) 'Building an approach to the inclusive economies agenda' Local Government Association https://www.local.gov.uk/building-approach-inclusive-economies-agenda	Report	Research undertaken by IPPR North and commissioned by the LGA outlines the steps councils are taking to ensure their communities and local economies are more inclusive, with the Office for National Statistics having already raised concerns that people living in the poorest areas of England are twice as likely to die from COVID-19.	The research has revealed councils wider efforts to ensure public procurement prioritises services and goods provided by organisations in their local area; to provide apprenticeships for local people; to link hard-to-reach groups with employment opportunities; to fund employment support programmes; or improve public transport by creating or expanding cycling networks to enable people to travel in more affordable, environmentally-friendly ways.
Health care	Banks, J. Karjalainen, H., Propper, C. (April 2020) 'Recessions and health: The long-term health consequences of responses to coronavirus' Institute of Fiscal Studies https://www.ifs.org.uk/uploads/BN281-Recessions-and-health-The-long-term-health-consequences-of-responses-to-COVID-19-FINAL.pdf	Briefing	This briefing outlines the effects of the response to the pandemic on peoples health.	The current lockdown and social distancing measures brought about by the coronavirus crisis, coupled with the direct effects of the virus on workers and firms, are having a huge impact on economies in the UK and around the world. Existing literature on the health impacts of business-cycle fluctuations and recessions shows that the resulting economic downturn will have significant consequences on people's health outcomes in the short and longer term. A debate has started on whether the adverse health effects of a recession may be greater than the increased morbidity and mortality within the pandemic itself. This briefing note discusses some of the mechanisms through which shocks to macroeconomic conditions may affect health.
Charity sector	Covid-19 Charity Tracker Survey (Updated monthly) Pro bono economics https://www.probonoeconomics.com/Pages/Category/covid-19-charity-tracker-survey	Editorial	Up to date research on how Covid is impacting the charity sector.	
Post Covid-19	Place-based recovery: How countries can drive growth post-COVID-19 Grant Thornton (August 2020)		COVID-19 has strengthened the argument for ensuring that a place-based response should remain at the forefront of policymaking in relation to both the short-term economic recovery as well as the delivery of longer term, sustainable	New economic analysis for this report shows: <ul style="list-style-type: none"> • The sectoral make-up of county authorities presents a significant place-based vulnerability for county authority areas, with 5.9 million employees working in the most 'at risk' sectors, which accounts for just over half (53.4%) of total employees. This is compared to 44% for the Core Cities in England and 38% for London.

			<p>growth.</p> <p>This report identifies four key ways in which behaviours have been impacted during the pandemic that will impact on future growth:</p> <ol style="list-style-type: none"> 1. Home/digital working 2. Increasingly 'local' perspective 3. Reduced carbon consumption 4. Shift in consumer behaviour. 	<ul style="list-style-type: none"> • Modelled GVA estimates suggest that the impact of COVID19 could cause a marked decline in annual GVA output in England, but its impact will be felt the most in county areas, declining by 14.9%, comparatively greater than the London and Core City averages, at 13.3% and 13.9% respectively. In total 34 out of 36 counties face a decline in economic output greater than the England average of 14.3%. • The level of risk can vary hugely within individual county authority areas, highlighting the need to coordinate growth and recovery strategies at scale to work across areas of lower and higher risks within a county geography. • The economic impacts of COVID-19 are already being felt in county authority areas - Up to June 30th, 3.5 million employees have been furloughed in county authority areas, accounting for almost half the England total (46%). Some county authority areas have close to one third of their workforce. - 32 of the 36 county authority areas have seen their claimant count increase by at least double between March and June 2020.
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Environment

Theme	Citation	Evidence type	Outline	Key points
Housing	<p>Better housing is crucial for our health and the COVID-19 recovery.</p> <p>The Health Foundation; 2020.</p> <p>https://www.health.org.uk/publications/long-reads/better-housing-is-crucial-for-our-health-and-the-covid-19-recovery</p>		<p>The COVID-19 pandemic has highlighted the importance of homes, both the good and the bad. For many people, the nature of the housing stock and housing system meant that the experience of the pandemic since March 2020 has been even worse than it needed to be. The challenge is to ensure that housing starts to make a positive contribution to health for more people</p>	<ul style="list-style-type: none"> • Going into the COVID-19 pandemic, one in three households (32% or 7.6 million) in England had at least one major housing problem relating to overcrowding, affordability or poor-quality housing. • Housing problems like these can affect health outcomes – including physical health directly from poor quality homes, and mental health from affordability or insecure housing. • 1 million households in England experience more than one housing problem. Having multiple housing problems is associated with even worse health. • While fewer homes are classed as non-decent compared with 10 years ago, overcrowding and affordability problems have increased in recent years. • The pandemic has highlighted the health implications of housing. Poor housing conditions such as overcrowding and high density are associated with greater spread of COVID-19, and people have had to spend more time in homes that are overcrowded, damp or unsafe. The economic fallout

				<p>from the pandemic may lead to an increase in evictions.</p> <ul style="list-style-type: none"> • These housing problems have multiple causes: a focus on increasing supply to the detriment of other objectives; sustained reductions in housing benefits; and a private rented model which does not meet the needs of tenants. • A combination of greater investment in social housing, more secure private tenancies, and reversing reductions in housing benefit support – such as the cuts to Local Housing Allowance (LHA) – will be needed to improve the contribution of housing to health.
Transport	<p>Burns et al (2020) <i>Travel-related control measures to contain the COVID-19 pandemic: a rapid review</i> Cochrane Systematic Review - Rapid Version published: 16 September 2020 see https://doi.org/10.1002/14651858.CD013717</p>	Rapid review	To assess the effectiveness of travel-related control measures during the COVID-19 pandemic on infectious disease and screening-related outcomes.	<p>With much of the evidence deriving from modelling studies, notably for travel restrictions reducing cross-border travel and quarantine of travellers, there is a lack of 'real-life' evidence for many of these measures. The certainty of the evidence for most travel-related control measures is very low and the true effects may be substantially different from those reported here. Nevertheless, some travel-related control measures during the COVID-19 pandemic may have a positive impact on infectious disease outcomes. Broadly, travel restrictions may limit the spread of disease across national borders. Entry and exit symptom screening measures on their own are not likely to be effective in detecting a meaningful proportion of cases to prevent seeding new cases within the protected region; combined with subsequent quarantine, observation and PCR testing, the effectiveness is likely to improve. There was insufficient evidence to draw firm conclusions about the effectiveness of travel-related quarantine on its own. Some of the included studies suggest that effects are likely to depend on factors such as the stage of the epidemic, the interconnectedness of countries, local measures undertaken to contain community transmission, and the extent of implementation and adherence.</p>
Health	<p>State of the environment: Health, people and the environment (updates September 2020) https://www.gov.uk/government/publications/state-of-the-environment/state-of-the-environment-health-people-and-the-environment</p>	Report	This report focuses on the relationship between human health and people's access to and connection with a clean, high quality natural environment. It presents information on England's environment, and people's exposure to environmental pollutants, flooding and climate change in relation to human health. It highlights environmental inequalities that contribute to differences	<p>-Air pollution is the single biggest environmental threat to health in the UK, shortening tens of thousands of lives each year. -After air pollution, noise causes the second highest pollution-related burden of disease in Europe, and is responsible for more life years lost than lead, ozone or dioxins. -There is emerging evidence of health effects from lower levels of pollution, although these are not currently well understood. -Antimicrobial resistant microbes are becoming more common in the environment due to contamination, meaning infectious illnesses may become harder to treat.</p>

			in health outcomes for people in England. Case studies throughout the report demonstrate the role played by the Environment Agency in protecting and enhancing the environment, and how this benefits people's health.	-Mental health conditions are increasing - they are the largest single cause of disability in the UK, and can be caused or affected by pollution, flooding and climate change. -There is substantial and growing evidence for the physical and mental health benefits of spending time in the natural environment, but children are engaging less with nature.
Homelessness	Lewer, D. et al (September 2020) 'Covid-19 among people experiencing homelessness in England: a modelling study' The Lancet Respiratory Medicine https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(20)30396-9/fulltext	Article	People experiencing homelessness are vulnerable to COVID-19 due to the risk of transmission in shared accommodation and the high prevalence of comorbidities. In England, as in some other countries, preventive policies have been implemented to protect this population. We aimed to estimate the avoided deaths and health-care use among people experiencing homelessness during the so-called first wave of COVID-19 in England—ie, the peak of infections occurring between February and May, 2020—and the potential impact of COVID-19 on this population in the future.	During the first wave of COVID-19 in England, our modelling suggests that people experiencing homelessness were protected by interventions in the general population, infection control in hostels, and closing of dormitory-style accommodation. Our results suggest that 266 deaths were avoided in the first wave, and a further 164 deaths could be avoided if these measures are continued until January, 2021, and potentially more if there is a second wave of COVID-19 in the general population. Even if incidence of COVID-19 remains low in the general population, relaxing measures in hostels and night shelters could lead to outbreaks and a high overall attack rate amongst homeless people.

Children and schools

Theme	Citation	Evidence Type	Outline	Key points
	Local Government Association 'A child-centred recovery- where all young people can thrive' September 2020 https://www.local.gov.uk/child-centred-recovery	Report	This document outlines our ambitions for a child-centred recovery, drawing together every aspect of policy and service delivery to create the places people want to live in and plan for the future	Our immediate priorities 1. A cross-Whitehall strategy that puts children and young people at the heart of recovery. 2. Investment in local safety nets and the universal and early help services, including mental health and wellbeing services, that children, young people and their families will need to support them through the short and long-term impacts of the pandemic. 3. Dedicated action to prevent the attainment gap from widening, including immediate work to stabilise the early years sector and support children and young people to attend school or to continue learning from home where required.
Surveillance	Public Health England 'Prospective active	Surveillanc	Many countries have started to	SARS-CoV-2 infection and transmission rates were low in preschool

transmission	<i>national surveillance of preschools and primary schools for SARS-CoV-2 infection and transmission in England, June 2020 (sKIDs COVID-19 surveillance in school KIDs) Phase 1 Report' (01 September 2020) Author: Shamez Ladhani</i> https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/914700/sKIDs_Phase1Report_01sep2020.pdf	e	re-open schools as part of the easing of COVID-19 lockdown measures but staff, students and their families remain concerned about the risk of infection and transmission of SARS-CoV-2 in educational settings. Public Health England (PHE), therefore, initiated a prospective national study in preschools and primary schools during the summer half-term.	and primary schools under surveillance. Seropositivity rates in students and staff were similar and not associated with school attendance during the lockdown. Similar studies are needed in secondary schools and higher educational settings.
Transmission in schools	Public Health England (July 2020) <i>Transmission of COVID-19 in school settings and interventions to reduce the transmission: a rapid review</i> https://phe.koha-ptfs.co.uk/cgi-bin/koha/opac-retrieve-file.pl?id=45d305bc223d425af0fcbd60e8108a32	Rapid review	1. What is the transmission of COVID-19 within school settings? 2. What is the effectiveness of interventions to reduce the transmission of COVID-19 within school settings?	This review included 9 studies: 3 epidemiological and 6 modelling studies (including 5 preprints) (search up to 18 June 2020). • There is limited and weak evidence from the 3 epidemiological studies that the transmission of COVID-19 within school settings is low. • There is weak evidence from 6 modelling studies that the re-opening of schools at a reduced capacity, particularly for younger children, may not be associated with a second epidemic wave. • The evidence base should be routinely monitored to capture new studies on transmission and interventions as they emerge.
Mental health	Coombe J, Mackenzie L, Munro R, et al. <i>Teacher-mediated interventions to support child mental health following a disaster: a systematic review.</i> PLoS currents disasters. 2015 Dec 8;7. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4696867/	Systematic Review	In this systematic review, the authors searched for studies on the effects of teacher-mediated interventions to support child and adolescent recovery after a natural or man-made disaster. They restricted their search to articles published in English and did the search in January 2015. They included 20 studies reporting on 18 separate interventions.	What works: After a disaster, school-based interventions mediated by teachers have short-term benefits on psychological symptoms and academic performance in students and on teachers' personal and professional self-efficacy. What doesn't work: Nothing noted. What's uncertain: The long-term effects of teacher-mediated interventions are uncertain Cite: Evidence Aid

Children & families

Domestic abuse	Campbell Systematic Reviews: Latzman, N. E. et al <i>The promotion of well-being among children exposed to intimate partner</i>	Systematic review	There have been increases in domestic violence during the COVID-19 pandemic.	What works: In-home intensive services (parent training and provision of emotional support to the parent) are more effective than interventions in outpatient/clinic settings.
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	<p>violence: A systematic review of interventions (2019) https://onlinelibrary.wiley.com/doi/full/10.1002/cl2.1049</p>		<p>Information is needed on interventions to minimise psychological damage to children who witness it.</p> <p>In this Campbell systematic review, the authors searched for studies that had evaluated the effects of psychosocial interventions to promote well-being among children exposed to intimate partner violence and which they rated as having low or moderate risk of bias. They did not restrict their search by date of publication and did the most recent search in April 2018. They included 8 randomized trials (924 participants), which were conducted in India (1 study), the Netherlands (1) and the USA (6).</p>	<p>Programmes targeting the non-offending parent (usually the mother) were more effective.</p> <p>What's uncertain: The effects of online courses, which might be required because of social distancing, are uncertain. Cite: Evidence Aid¹</p>
Domestic abuse	<p>A Perfect Storm: The impact of the Covid-19 pandemic on domestic abuse survivors and the services supporting them Women's Aid https://www.womensaid.org.uk/wp-content/uploads/2020/08/A-Perfect-Storm-August-2020-1.pdf</p>	Report	<p>This report presents findings from the first phase of a Women's Aid research project exploring the impact of Covid-19 on experiences of domestic abuse for adult and child survivors and the specialist domestic services supporting them.</p>	<ul style="list-style-type: none"> • Domestic abuse has got worse during the pandemic • Access to escape and support networks was restricted • Child survivors also experienced worsening abuse during lockdown. • Services have seen a mixed impact on demand for services and expect to see a spike in demand in the future • Availability of refuge spaces has been reduced during the pandemic • Support services are facing funding challenges • Services are finding new ways of working with survivors <p>Community is increasingly important to survivors</p>
Early Intervention	<p>Wilson, H and Waddell, S. (June 2020) 'Covid-19 and early intervention: Understanding the impact, preparing for recovery' Early Intervention Foundation and Action for Children https://media.actionforchildren.org.uk/documents/embargo-covid-19-impact-recovery.pdf</p>	Report	<p>This report aims to outline the pressures public services face and how the country can navigate the recovery phase, as well as the impact the pandemic has had on children and families.</p>	<p>Based on interviews with a range of professionals delivering local early help services between March and May 2020, the Early Intervention Foundation (EIF) and Action for Children research found school closures, social distancing and lockdown measures have seriously affected the ability of services to support children and families at the time when they needed it most.</p>

				The research found that whilst there was an overall sense of professionals and communities pulling together in an extraordinary effort to protect vulnerable children and support families during the crisis, the impact of the pandemic on vulnerable children and families is likely to be profound.
Vulnerable children	<i>Vulnerability in childhood: A public health informed approach (September 2020)</i> https://www.gov.uk/government/publications/vulnerability-in-childhood-a-public-health-informed-approach	Reports	A public health informed approach looks at the factors for individual children, their families and the communities in which they live that make it more or less likely that vulnerability and adversity in childhood has a lasting impact on their lives. This holistic, multi-agency approach addresses inequality and the broader causes of vulnerability which might otherwise be overlooked.	Throughout the COVID-19 pandemic, local government, health, education and other public services have sought to make sure that vulnerable children are protected. As we look ahead, these children and their families remain central to our public health plans and ambitions. There are some specific ways in which the pandemic may affect childhood vulnerability but, more generally, the underlying wider community and social conditions which existed before COVID-19 are likely to remain or even worsen.
Children's mental health	<i>Recovery planning for Covid-19: Children and young people's mental health ; National Children's Bureau (July 2020)</i> http://www.ncb.org.uk/sites/default/files/uploads/files/children-and-young-peoples-mental-health-recovery-briefing.pdf	Briefing	This briefing outlines the key challenges Covid-19 has presented in relation to babies', children and young people's mental health and what changes need to be implemented during the recovery process to ensure the needs of children and young people are met. This briefing is not exhaustive and should be read in conjunction with other briefings on recovery from the Coronavirus pandemic produced by the children's sector.	<ul style="list-style-type: none"> • There is clear evidence that early years' experiences play a unique role in shaping a child's brain, with long-term consequences for health and well-being. The physical and emotional needs of the youngest children must be explicitly addressed in the recovery period. • There will now be significant challenges associated with resuming full face-to-face health and social care services due to the inevitable backlog of missed contacts and the contacts that must be repeated because full assessments could not take place digitally. It is therefore more important than ever that post-Covid19 we reset our priorities and ensure our existing early years' services are sufficiently resourced to enable all families to give their young children the foundations to thrive. • Due to mental health and wellbeing services provided by schools being suspended during the pandemic, services as well as school based support for children with learning disabilities, counselling, speech and language therapy and a range of support must be restarted as quickly as possible.
Children and Young People Mental Health	Covid-19: Mental Health in Children and Young People (Access via FutureNHS)	Review	This rapid review identified three published review articles, with only one study using recognisable methods of robust and transparent searching and appraisal. The studies all identified the mental health risks of the covid-19 pandemic, some of which were specific to children and young people. Survey	

evidence from China, USA and UK was reported.

Patient Care

Theme	Citation	Evidence Type	Outline	Key points
Video consultations	Video Consultations Review Available via FutureNHS (you will need an account to access this document).	Review	There has been a huge rise in the uptake of video consultation between patients and clinicians during the covid pandemic. The evidence suggests that there are numerous benefits from this approach including reducing travel and waiting at hospital for an appointment. But the evidence also suggests some caution is needed when rolling out these changes so that everyone can realise these benefits and they do not exacerbate existing inequalities.	
Covid patient care	Greenhalgh, T et al (2020) management of post-acute covid-19 in primary care BMJ	Practice pointer	This article, intended for primary care clinicians, relates to the patient who has a delayed recovery from an episode of covid-19 that was managed in the community or in a standard hospital ward.	<ul style="list-style-type: none"> • Management of covid-19 after the first three weeks is currently based on limited evidence • Approximately 10% of people experience prolonged illness after covid-19 • Many such patients recover spontaneously (if slowly) with holistic support, rest, symptomatic treatment, and gradual increase in activity • Home pulse oximetry can be helpful in monitoring breathlessness • Indications for specialist assessment include clinical concern along with respiratory, cardiac, or neurological symptoms that are new, persistent, or progressive
Long-covid	Sudre, C. et al (2020) Attributes and predictors to Long-COVID: analysis of COVID cases and their symptoms collected by the Covid Systems Study App [Preprint]	Original research	Reports of “Long-COVID”, are rising but little is known about prevalence, risk factors, or whether it is possible to predict a protracted course early in the disease. The authors analysed data from 4182 incident cases of COVID-19 who logged their symptoms prospectively in the COVID Symptom Study app.	They found that early disease features were predictive of duration. With only three features - number of symptoms in the first week, age and sex, we were able to accurately distinguish individuals with LC28 from those with short duration. Importantly, the model generalised well to the population reporting antibody testing. This important information could feature in highly needed targeted education material for both patients and healthcare providers and we present typical nomograms for use in clinical settings in Supplementary Figure 7. Moreover, the method could help determine at-risk groups and could be used to target early intervention trials and clinical service developments to support rehabilitation in primary and specialist care to alleviate Long-COVID and facilitate timely recovery.
Vaccine uptake	Rapid literature review of interventions to increase uptake of influenza and other vaccines in hard-to-reach populations Available via FutureNHS Integrated Care System, Nottingham and Nottinghamshire	Literature review	Standard approaches to vaccination delivery may have limited effectiveness among those where there are social or economic disadvantages. The information contained within the following pages, will look to identify and reduce variation in those profile groups by :-	<ul style="list-style-type: none"> • Identifying at risk (eligible) population cohorts

	(you will need an account to access this document)		<ul style="list-style-type: none"> •Baseline previous years uptake •Recommend interventions to improve uptake •Profile population profiles at Place and System
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Kent & Medway

Theme	Citation	Evidence Type	Summary
Recovery	Kent Resilience Forum Health and Social Care Recovery Cell Impact Assessment (Contact maria.hughes@kent.gov.uk for access)	Impact assessment	This impact assessment provides a strategic overview of impacts, risks and opportunities linked to Covid-19 which will inform recovery work across the county. The intention is to briefly capture these in the template, taking a county-wide view. Impacts will continue to evolve as the Covid-19 events continue to change, so this impact assessment will be updated over time as needed. (Karen Sharpe was chair of the health and social care recovery cell.)
Pharmacies	Pharmacies and COVID-19: The Reality (2020) Healthwatch Kent and Healthwatch Medway	Report	During the early months of the pandemic Healthwatch Kent and Healthwatch Medway heard from hundreds of people about a whole range of issues such as isolation, mental health and delays to operations. We heard a significant amount of feedback relating to community pharmacies. Now that lockdown measures have eased, we wanted to find out more about how community pharmacies experienced the 'first wave' of the pandemic, how they innovated and what lessons they feel should be learnt in order to inform planning for a possible 'second wave' of the pandemic.
Ethnic minorities	BAME and the impact of COVID-19: 19 October 2020 An overview of the BAME population in Kent and Medway Kent and Medway COVID-19 Workforce BAME and System Wide Action Plan	Report Appendix 1 Appendix 2	A summary of the Kent and Medway STP BAME/inequality workstreams work. Includes an overview of the BAME population in Kent and Medway (Appendix 1) and a copy of the Kent and Medway COVID-19 Workforce BAME and System Wide Action Plan (Appendix 2)
Digital inclusion	Understanding digital inclusion in Kent and Medway December 2020 (contact maria.hughes@kent.gov.uk for access)	Report	Findings and recommendations following a Kent and Medway digital inclusion survey
JSNA	Medway Council – Joint Strategic Needs Assessment (Update) March 2021	Report	The updated Medway JSNA focuses on the areas in which Medway experiences the greatest HI. It's important to consider the JSNA in the context of the wider Medway Joint Health & Wellbeing Strategy: http://www.medwayjsna.info/downloads/Joint%20health%20and%20Wellbeing%20Strategy%202018-2023.pdf
Health inequality	Health Inequality in Medway – Annual	Report	This APHR reviews the progress Medway has made to address some of the key determinants of

	Public Health Report 2019/20 March 2021		health and health inequalities. It identifies and makes recommendations in terms of the system-wide actions that are required to offset the potential impact the COVID-19 pandemic may have had on pre-existing efforts to improve public health
Covid recovery	Kent and Medway System Response to Phase 3 Covid Recovery September 2020 (contact maria.hughes@kent.gov.uk for access to this report)	Report	Includes a section on collaborating locally in planning and delivering action to address health inequalities
Domestic abuse	Domestic Abuse Needs Assessment (October 2020) KCC	Report	The Domestic Abuse Bill 2019-21 states new statutory obligations for Local Authorities to respond to the issue of domestic abuse and domestic violence. This includes a statutory requirement for local authorities to provide a needs assessment to influence and inform the commissioning of services across a partnership, with oversight from a Local Partnership Board. Consequently an extensive review into Domestic Abuse was commissioned for Kent and Medway in 2020. This review also includes an assessment of how DV has increase during the early stages of the coronavirus pandemic.
Data	COVID-19 Oximetry @ Home - Weekly and Trend Reports	Sitrep	This report uses data regularly gathered from the COVID Oximetry @ Home service across Kent and Medway. The CO@H service is a 7-day service, the data is collected weekly Thursday to Wednesday each week. This report contains data from all ICPs in Kent and Medway to show the trend across Kent and Medway CCG since December 2020. Contact maria.hughes@kent.gov.uk for March 2021 report.
Mental health	Mental Health COVID-19 Recovery: Toolkit for DPHs June 2020 (contact maria.hughes@kent.gov.uk for copy of presentation)	Presentation	Slides produced by the KCC public mental health lead for the south east sector working group (chaired by Sallie Bacon) to guide the system in tackling health inequalities in response to COVID19 pandemic.
	CVD Prevention Packs – Kent and Medway March 2021	Data pack	The packs include data (based on QOF 2019/20) on progress towards meeting the PHE national ambitions for hypertension and AF detection and treatment. Charts on behavioural risk factors and NHS Health Checks locally is now part of the national update. Data showing inequalities for behavioural risk factors and NHS Health Checks non-attendance is also included.
Patient experience	Patient experience of COVID August 2020 Communications and Engagement Team Kent and Medway CCG	Reports	Between 26 May and 6 July 2020 we engaged with patients, frontline colleagues, clinicians, partners in local authorities and the voluntary and community sector (VCS), and local communities to gather their experiences of health services during lockdown. The aim was to provide initial feedback from patients and colleagues to support system leaders to make decisions about restarting services while coronavirus is still present and to plan for the future improvement of services.

This document will be updated when key literature and evidence is available.

ⁱ <https://evidenceaid.org/>