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Introduction

In the past year, COVID-19 has had an impact globally and is killing people on a large scale, everyone has been affected by the COVID-19 pandemic; However, this varies for individuals some changes of the impact of the pandemic and its consequences are felt and affected differently depending on everyone. Also, the status of individuals and as members of society some had to adapt by working from home online, and actions such as home-schooling their children, while others have no choice but to be exposed to the virus to keep society functioning and providing their services. However, in this report COVID-19 will be discussed and how it has affected the United Kingdom and New Zealand. Evaluation of the different approaches and strategies that have been used to measure, monitor, and control the incidence in the UK and New Zealand will be compared, along with a critical examination of the recent developments in health and social care policy. Impacts on the health and wellbeing of individuals in health or social care settings will be highlighted and an analysis of the connections between legislation, policy, and practice will be discussed. The report will also discuss the priorities and lifestyle changes and how the behaviours of individuals have influenced society.

Background of coronavirus and Covid-19

According to (What Is Coronavirus? Hopkins, 2021) Coronaviruses are a type of virus and there are lots of different types, some of the coronaviruses can cause diseases. The coronavirus that was identified in 2019, is also SARS-CoV-2, which has caused the pandemic of respiratory illness and named it COVID-19. Now, this can be severe and has caused millions of deaths around the world as well as long-lasting health problems in some who have survived the illness. The virus can be spread from person to person, you can get a diagnosis with a covid test. So far researchers found out that the coronavirus is spread through droplets and virus particles released into the air and when an infected person breathes, talks, laughs, sings, coughs, or sneezes. Larger droplets can fall to the ground in a few seconds, but the tiny infectious particles may linger in the air and accumulate in indoor places, especially where many people are gathered and there is poor ventilation. That is why mask-wearing is extremely important, along with hand hygiene and physical distancing are key in preventing COVID-19.

The first identified case of the virus was detected in Wuhan, China, in late 2019 and has set off a global pandemic. The cause was a then-new coronavirus later named SARS-CoV-2, it seems like SARS-CoV-2 could have originated in an animal and changed or adapted (mutated) therefore now it can cause illness in humans. According to (COVID-19), Health, Disease and Disease, 2021)

Experts say SARS-CoV-2 originated in bats, that is also how the coronaviruses in the Middle East respiratory syndrome (MERS) and severe acute respiratory syndrome (SARS) had started. SARS-CoV-2 had transferred to humans at one of Wuhan's open-air wet markets. It is believed that there were customers buying fresh meat and fish, which included animals that are killed on the spot. Some wet markets do sell wild or banned species like cobras, wild boars, and raccoon dogs. The crowded conditions may allow viruses from different animals to swap genes, sometimes the virus changes so much that it can start to infect and spread among people. But reports later declared that the Wuhan market did not sell bats at the time of the outbreak. Therefore, suspicions were also made on pangolins, also called scaly anteaters, which are sold illegally in some markets in China. Some coronaviruses that infect pangolins are very similar to SARS-CoV-2. As the virus spread rapidly, both inside and outside China it infected people who have had no direct contact with animals. That meant the virus is transmitted from one human to another, and before you knew it, it had spread around the globe. Proving

that people are unknowingly catching and passing on the virus. This growing worldwide spread leads to what is now a pandemic.

Coronavirus Evolution - The first identification of a human coronavirus was in 1965 scientists declared that it caused a common cold symptom, and later that decade, researchers had found a group of similar human and animal viruses and named them after their crown-like appearance.

Seven coronaviruses can infect humans, the one that causes SARS started in southern China in 2002 and then quickly spread to 28 other countries. More than 8,000 people were infected by July 2003, and 774 died. Following that a small outbreak in 2004 involved only 4 more cases. And now from 2019, this coronavirus causes fever, headache, and respiratory problems such as cough and shortness of breath. MERS started in Saudi Arabia back in 2012, and almost all the nearly 2,500 cases had been in people who live in or travel to the Middle East. It is believed that this coronavirus is less contagious than its SARS cousin but more deadly, as it killed 858 people. It also has the same respiratory symptoms but can cause kidney failure.

According to the NHS (National Health Service, SARS,2019) SARS stands for the severe acute respiratory syndrome, which is caused by the SARS coronavirus, known as SARS Covid. Coronaviruses usually the reason for infections in humans and animals. In the past, there had been 2 self-limiting SARS outbreaks, which ended in a highly contagious and potentially life-threatening form and both had taken place in the year 2002 and 2004, from the year 2004 there have not been any known cases of SARS reported anywhere in the world. The World Health Organisation (who) continues its duty in monitoring countries throughout the world for any unusual disease activity. Reports claim SARS originated in China in 2002, It is believed that coronavirus is typically found in small mammals mutated, which enabled it to infect humans. The infection rapidly spread from China to other surrounding countries, there had been a few numbers of cases in a handful of other countries, which included 4 in the UK, plus a considerable outbreak in Toronto and Canada. The SARS pandemic was under control by July 2003, with the following of a policy of isolating people suspected of the virus and screening all passengers traveling by air from affected countries for signs of the infection. The reports show that there were 8,098 reported cases of SARS and 774 deaths. This means the virus killed about 1 in 10 people who were infected. People who are over the age of 65 were mainly at risk, with over half of those who died from the infection being in this age group. In 2004 there had been another smaller SARS outbreak linked to a medical laboratory in China, it is believed to be the result of someone coming into direct contact with a sample of the SARS virus, rather than being caused by animal-to-human or human-to-human transmission.

Virus mutation - Like many alive thing's viruses are always changing and evolving, now a mutation is where the genetic information that is stored inside an organism change. A lot of global outbreaks of contagious virus or pandemics that took place in our history, they are believed to have been caused by viruses that was previously only found in animals, however, once the virus mutated it became capable of infecting or transferring to humans. Research is continuous and more studies might reveal how and why the coronavirus evolved to cause such a pandemic disease.

Strategies used to measure, monitor, and control the coronavirus

United Kingdom	New Zealand
Measure – data was collected from hospitals and GPs and reported to the government. Although the UK had lockdowns schools were still open.	Measure – they went into national lockdown straight away in February 2020
Monitor – fines would be handed out if policies were not followed	Monitor – large testing and following WHO guidance. By 8 th June they had no new cases of covid
Control – national lockdown	Control – tightened border control

The United Kingdom's governments objectives and strategy were guided by three objectives:

- Suppressing the spread of the virus
- Finding new and more effective ways of managing the virus and enabling life to return to as possible normal
- Minimising damage to the economy and society, which included people's jobs and livelihoods, along with ensuring education is safeguarded in all departments.

However, the UK president's messages were never clear, his announcements were confusing to the public, for example, step one recommended that from May 13th that people who "can't work from home" are "actively encouraged to go to work" but to avoid public transport if they can; step two includes phased reopening of primary schools in June at the earliest and step three the reopening of public places in July which are stated by Habersaat (2021).

According to Lessons from New Zealand's response - BBC Newsnight (BBC,2020) the response New Zealand as a community was extremely effective and was able to handle the situation rapidly, they saw what other counties were going through and made a plan of action. New Zealand put in place a great deal of precautions to contain the virus, which included an extremely large testing for the virus, contact tracing, and clear and consistent communications with the public. On the 8th of June 2020, the government reported that there was no more active transmission of the virus in the country but stressed that it needed to remain vigilant. New Zealand had very clear and consistent messaging which helped the nation to understand what is going on and why. They followed the WHO guidelines. However, few new cases did emerge but far less than in the United Kingdom. The UK did not place much border control, if you entered the country you had to quarantine for a period of two weeks.

Current public health policy approaches to reduce or control incidence

According to (Coronavirus action plan: a guide to what you can expect across the UK, 2021) the United Kingdom's Government and the Devolved Administrations had put together a plan of action in response to the information that was available during that time of uncertainty, so that if new information were to arise the plan was easy to adjust and would be a proportionate response. Recommendation of using face masks in public and confined public spaces are compulsory such as on public transport, hospitals, shops, and supermarkets. The government's important purposes are to deploy phased actions to Contain, Delay, and Mitigate any outbreak, using all the research to inform policy development. These different phases, types, and scales of action depending on how the episode of the pandemic proves over time. They will monitor local, national, and international data continuously to estimate what could take place next, over the present and future terms. The plan of the government is to respond to COVID-19 in the following methods:

- Contain: detecting early reports of infection, follow up close contacts, and prevent the disease from spreading in the country for as long as is reasonably possible.
- Delay: slowing the spread of the virus in the country, if it does take hold, lowering the peak impact and pushing it away from the winter season needs to be done.
- Research: better understanding of the virus and the actions that will decrease its effect on the UK population; innovate responses including diagnostics, drugs, and vaccines; use the evidence to inform the development of the most effective models of care.
- Mitigate: provide the best care possible for people who become infected, support hospitals to maintain essential services, and ensure ongoing support for people ill in the community to minimise the overall impact of the disease on society, public services, and on the economy.

According to (UWTSD, 2021) Public Health England provides approaches on how to protect public health by supplying support and advice to NHS England, local authorities, emergency services, government agencies, and devolved administrations. PHE main duties include -

- Giving expert advice on subjects connected to the outbreaks and incidents including contagious diseases, outbreak observation and organizing, chemical, biological, and radiation hazards.
- Under the Health and Social Care Act 2012 the Secretary of State has to protect the health of the population and carry out activities as described in the Health Protection Agency Act 2004.
- They must carry out these functions for the protection of the community against infectious disease and other dangers to health.
- The prevention of the spread of the virus, infection, or disease.
- The provision of assistance to any other person who exercises functions concerning above
- In achieving this Public Health England will deliver people health EPRR leadership and scientific and specialized advice, including health protection services and expertise.
- The Public Health England National Incidence Response Plan (NIRP) delivers a planned framework for EPRR arrangements and details the response to significant public health incidents at the national level.
- Public Health England likewise has a responsibility as a category 1 responder (within the scope of the Civil Contingencies Act 2004) to answer to emergencies on behalf of the Secretary of State for Health.

Models and Theories of health behaviour change

HEALTH BELIEF MODEL

Figure 2. The Health Belief Model

Concept	Definition	Application	Example
Perceived susceptibility	One's opinion of the chance of having a negative experience or exposure; likelihood of negative outcome not happening	Address the personalized risk based on a person's characteristics, choices, or behavior; heighten perceived susceptibility if existing perception is too low	<i>"I won't get a flu shot because I have never received the shot before, and I have not had the flu for over five years."</i>
Perceived severity	One's opinion of how serious the consequences of not acting are	Specify consequences of the risk, choice, or failure to act, and the resulting condition	<i>"If I do get the flu, I may have to miss work and not get paid."</i>
Perceived benefits	One's opinion of the efficacy of the advised action to reduce risk or improve conditions	Define action to take; how, where, when; clarify the positive effects to be expected	<i>"If I do get a flu shot, my chances of getting the flu are significantly less."</i>
Perceived barriers	One's opinion of the tangible and psychological costs of the advised action	Identify and reduce barriers through reassurance, incentives, and assistance	<i>"I am having trouble finding a convenient time and location to get a flu shot."</i>
Cues to action	Strategies to activate "readiness"	Provide how-to information; promote awareness; set reminders	<i>"My employer is offering free flu shots at the office; I will get one because it is free and convenient."</i>

(UWTSD, 2021)

This model of health behaviour can narrow down some aspects of why individuals behave or chose to do what they believe. However, other factors are contributing to behaviours and choices such as lack of education about the virus and going by their family or friend circle knowledge and coming up with conspiracy theories. People who may be key workers and do not wish to get the vaccination may have to get vaccinated due to work policy. Policies such as wearing a face mask have affected people as it was something new and will take time to get used to, on the other hand, children with special needs and other people with medical conditions were exempt from wearing the face mask and would carry signs this could be in the form of an exemption card, badge or even a home-made sign other such as children who are under the age of 11, Public Health England does not advocate facemasks or coverings for children under the age of 3 for health and safety reasons. Individuals who may not place on or wear a facemask because they might have a physical or mental illness or impairment, or disability. People who may get severe distress by putting on a face mask and if you are speaking to or aiding someone who relies on lip-reading, clear sound or facial expressions to communicate will be an exception.

According to (COVID-19 Winter Plan - summary, 2021) in the following months, our government is going to minus on economic and social restrictions and focus more on solutions that are given by expert research and progress. Vaccines are already being distributed and it is at the centre of the government's plan to safeguard life and for returning to normal as possible. The government has publicized agreements with seven different vaccine distributors, fixing admission to more than 350 million doses to be made available across the UK. The government's objective is the safety for the whole public and this will always come first. Although vaccines are rolled out effective treatments for COVID-19 will continue to be fundamental to manage and develop. As recent findings show that certain groups of people cannot be vaccinated because they are immunocompromised, therefore discovering an effective solution will decrease the risk to their lives.

Impact of legislation and policies on the health and wellbeing of individuals in health or social care settings

According to (Gov, Corona-act, 2021) The Coronavirus Act 2020 is the act of the parliament in the UK that gives permission to the government which is the power during a time of emergency so that situations can be handled in the correct manner. The act has allowed the government to take control of the covid-19 situation by confining or postponing public gatherings, isolating people expected to have the infection by the virus, along with intervening or relaxing regulations in a certain sector to control the spread of the virus. This will help the pressure on the public health services and assist healthcare workers. Areas that are protected by this Act including the National Health Service, schools, social care, border force, police, funerals, local councils, and courts. Although this is for the safety and protection of everyone it has had a great impact on the public. It has caused a rise in domestic violence as people are indoors and frustrations are high, there has also been a recognition of children's meal issues for people who on benefits. When this was recognised, the government did provide vouchers and vegetables for eligible families. But the most difficult part of this legislation was the elderly community as family and friends were not allowed to visit, this led to people feeling isolated alone, and depressed. People who were infected with the virus and were in critical situations, their families could not say goodbye to them or have any final touch because of the legislation. Although doctors would show families through video calls it was extremely hard and unforgettable. Nurses had posted on social media their pain and how they had to adjust their kindness and crucial time in trying to save lives at the same time, there were incidents where nurses would fill their gloves up with warm water and then put that hand over the patient's hand during the last moments just so that patient could feel warmth, and they would call it the hand of God as the nurses rushed to the service of saving other lives. On the other hand, while the NHS workers were saving lives and putting their lives at risk, they had suffered differently as their daily essentials were all sold out from shops because of the public ticking up. As a way to say thank you and show to show support to the NHS staff shops such as Tesco and other companies and local corner shops kept certain time slots for NHS staff to shop only.

Ethical considerations

The UK government did the ethical response in letting the nation know that the virus can and will take the lives of our loved ones. If someone is infected with the virus, they should receive correct information and treatment, they should be treated fairly despite their medical conditions, colour, age, or any other discrimination. Doctors should be clear on giving information to families and those difficult decisions may have to be made. Although it is the NHS duty or job to save lives is just clapping for them enough for putting their lives at the front line for us? Should the government do more or provide more appreciation through a good enough pay rise.

Recommendations and conclusion

As the pandemic has affected everyone globally, recommendations of working together as a team are extremely crucial, this act of togetherness will help and fasten the process of containing the virus and getting back to some normality. By following, rules set by the government will stop the spread and help the NHS and save the lives of other keyworkers. Trying to take some responsibility for one's action is needed now more than ever, as it can save lives. Doing some own research and understanding the seriousness of this virus would benefit everyone, most of the past year our lives have been disrupted by the COVID-19 pandemic. Lives have been lost, livelihoods disrupted, and education has been impacted. However, The UK can learn from New Zealand such as their strict border control, clear and consistent communication with the nation. On the other hand, the UK governments were extremely quick on getting their vaccination treatment in the country and distributing it out throughout the country. Going forward as these vaccinations are not 100% protection methods testing should be carried out in schools and other environments of the workplace and key places such as hospitals and care centres. Further education needs to do be taught in schools therefore it will promote behaviour changes and that can reduce the spread of the virus. The local authority can organise support to promote and sustain their arears and coordinate as a community in response to the virus.

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