

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol ar y effaith pandemig COVID-19, a'i reolaeth, ar iechyd a gofal cymdeithasol yng Nghymru](#)

This response was submitted to the [Health and Social Care Committee consultation on the impact of the COVID-19 pandemic, and its management, on health and social care in Wales](#)

COV 03

Ymateb gan: | Response from: Dr Simon Williams

Written evidence submitted by Dr Simon Williams (Swansea University) to the Senedd's Health and Social Care Committee meeting (7th October 2021)

Key messages

Our Swansea University research, as well as other research conducted in and beyond Wales, on public attitudes to the coronavirus pandemic suggests the following key priorities over the coming years:

- **Vaccination uptake.** Maximising uptake (and reducing hesitancy) of COVID-19 vaccines in young adults and children and of COVID-19 booster vaccinations and flu vaccinations in relevant (vulnerable) groups remains a key priority.
- **Adherence to future COVID-19 measures.** Clear guidance and practical support will be essential to maximise adherence to future COVID-19 non-pharmaceutical (behavioural) mitigation measures if any need to be re-implemented. This includes: Ensuring adequate self-isolation support; encouraging and enabling employers to institute isolation and home-working practices when needed; providing clear messages over new, particularly Wales-specific, mitigation measures.
- **Mental health impacts of the pandemic.** Investing in identifying and supporting mental health recovery following the pandemic in the short term will likely yield significant health and economic benefits in the longer term.
- **Health and social care staff shortage.** Ensuring an adequate supply of well-qualified staff is essential in order to provide necessary social care services in Wales. To do so, understanding the reasons for the under-supply of social care staff will need to be properly understood and addressed. Likely factors include perceived low pay and perceptions of the status and nature of the role. The impact of the pandemic on the workforce needs also to be better understood.

Vaccination uptake

High uptake of COVID-19 vaccines in young adults and children, and high uptake of COVID-19 booster vaccinations and flu vaccinations in relevant (vulnerable) groups are all essential in order to minimise future mortality and morbidity from both COVID-19 and flu. Maximising vaccine uptake is therefore also a way to minimise ongoing pressure on the health service in Wales.

Uptake in young adults currently lags behind that of older age groups in Wales.¹ Our research has helped identify a number of barriers and facilitators to uptake, including in young adults, such as: the role of convenience (drop-ins) and the role of misinformation.¹ COVID-19 rates remain very high amongst school-age children.² Although policy changes have removed the burden of COVID-19 absenteeism due to self-isolation of close contacts or bubbles,³ COVID-19 vaccines for children are a way to reduce the risk of both school absence *and* illness in those children who are themselves infected with COVID-19. It is likely that in the foreseeable future, COVID-19 vaccines will also be approved in use for children aged 5-11 in a number of countries, presumably including the UK.⁴ Our research suggests that parents are hesitant over the decision of whether to vaccinate their children, and so government and public health communication will need to understand, recognise and address the causes of hesitancy, including concerns over potential long term side-effects and uncertainty over the extent to which children can catch and are affected by COVID-19.⁵ Our research also found that sentiment to flu and COVID-19 booster jabs was generally positive, but concerns were raised, for example over whether or not the jabs were safe to take simultaneously – something that public health communication can help to reassure.⁶

Adherence to future COVID-19 restrictions

Our research has also looked at the factors behind adherence and non-adherence to COVID-19 non-pharmaceutical measures.⁷ Overall, adherence has been high in Wales and the UK generally throughout the pandemic.⁸ However, data suggests that adherence had recently been declining through spring and into the summer.⁹ Our research found that ‘alert fatigue’ was a common problem – where people struggled to ‘keep up’ with rules that changed frequently and often varied across the four nations.¹⁰ As such, going forward, if measures are to be re-introduced, it is important to consider: (1) That adherence may not be as high as in previous phases of the pandemic; and (2) that communicating the measures and their rationale are clear (especially if different to UK guidance) and mixed-messages are avoided. Our Swansea University study commissioned by Senedd Research found that people had variable knowledge of the potential financial and social and emotional supports available during self-isolation.¹¹ Research is ongoing in collaboration with Public Health Wales. Self-isolation of positive cases remains a crucial way of minimising spread, and ongoing financial and social support needs to be in place, particularly for those more socially and economically vulnerable in society. Longer term, employers need to be supported to enable workers to self-isolate and/or work-from-home when sick or symptomatic.

Mental health impacts of the pandemic

Early on in the pandemic, we found that social isolation and distancing were having significant impacts on people’s mental health and wellbeing, and particularly those who were in for example low- or insecure-income occupations⁶ Although people’s mental health and

¹ <https://research.senedd.wales/research-articles/vaccine-hesitancy-in-wales/>

² <https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/>

³ <https://gov.wales/schools-coronavirus-guidance>

⁴ <https://www.pfizer.com/news/press-release/press-release-detail/pfizer-and-biontech-announce-positive-topline-results>

⁵ <https://www.medrxiv.org/content/10.1101/2021.07.28.21261252v1>

⁶ <https://psyarxiv.com/hyxm5/>

⁷ <https://bmjopen.bmj.com/content/10/7/e039334.abstract>

⁸ <https://phw.nhs.wales/news/week-74-how-are-we-doing-in-wales-public-engagement-survey-results/>

⁹ <https://www.covidsocialstudy.org/results>

¹⁰ <https://www.gov.uk/government/publications/spi-b-behavioural-and-social-considerations-when-reducing-restrictions-10-february-2021>

¹¹ <https://research.senedd.wales/research-articles/coronavirus-how-can-test-trace-protect-be-improved/>

wellbeing has generally improved over the past few months as the measures have been relaxed,⁷ stress and anxiety remain a problem, and the full and long-term impacts are unknown. Research, including our own, will follow these impacts. However, providing early funding and services to support those most affected by the pandemic (including those with prior mental health conditions) will be essential. One particular priority should be children and young people. We know that early identification and support for early emotional and mental health problems can mitigate or prevent longer-term illness (including potentially serious mental ill-health) in the longer term (something that can be cost-effective).

Health and social care staff shortage

The pandemic has both impacted and highlighted some deficits in the social care system. The social care staff shortage is an immediate priority. Future planned research will explore: (1) How much of a priority people think social care reform should be for the Welsh Government; and (2) whether public perceptions of social care work has changed following the pandemic. The workforce shortage can be offset by incentivising and training staff through improved pay and other benefits and in improving working conditions.