In the week to 2 September 2021, credit and debit card purchases increased by 6 percentage points from the previous week, to 99% of its February 2020 average.

The seven-day average estimate of UK seated diners fell by 28 percentage points from the previous week to 128% of the level in the equivalent week of 2019; however, the previous week included a bank holiday.

Online job adverts in London increased by 9% from the previous week, the largest week-on-week increase in London since 5 March 2021; despite this, it remains the region with the lowest volume of online job adverts relative to its pre-pandemic level.

Overall retail footfall in the UK decreased slightly from the previous week and was at 84% of the level seen in the equivalent week of 2019 (Springboard) Section 8.

Of businesses not permanently stopped trading, 13% reported that vacancies were more difficult to fill in the last month compared with normal expectations for this time of year in late August 2021, up from 9% in early August 2021.

89% of adults who left their home reported wearing a face covering in the latest week; this was broadly similar to August 2021.

The volume of motor vehicle traffic on Monday 6 September 2021 was at 100% of its level in the first week of February 2020.

Of businesses not permanently stopped trading, 13% reported that vacancies were more difficult to fill in the last month compared with normal expectations for this time of year in late August 2021.

30% of businesses in the accommodation and food service activities industry reported vacancies being more difficult to fill than normal.

Half of currently trading businesses in the construction industry reported the prices of materials, goods or services bought in the last two weeks had increased more than normal price fluctuations, compared with approximately one-quarter of businesses across all industries.

The percentage of businesses currently trading in late August 2021 was 90%, a figure that has remained stable since late June 2021; the transportation and storage industry has remained the industry with the lowest percentage of businesses currently trading, at 78%.

The proportion of businesses' workforce reported to be on full or partial furlough leave remains broadly unchanged from late July to mid-August 2021, at 6%; however, 16% of the workforce in the other service activities industry are estimated to be on full or partial furlough leave.

In mid-August 2021, businesses reported that 1% of their workforce were on sick leave or not working because of coronavirus (COVID-19), self-isolation or quarantine; this figure has remained stable since comparable estimates began in June 2020.

15% of businesses reported there has been an increase in innovation since the start of the pandemic, but in the transportation and storage industry the figure was only 1%.
People living in the North had a 17% higher mortality rate due to COVID-19 than those in the rest of England. Their mortality rate due to all causes was 14% higher.

About half of the increased COVID-19 mortality in the North and two-thirds of the increased all-cause mortality were explained by potentially preventable higher deprivation and worse pre-pandemic health.

The North’s care home COVID-19 mortality was 26% higher than the rest of England.

In the North 10% more hospital beds were occupied by COVID patients than in the rest of England.

Increased mortality in the North of England could cost the national economy up to £7.3bn in lost productivity. This is likely to be a conservative underestimate given the North’s economy has also been hardest hit.

On average people living in the North had 41 more days of the harshest restrictions than people in the rest of the country.

The North experienced a larger drop in mental wellbeing, more loneliness, and higher rates of antidepressant prescriptions: there was a 55% increase in the presence of minor psychiatric disorders, such as anxiety and depression, in the North compared to a 50% increase in the rest of England.

Wages in the North were lower than the rest of England before the pandemic and these fell further during the COVID-19 pandemic (from £543.90 to £541.30 per week) whereas wages increased in the rest of the country (from £600.80 to £604.00 per week).

The unemployment rate in the North was 19% higher than the rest of England.

Recommendations:

- Place-focused vaccination programmes targeted at vulnerable populations in the North of England.
- Increase NHS and local authority resources and service provision for mental health in the North. Invest in research into mental health interventions in the North.
- Invest in increasing capacity in Northern hospitals to help them catch-up on non-COVID-19 health care.
- Make health a key part of an integrated Levelling Up strategy.
- Recommit to ending child poverty. Increase child benefit, increase the child element of universal credit by £20 per week, extend provision of free school meals, remove the benefit cap and the two-child limit and extend provision of free school meals.
- Invest in children’s services by increasing government grants to local authorities in the North.
- Maintain and increase the additional £1,000 extra funding of universal credit.
- Increase the existing NHS health inequalities weighting within the NHS funding formula in its reset and restore plans.
- Deliver a £1bn fund ring-fenced to tackle health inequalities at a regional level.
- Increase local authority public health funding to address the higher levels of deprivation and public health need in the North.
- Create northern ‘Health for Life’ centres offering a life-long programme of health and wellbeing advice and support services.
- Deliver health and mental health promotion interventions together with industry and employer, targeted at employee mental and physical health.
- Level up investment in health R&D in the North of England.
- Invest in the North’s testing and diagnostics infrastructure.
- Build resilience in the North’s population through developing a national strategy for action on the social determinants of health with the aim of reducing inequalities in health, with a key focus on children.

Bank of England: Annual Report to the Treasury Select Committee (current outlook section)
• With the impact of mandated social distancing much reduced, the extent of voluntary distancing, as well as traditional economic drivers, have become the limiting factors for output in the UK.
• On the demand side, a new economic influence on the extent of the consumption recovery is how quickly households draw down the involuntary savings that some built up during lockdown periods.
• On the supply side, misalignment between the speed of recovery in different regions, sectors and producers is leading to a number of bottlenecks, which cannot be immediately unwound.
• Inflation fell back to the 2% target in July but will rise significantly over the next few months.
• A large part of this can be explained by increases in the prices of oil and other commodities, as well as internationally traded goods more generally, in the face of strong global demand. For a number of goods, larger than usual price rises can be explained by a number of shortages and bottlenecks that have arisen in supply chains.
• Movements in the prices of energy and other commodities are typically shocks that have a one-off effect on the level of prices, affecting inflation for one year before dropping out of the calculation.
• Similarly, goods demand is likely to fall back next year as households revert to more normal spending patterns. Supply bottlenecks should also fade, and supply should expand in response to price increases.
• Upcoming policy will be affected by some large uncertainties over how the recovery will proceed in the coming months. First among these is how economies will be affected by reductions in fiscal stimulus in the next few quarters – in the UK, the withdrawal of the furlough scheme in particular.
• If the rotation of consumption towards its pre-Covid pattern stalls, or reverses, owing to concerns about the Delta variant, then there is likely to be a larger rise in unemployment as furlough ends.
• There is also the risk that the anticipated rise in inflation could prove more persistent than currently expected, particularly if it were to become embedded in higher wage and price inflation expectations.

Kings Fund think tank: The Health and Care Bill: Six Key Questions
https://www.kingsfund.org.uk/publications/health-and-care-bill-key-questions
• Q: Is the Bill a top–down reorganisation?
  o While the reforms in the Bill will result in changes to how the NHS in England is organised to support integration, these measures have been requested by the NHS, building on existing work to integrate care and are deliberately flexible to allow for different approaches according to local circumstances.
  o In contrast to many previous attempts at NHS reform, the Bill does not try to dictate from the top, instead recognising the need for local discretion.
• Q: Will the Bill lead to greater involvement of the private sector in delivering and planning clinical services?
  o The Bill proposes to reduce the role of competition and increase the flexibility around procurement rules but does not necessarily have particular implications for the involvement of the private sector in delivering clinical care in the NHS.
  o A greater risk of the changes to competitive tendering is that existing contracts are regularly rolled over to the incumbent provider, with little opportunity for alternative providers to come forward.
• Q: Will the Bill enable ministers to interfere in the day-to-day running of the NHS?
  o Yes, the Bill would give the Secretary of State sweeping powers both to intervene earlier in decisions about changes to local services and to direct NHS England.
  o The proposals in the Bill would require the Secretary of State to be notified of all changes, no matter how large or small, temporary or permanent.
  o This could mean any service change in the NHS could land on the Secretary of State’s desk, risking a decision-making log jam, placing a significant burden on local and national NHS bodies awaiting decisions – and delaying changes to services that clinicians have already concluded would benefit patients.
• Q: Where will the power lie within ICSs?
The new structures for integrated care are intended to promote equal partnership between the NHS and its wider partners, but the history of previous attempts at integration suggest there is a risk that the NHS will dominate.

Previous attempts to drive integration, for example, the early development of sustainability and transformation plans, have shown that a narrow focus on NHS priorities – whether real or perceived – can hamper the cause of system working.

Q: Will the Bill make any difference to patients?
- The Bill provides opportunities to improve people’s outcomes and experiences of care, particularly for those in contact with different services, through better integrating services both within the NHS and across the health and social care system. What is made of these opportunities depends on implementation.
- Tangible differences in patients’ experiences will depend on how local organisations, leaders and clinical teams implement these changes. It will be important for services to be afforded time to capitalise on the opportunities the Bill presents.

Will the Bill place the health and care system on the right footing to tackle the big challenges it currently faces?
- In part. Integrating services is key to enabling the health and care system to provide better joined-up, care and the Bill places this on the right (statutory) footing.
- However, the system faces many challenges, which need to be addressed if the system is to deliver truly high-quality health and care and reduce health inequalities in England.
- The Bill falls far short of a meaningful commitment on social care, despite the inclusion of targeted measures on data collection and regulation. The current social care system is not fit for purpose and is failing the people who rely on it, with high levels of unmet need and providers struggling to deliver the quality of care that people have a right to expect.

Birmingham University: Social care reform: why the plan won’t fix the crisis

- In England, requests for social care have gone up 6% in the last five years but there has been a decrease in people getting support. Around 14,000 fewer people have received the help they need.
- The money the government is seeking is set to finance not only a social-care system reform but also an NHS rescue plan. Getting back to pre-pandemic level of NHS service alone is likely to cost almost £17 billion.
- Of the £36 billion that will be raised by this levy, only £5.4 billion will go to social care, and half of that will pay for the new care cap rather than address any of the existing strains in the system.
- Critics fear that the new levy will be used up within the NHS with little left to spend on improving social care.
- The spending of self-funders (a relatively invisible and hard to research group) would need to be monitored by local authorities so that it was clear when the cap had been reached. There are no systems currently in place to do that.
- The current proposals (a cap on spending with a sliding scale of contributions for people with assets of £20,000 to £100,000), appear to be even more complex that those attempted in 2014.
- The new proposals also do nothing to address low pay for the 1.5 million people working in the care sector.
- They won’t improve the range, quality or adequacy of social care, a system that many people say is about meeting basic needs rather than enhancing wellbeing or allowing people to flourish.