



North Tyneside Council

Health and Wellbeing Board

25 March 2022

A meeting of the Health and Wellbeing Board will be held:-

on **Monday, 4 April 2022**

at **10.00 am**

in **Room 0.02, Quadrant, The Silverlink North, Cobalt Business Park, NE27 0BY**

Agenda Item	Page(s)
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- 1. Apologies for Absence**
To receive apologies for absence from the meeting.
- 2. Appointment of Substitute Members**
To receive a report on the appointment of Substitute Members. Any Member of the Board who is unable to attend the meeting may appoint a substitute member. The Contact Officer must be notified prior to the commencement of the meeting.
- 3. Declarations of Interest and Dispensations**
Voting Members of the Board are invited to declare any registerable and/or non-registerable interests in matters appearing on the agenda, and the nature of that interest. They are also invited to disclose any dispensation in relation to any registerable and/or non-registerable interests that have been granted in respect of any matters appearing on the agenda.

Non voting members are invited to declare any conflicts of interest in matters appearing on the agenda and the nature of that interest.

Please complete the Declarations of Interests card available at the meeting and return it to the Democratic Services Officer before leaving the meeting.

Members of the public are welcome to attend this meeting and receive information about it. North Tyneside Council wants to make it easier for you to get hold of the information you need. We are able to provide our documents in alternative formats including Braille, audiotape, large print and alternative languages. For further information about the meeting please call (0191) 643 5359.

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|----|---|---------|
| 4. | Minutes
To confirm the minutes of the previous meeting held on 13 January 2022. | 5 - 8 |
| 5. | Joint Health & Wellbeing Strategy - Implementation Plan
To receive an update on the formulation of an implementation plan for delivery of the Board's Joint Health & Wellbeing Strategy, Equally Well: A healthier, fairer future for North Tyneside 2021 – 2025. | 9 - 12 |
| 6. | North East and North Cumbria Integrated Care System
To receive a presentation on the development of the North East and North Cumbria Integrated Care System and its implications for North Tyneside. | |
| 7. | Director of Public Health Annual Report
To receive the Director of Public Health's Annual Report 2020/22, Variants, volunteers and vaccines: North Tyneside's journey through the COVID-19 pandemic. | 13 - 60 |
| 8. | Joint Local Area SEND Inspection by Ofsted and the Care Quality Commission
To update the board on the outcome of the Local Area SEND Inspection undertaken by Ofsted and the Care Quality Commission in November 2021. | 61 - 66 |

Members of the Health and Wellbeing Board:-

Councillor Karen Clark (Chair)

Councillor Muriel Green (Deputy Chair)

Councillor Carole Burdis

Councillor Peter Earley

Councillor Joe Kirwin

Wendy Burke, Director of Public Health

Jacqui Old, Director of Children's and Adult Services

Richard Scott, North Tyneside NHS Clinical Commissioning Group

Lesley Young-Murphy, North Tyneside NHS Clinical Commissioning Group

Julia Charlton, Healthwatch North Tyneside

Paul Jones, Healthwatch North Tyneside

Christine Briggs, NHS England

Lisa Jordan, Newcastle Hospitals NHS Foundation Trust

Claire Riley, Northumbria Healthcare NHS Foundation Trust

Kedar Kale, Northumberland, Tyne & Wear NHS Foundation Trust

Patricia Whelan-Moss, TyneHealth

Craig Armstrong, North East Ambulance Service

Steven Thomas, Tyne & Wear Fire & Rescue Service

Mark Hall/Claire Wheatley, Northumbria Police

Dawn McNally, Age UK North Tyneside

Vacancy, North Tyne Pharmaceutical Committee

Cheryl Gavin, Voluntary and Community Sector Chief Officer Group

Dean Titterton, YMCA North Tyneside

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Health and Wellbeing Board

Thursday, 13 January 2022

Present: Councillor M Green (Deputy Chair) (in the Chair)
Councillor W Samuel
L Young-Murphy, North Tyneside NHS Clinical Commissioning Group
C Woodcock, Public Health
S Woodhouse, North Tyneside Council
J Charlton, Healthwatch North Tyneside
P Jones, Healthwatch North Tyneside
A Blair, Northumbria Healthcare NHS Foundation Trust
C Pollard, Newcastle Hospitals NHS Foundation Trust
C Wheatley, Northumbria Police
D McNally, Age UK North Tyneside
D Titterton, YMCA North Tyneside

In attendance: V Nixon and M Robson, North Tyneside Council

Apologies: Councillors K Clark and P Earley
W Burke, Director of Public Health
J Old, Director of Children's and Adult Services
R Scott, North Tyneside NHS Clinical Commissioning Group
M Adams, North Tyneside NHS Clinical Commissioning Group
L Jordan, Newcastle Hospitals NHS Foundation Trust
C Riley, Northumbria Healthcare NHS Foundation Trust
K Kale, Northumberland, Tyne & Wear NHS Foundation Trust
S Thomas, Tyne & Wear Fire & Rescue Service
C Gavin, Voluntary and Community Sector Chief Officer Group

HW16/21 Appointment of Substitute Members

Pursuant to the Council's constitution the appointment of the following substitute members was reported:-

Councillor W Samuel for Councillor P Earley
Chris Woodcock for Wendy Burke, Director of Public Health
Scott Woodhouse for Jacqui Old, Director of Children's and Adult Services
Alistair Blair for Claire Riley, Northumbria Healthcare NHS Foundation Trust
Charis Pollard for Lisa Jordan, Newcastle Hospitals NHS Foundation Trust

HW17/21 Declarations of Interest and Dispensations

There were no declarations of interest or dispensations reported.

HW18/21 Minutes

Resolved that the minutes of the previous meeting held on 11 November 2022 be confirmed and signed by the Chair

HW19/21 North East and North Cumbria Integrated Care System

It was reported that due to unforeseen circumstances, Mark Adams, Chief Officer of the North Tyneside CCG, was unable to attend the meeting to provide an update on the development of the Integrated Care System (ICS). In his absence it was noted that there had been a delay in Parliament passing the relevant legislation and so the transition from the Clinical Commissioning Groups to the ICS had been delayed until July 2022. This would allow more time to develop the local governance arrangements and further updates would be presented to the Board when details were available.

HW20/21 North Tyneside Ageing Well Strategy 2020-2025

The Board received a presentation from Lesley Young-Murphy, the Chief Operating Officer of the North Tyneside Clinical Commissioning Group, setting out the progress made to date in delivering the Ageing Well Strategy 2020-2025. The Board were presented with details of the key areas of work, key achievements to date and the aspiration for the next 12 months in relation to:

- a) mental wellbeing in later life;
- b) integrated frailty services, including primary and community integration programme;
- c) falls;
- d) HowFit, the home fitness and wellbeing plan;
- e) the training and development of the ageing well workforce;
- f) the development and use of new technologies; and
- g) the establishment of the Backworth Ageing Well Village.

The Board welcomed the progress made to date and considered in more detail the ongoing integration of mental health services. Members also noted the investment in training and development for care workers and discussed ways in which careers in the health and care sector could be promoted.

The Deputy Chair thanked Lesley for her presentation and asked that the Board be provided with a further report when further significant progress had been made.

HW21/21 North Tyneside Smoke Free Alliance and Action Plan

The Board received an update on the Smokefree North Tyneside Alliance and smoking harm and inequalities in North Tyneside. The report was presented to the Board in conjunction with the following item in relation to alcohol related harm because there were similar inequalities between communities in the distribution of harm caused by both alcohol and tobacco.

It was reported that half of all smokers would die prematurely and in North Tyneside half of the gap in life expectancy between the most and least affluent communities was attributed to smoking related mortality. The burden of smoking was estimated to cost the North Tyneside economy £47.6m.

The Smokefree Alliance had been established to co-ordinate a strategic partnership approach to deliver key national strategies and respond to local and regional initiatives. The Alliance had held a workshop in Autumn 2019 with partners across the system and a draft North Tyneside Tobacco Control Plan for 2020-2025 had been compiled to reduce smoking

prevalence to 5% or less. In November 2021 members of the Alliance had attended a further workshop which aimed to build upon the previous plan whilst reflecting on the impact of the pandemic in North Tyneside.

The plan had been updated to include significant policy proposals included in the recommendations of the All Party Parliamentary Group on Smoking and Health, as well as reflecting the recommendations from Fresh, the regional tobacco office. The Board were presented with the updated Tobacco Control Plan which would continue to be developed as partnership activity evolved.

The Board considered the emerging evidence on the impact of minimum unit pricing in Scotland which indicated that it had had a positive effect on addressing the inequalities in harm caused by alcohol.

Resolved that (1) the report in relation to the Smokefree North Tyneside Alliance and smoking harm and inequalities in North Tyneside be noted;
(2) the North Tyneside Tobacco Control Plan 2021 be endorsed; and
(3) the recommendations of the All Party Parliamentary Group on Smoking and Health set out in its report “Delivering a Smokefree 2030” be endorsed.

HW22/21 North Tyneside Strategic Alcohol Partnership: Update and Action Plan

The Board received an update on the North Tyneside Strategic Alcohol Partnership and alcohol-related harm in North Tyneside.

Alcohol was a key public health issue and the harmful effects of excessive consumption had an effect at the individual, family and community level. Data suggested that 25.2% of adults in North Tyneside drank more than the recommended limit of 14 units per week in 2015-2018. It was estimated that 1.63% of North Tyneside residents were dependent on alcohol, which was over 2,600 adults. However, there were only 480 people accessing specialist treatment services for alcohol dependence in 2020-2021.

The North Tyneside Strategic Alcohol Partnership had been established to facilitate a whole system approach to addressing the health, social and economic harms caused by alcohol to individuals, communities and families in North Tyneside. The Partnership had previously reported to the Board however whilst place-based partnership arrangements are being developed in the context of changes to the NHS, the group would also report to the Future Care Programme Board. The revised Terms of Reference of the Partnership were presented to the Board.

The Partnership had recently re-convened following the Covid-19 pandemic, consisting of representatives from a range of partner agencies. The partnership had reviewed data and agreed that there should be a focus on reducing demand and availability, reducing consumption in those that drink more than ‘lower risk’ levels and seeking assurances that services are able to respond where alcohol-related harm is identified.

The following high level priority areas had been identified, and these would inform the formulation of an action plan:

- Reduce the proportion of adults who drink more than 14 units a week to below the best rate in the region of 20.2%
- Reduce the rate of alcohol-related and alcohol-specific admissions in adults to the same

- as or less than the England rate
- Reduce the rate of alcohol-related and alcohol-specific admissions in young people to the same as or less than the England rate
- Explore the scale of broader social harms linked to alcohol, such as domestic abuse and self-neglect, and consider how to address this further in North Tyneside

In November 2021 members of the Alcohol Partnership had provided updates on activity during the pandemic and planned activity for the future including a 5 week “Alcohol Causes Cancer” campaign to be broadcast on TV and radio, 1:1 support for problematic alcohol use, strengthened processes to identify harmful drinking in people attending hospital, a strengthened harm reduction approach by the Police, several workstreams within the Council including work around licensing and domestic abuse, the probation service’s specialist alcohol support and PROPS support to families.

The high level priorities and planned activity would now be drawn together into an Alcohol Control Plan to be agreed by the Partnership in the coming weeks. The Board considered the challenge of identifying un-engaged needs, and the inequalities and barriers to accessing services. Whilst it was acknowledged that the range of services offered by the partnership might not suit the needs of everyone, and other alternative services were available, the forthcoming re-procurement of alcohol support services presented an opportunity to consider accessibility.

Resolved that (1) the report in relation to the North Tyneside Strategic Alcohol Partnership and alcohol-related harm in North Tyneside be noted;
(2) the Strategic Alcohol Partnership’s high-level priorities as set out above be endorsed and inform the formulation of an Alcohol Control Plan; and
(3) the future reporting arrangements from the Strategic Alcohol Partnership to the Future Care Programme Board be approved.

HW23/21 Joint Health & Wellbeing Strategy - Action Plan

At its previous meeting the Board had approved its Joint Health & Wellbeing Strategy “Equally Well: A healthier, fairer future for North Tyneside 2021-25”. Vicki Nixon, the Council’s Participation, Advocacy and Engagement Senior Manager, reported on progress made to develop an implementation plan to take forward the delivery of the strategy. Theme leads had been identified for each of the priority areas contained in the Strategy and they had been asked to provide by the end of January details of what work was currently being done and what could be done in the future. This information would then inform community engagement, to be delivered by local voluntary and community organisations, so that proposed solutions and interventions could be co-produced and informed by the lived experience of residents. An action plan would be devised for consideration by the Board and this was likely to be presented later than the original timescale in March because of delays caused by the Plan B Covid restrictions.

Resolved that the update on the preparation of a Joint Health & Wellbeing Strategy implementation plan be noted.

Title: Joint Health and Wellbeing Strategy: Implementation and delivery progress

North Tyneside Health & Wellbeing Board Report Date: 4 April 2022

Report author: Rachel Nicholson, Senior Public Health Manager,
North Tyneside Council
(0191) 643 8073

Responsible officers: Wendy Burke, Director of Public Health
Jacqueline Laughton, Assistant Chief Executive

1. Purpose:

The purpose of the report is to provide an update on the progress of the implementation plan and approach to deliver the vision and ambitions of the Health and Wellbeing Board's Strategy, Equally Well: A Healthier, Fairer Future for North Tyneside (2021-2025)

2. Recommendation(s):

The Board is recommended to:

- 1) Agree the draft implementation plan outlining the actions for each of the agreed priorities;
- 2) Note the approach to community engagement on the draft implementation plan; and
- 3) Agree to Lead Officers bringing back the final implementation plan to the Health and Wellbeing Board following engagement in June 2022.

3. Policy Framework

The Health and Wellbeing Board has a statutory duty to develop a Health and Wellbeing Strategy (HWBS) under the Health and Social Care Act 2012.

This item relates to the Joint Health and Well Being Strategy 2021-2025, Equally Well: A healthier, fairer future for North Tyneside.

4. Information:

4.1 Background

The new Joint Health and Wellbeing Strategy 'Equally Well' was previously agreed by the Health and Wellbeing Board in November 2021.

The Joint Health and Wellbeing Strategy to tackle health inequalities is North Tyneside's high level strategic plan for improving the health and wellbeing of our population. It builds on the previous strategy and existing work to reduce inequalities in the Borough and initially outlines the approach for the next four years.

The overall vision for the Strategy is to 'Reduce inequalities in North Tyneside by breaking the link between people's circumstances and their opportunities for a healthy, thriving and fulfilled life'.

The Health and Wellbeing Board has agreed to focus on the areas that have the biggest impact on people's health and wellbeing:

- The wider determinants of health
- Our health behaviours and lifestyles
- An integrated health and care system
- The places and communities we live in, and with

The approach within this strategy and implementation plan is based on the up-to-date evidence of how best to effectively reduce inequalities and is informed by the considerable work led by Sir Michael Marmot and the Institute of Health Equity.

4.2. Community Engagement to inform the implementation plan

Attempts to tackle inequalities must be done in collaboration and equal partnership with those affected, therefore working with all our communities is critical.

The implementation plan for delivering the vision and ambition of the strategy will be informed and shaped by engagement at a community level so that proposed solutions and interventions are co-produced and fully informed by the lived experience of North Tyneside residents.

Healthwatch have been commissioned to co-ordinate this engagement through locally based VCSE organisations. The engagement will also link to engagement already underway via Healthwatch on digital exclusion. The outcomes of this engagement will be fed into the final version of the implementation plan which will come back to the Health and Well Being Board for approval at its next meeting.

4.3. Delivering the Ambitions: Implementation plan

As outlined in the Strategy, in the past, there has been a tendency to focus primarily on single drivers of health rather than considering the complex interdependencies.

Therefore, partners are committed to taking a population health approach which means fundamentally changing the way we work and coming together as a whole system to tackle specific challenges.

Across the system we will consider critical stages, transitions, and settings where effective place-based action is required, using a combination of 'civic level', 'service based' and community interventions

The implementation plan is based on the up-to-date evidence of how best to effectively reduce inequalities. Senior Leaders across organisations in North Tyneside have developed the implementation plan in partnership for each of the strategy priorities as outlined below:

1. Give every child the best start in life
2. Enable all children, young people, and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all

4. Ensure a healthy standard of living for all
5. The places and communities we live in and with
6. Our lifestyles and health behaviours
7. An integrated health and care system

The implementation plan outlines actions and expected outcomes in Year 1, in addition to presenting the expected longer-term outcomes over the strategy's four-year duration.

Key performance indicators to measure progress are also highlighted for each priority.

4.4. Commissioning intentions

The implementation plan will influence the CCG and Council's commissioning intentions for 2022/23 and give the Board assurance that commissioned services and support will take proper account of the Joint Health & Wellbeing Strategy. The finalised commissioning intentions will be presented at the next Health and Wellbeing Board meeting.

5. Reasons for recommended option:

Taking forward the outlined implementation approach to deliver the ambitions of the Joint Health and Well Being Strategy as outlined in section 4 above will ensure that the work of the Health and Well Being Board and its composite member organisations will be aligned with reducing health inequalities and addressing the key impacts of the COVID-19 pandemic across the borough.

6. Appendices:

The draft implementation plan will be presented at the Health and Wellbeing Board meeting.

7. Contact officers:

Rachel Nicholson, Senior Public Health Manager, (0191) 643 8073

9. Background information:

The following background documents have been used in the compilation of this report

[Equally Well : A Healthier, Fairer Future for North Tyneside \(2021-2024\)](#)

10 Finance and other resources

North Tyneside Council is funding the Community Engagement which will be delivered by Healthwatch to inform the implementation plan.

North Tyneside CCG is funding work to explore digital exclusion which clearly links to the implementation plan to address health inequalities.

11 Legal

The Council is required, under section 116A of the Local Government and Public Involvement in Health Act 2007 (as amended) to prepare a joint Health and Wellbeing

Strategy for the Borough, alongside the Joint Strategic Needs Assessment it must also prepare. The statutory guidance, from the Department of Health, which accompanies this duty notes that “JSNAs and JHWSs are continuous processes ...” and “Health and wellbeing boards will need to decide for themselves when to update or refresh JSNAs and JHWSs ...”. Consequently, this proposed approach is within the scope of the powers of the Health and Wellbeing Board.

12 Consultation/community engagement

See paragraph 4.2

13 Human rights

There are no human rights implications directly arising from this report.

14 Equalities and diversity

In undertaking the development of the Joint Health and Well Being Strategy, the aim has been to secure compliance with responsibilities under the Equality Act 2010 and in particular the Public Sector Equality Duty under that Act.

An Equality Impact Assessment will be carried out on the engagement approach. The aim will be to remove or minimise any disadvantage for people wishing to take part in the engagement activity. Direct contact will be made with groups representing people with protected characteristics under the Equality Act 2010 to encourage participation and provide engagement in a manner that will meet their needs

15 Risk management

Relevant risks have been identified regarding this report, they are currently held on the Authority’s corporate, strategic and Covid-19 specific risk registers, they are being reviewed and managed as part of the Authority’s normal risk management process.

16 Crime and disorder

There are no crime and disorder implications directly arising from this report.

SIGN OFF

Chair/Deputy Chair of the Board	<input checked="" type="checkbox"/>
Director of Public Health	<input checked="" type="checkbox"/>
Director of Children’s and Adult Services	<input checked="" type="checkbox"/>
Director of Healthwatch North Tyneside	<input checked="" type="checkbox"/>
CCG Chief Officer	<input checked="" type="checkbox"/>
Director of Resources	<input checked="" type="checkbox"/>
Law & Governance	<input checked="" type="checkbox"/>

Variants, volunteers and vaccines: North Tyneside's journey through the COVID-19 pandemic





Foreword

Welcome to my annual report as we mark two years of the COVID-19 pandemic in North Tyneside.

The report looks back at the journey we have been on as a borough. Many of our residents will be glad to see the back of what has been one of the most challenging periods in their lifetime.

The pandemic has had a profound impact on every aspect of our lives – how we work, how we travel, how we spend our leisure time, how our children have been educated and it has also significantly impacted on the experience of birth, death, illness and loss.

However, the impact has not been felt equally across our communities.

Rates of infection, subsequent illness and death, and the impact of the mitigation measures and national restrictions have disproportionately affected our more disadvantaged communities. Our recent report 'Impact of the COVID-19 pandemic on health and socio-economic inequalities in North Tyneside' highlights the scale of these inequalities across the borough and helped to inform our new 'Health and Wellbeing Strategy: Equally well – a healthier, fairer future for North Tyneside 2021-2025'.

While there is no doubt about the direct impact of the virus and the devastating impact on the economy, poverty and inequalities, we have at the same time been left with a legacy of new ways of working, strong partnerships, community spirit and new relationships.

This period has been the most challenging of all my career, facing the biggest global health threat for a generation as a Director of Public Health is not something I ever anticipated. I am very proud of the team I have led over the last two years, for the amazing efforts right across the council and the response from all partners.

The dedication of our voluntary and community sector and the army of volunteers supporting the initial response and then, more latterly, supporting the vaccination programme has been inspirational. Our NHS has done an outstanding job throughout the pandemic, with tremendous public support, but it is important to remember that they have been

supported by the collective efforts of so many, which in turn has enabled the saving of lives and the prevention of the NHS becoming overwhelmed.

From our nurseries and schools who provided continued education for children of key workers to the refuse collectors who continued to empty the bins. To our police colleagues who engaged, explained and encouraged the public to do the right thing. Fire and rescue personnel who supported testing. Our team supporting local businesses to keep the economy going. Our communication teams for finding new and innovative ways to get the key messages across. Our analysts who kept track of the data and helped us plan. Our public protection team supporting businesses through outbreaks. Our elected members leading the council response, plus the unsung heroes of the pandemic – the social care workers across North Tyneside who have supported and protected our most vulnerable residents in care homes and in the community, often in very difficult circumstances.

There are so many people who have worked tirelessly and who were unseen supporting the collective effort across the borough and there are so many roles and people that I haven't mentioned, but they have all played an important part.

As we move forward into 2022 the pandemic is not over, the challenge will be how we learn to live safely with the virus, respond to any variants and subsequent surges in infection rates, and to focus on our response to the impact of the last two years.

We have learned a great deal in this period; about the virus, the wide-reaching impact and our ability to respond quickly and effectively across organisational boundaries. Our challenge now is how we take what we know and have learned and move forward together.



Wendy Burke,
Director of Public Health

Introduction: what is COVID-19?

Coronavirus disease 2019 (COVID-19) is a contagious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) identified first in Wuhan China in December 2019. The disease has since spread worldwide, leading to an ongoing pandemic.

Symptoms

The main symptoms of coronavirus (COVID-19) are:



a high temperature



a new, continuous cough



a loss or change to your sense of smell or taste

Some people may experience other symptoms including muscle aches, a sore throat, a runny nose, nausea, diarrhoea and headaches.

Many people who become infected experience mild to moderate respiratory illness. However, some people develop serious illness, require hospitalisation and may die from the illness.

If an individual has any of the symptoms listed above, they are advised to stay at home and arrange to have a test.

Tests

There are two main tests. The polymerase chain reaction (PCR) test which is the best way to diagnose the infection in people who have symptoms and may require treatment.

The lateral flow device (LFD) antigen tests (also known as rapid lateral flow tests) which are reliable, simple and quick to use and are very good at identifying people who have high levels of coronavirus and are most likely to pass on infection to others.

Self-isolation

As with other infectious respiratory disease, self-isolation helps to prevent others from getting infected. Legislation was enacted during the pandemic which legally required cases of COVID-19 and contacts to self-isolate.

People who have COVID-19 can infect others from around two days before symptoms start, and for up to 10 days after. They can pass the infection to others, even if they have mild symptoms or no symptoms at all.

Prevention

Washing your hands and good respiratory hygiene (using and disposing of tissues), cleaning surfaces and keeping indoor spaces well ventilated are the most important ways to reduce the spread of respiratory infections.

During the pandemic, social distancing and wearing face coverings in indoor spaces were also introduced, and at times were mandatory.

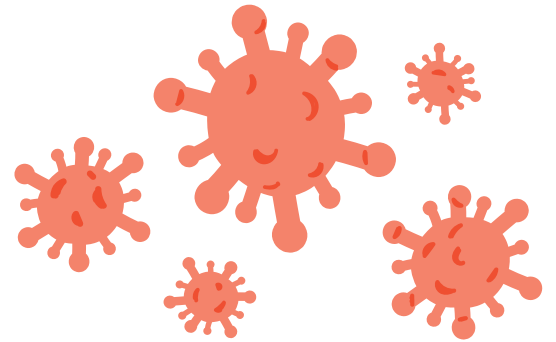


Those most at risk

People at higher risk of experiencing more severe symptoms of COVID-19 include those with the following:

- long-term lung conditions (such as severe asthma, COPD, bronchiectasis and cystic fibrosis)
- long-term conditions affecting the heart or blood vessels (such as congenital heart disease, heart failure and peripheral arterial disease)
- long-term kidney disease
- long-term liver conditions (such as cirrhosis and hepatitis)
- conditions affecting the brain or nerves (such as dementia, Parkinson's disease, motor neurone disease, multiple sclerosis, epilepsy, cerebral palsy or stroke)
- severe or multiple learning disabilities
- Down's syndrome
- diabetes
- problems with the spleen or the spleen has been removed (splenectomy)
- severe obesity (a BMI of 40 or above)
- severe mental conditions (such as schizophrenia and bipolar disorder)
- a condition or treatment that weakens the immune system

The growing body of evidence accumulated worldwide over the course of the pandemic identifies that increasing age, male gender and comorbidities increase the risk of adverse outcomes from COVID-19.



Key facts and figures

COVID-19 in North Tyneside

At the time of writing this report (31 January 2022), 65,277 people had tested positive for COVID-19 over the course of the pandemic in North Tyneside, and 580 people had sadly died.

There were around 600 outbreaks of COVID-19 reported up to 31 January 2022. In North Tyneside, 40% of them occurred in schools, 22% in care homes and the rest spread over a large number of settings.

The highest number of daily cases was 1,244 on 4 January 2022, and the highest number of monthly deaths occurred in May 2020 with 86 deaths recorded.

Figures 1 to 5 provide an overall summary of the pandemic in North Tyneside and the remainder of the report provides a short summary, month by month, detailing of our journey in North Tyneside from January 2020 to January 2022.

COVID-19 cases

Worldwide (as of 2 February 2022, John Hopkins University)

Total cases: 406,419,929
Total deaths: 5,792,240

UK (as of 11 February 2022)

Total cases: 18,162,199
Total deaths: 159,158

North East (as of 11 February 2022)

Total cases: 812,403
Total deaths: 7,777

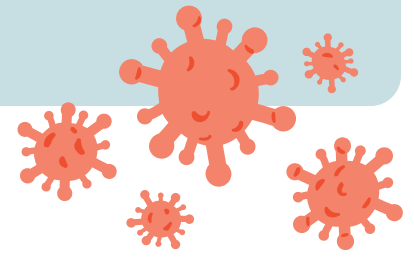


Figure 1: Key statistics from the beginning of the COVID-19 pandemic to 31 January 2022

Total Tests Completed	Total Outbreaks Recorded	Cases (people)	Cases (Including reinfections)	Hospital Admissions with Covid	Total Deaths	Dose 1 Vaccinations Total	Dose 2 Vaccinations Total	Booster Vaccinations
1,562,774	563	63,746	66,503	4,248	592	167,955	158,284	125,452
						90.5% of population	85.2% of population	67.6% of population

Figure 2: Epidemic curve to 31 January 2022

(Red line is 5 day moving average)

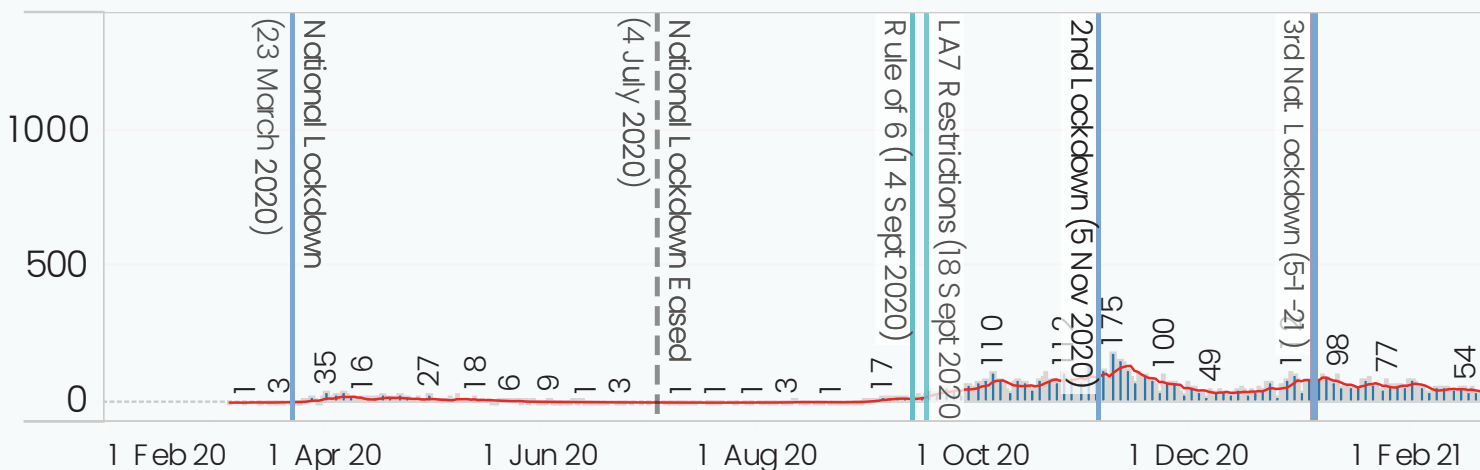


Figure 3: Total cases of COVID-19 by sex and age to 31 January 2022

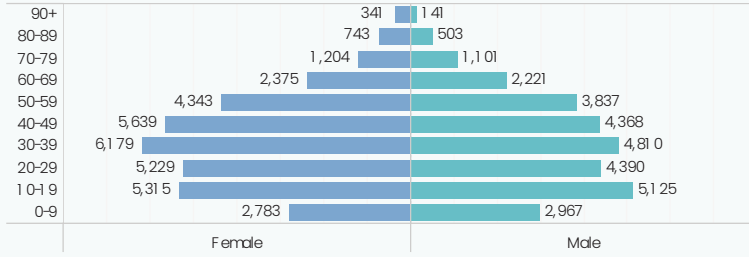


Figure 4: Total cases of COVID-19 by ward to 31 January 2022

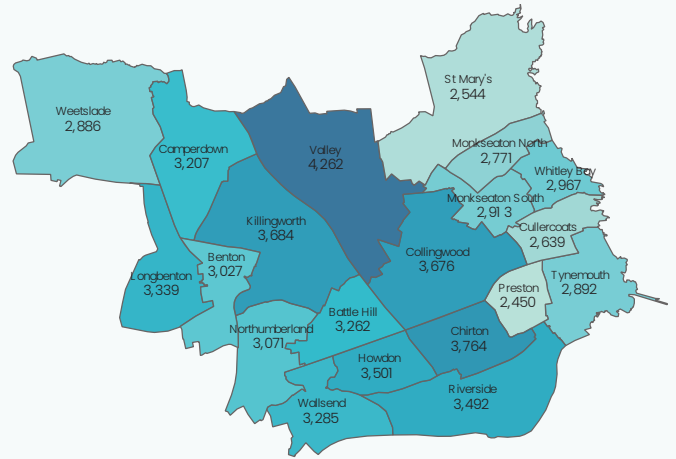
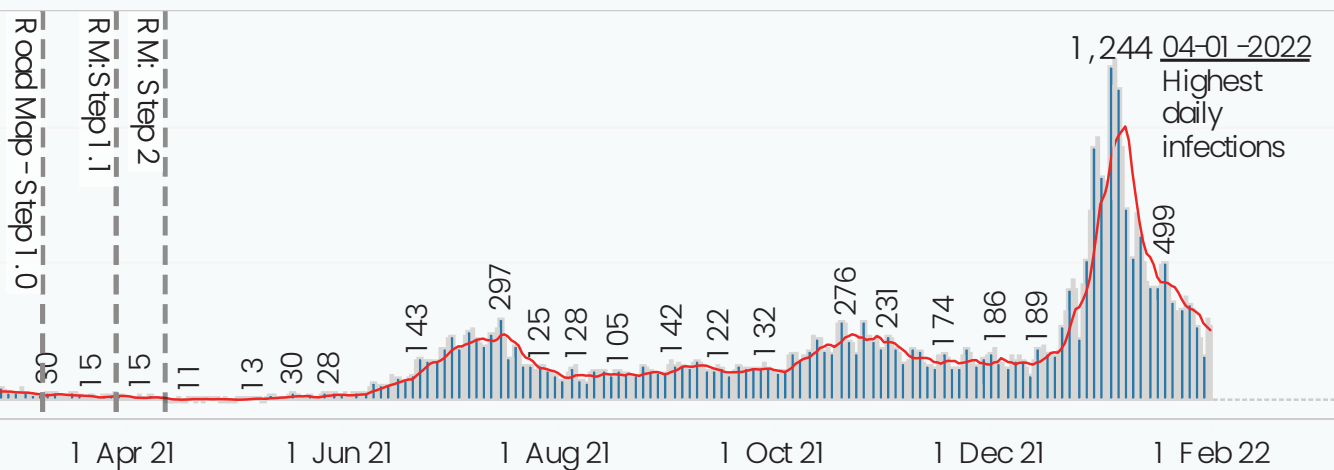
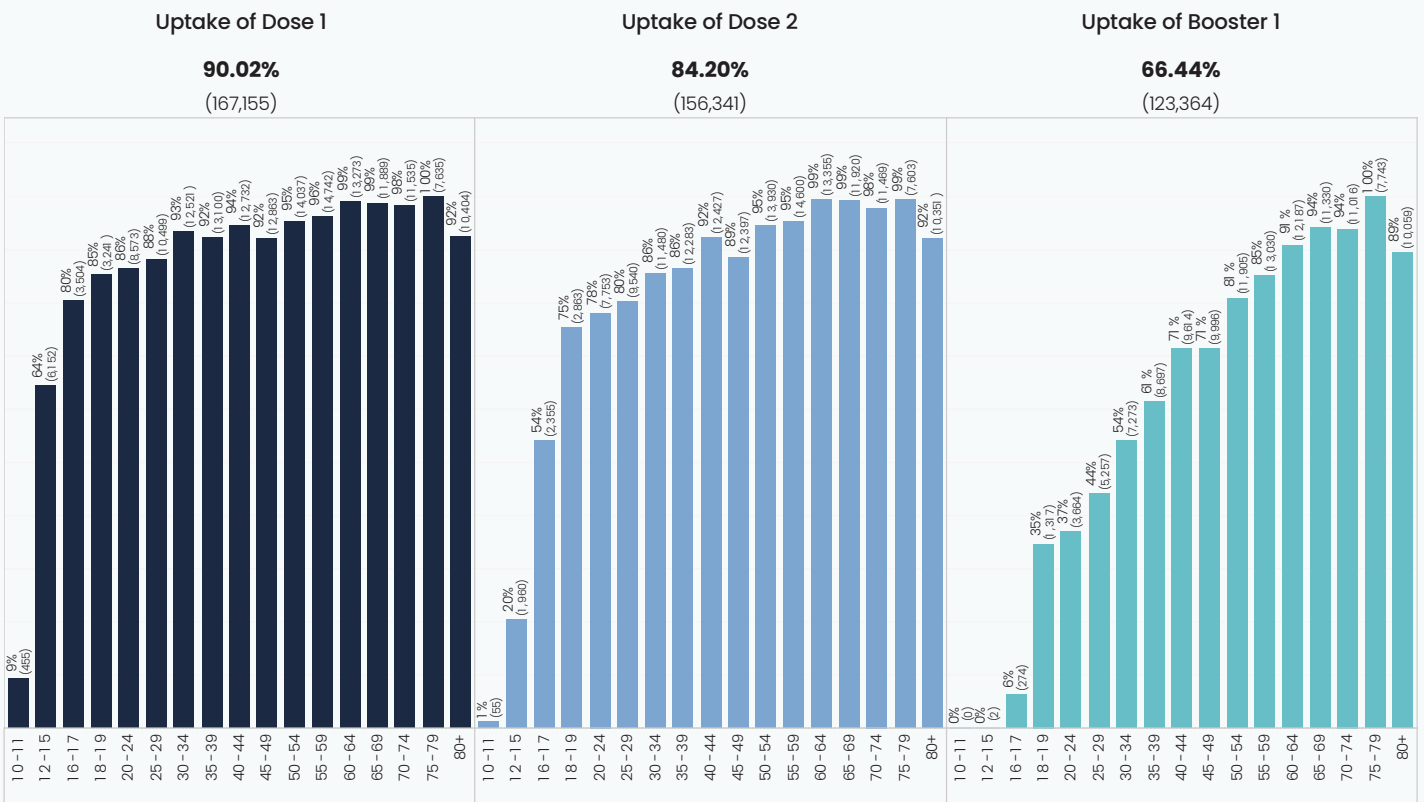


Figure 5: North Tyneside COVID-19 vaccination uptake (%) to 31 January 2022



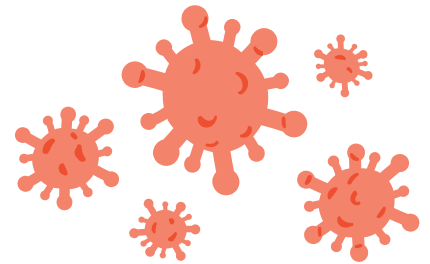
January 2020

On 31 December 2019, Chinese authorities notified the World Health Organization (WHO) of a cluster of cases of “pneumonia of unknown cause” in Wuhan City.

By early January, the world was becoming aware of the situation in Wuhan. On 11 January, the virus genome sequence was made public, paving the way for testing (and vaccine development). At that time, there were no cases in the UK and the risk to the UK was considered low.

As the month progressed, the increasing number of cases in China resulted in a lockdown of the city of Wuhan on 23 January. By 30 January the WHO Director General declared the outbreak a Public Health Emergency of International Concern.

The four UK Chief Medical Officers began to plan as the virus spread to other countries, including Europe and the national risk assessment was moved to moderate. On the 31 January, the first two people in England tested positive for coronavirus and were treated at the Royal Victoria Infirmary in Newcastle, in the specialist isolation unit.



February 2020

On the 11 February the virus was named SARS-CoV-2 by the International Committee on Taxonomy of Viruses. The disease caused by the virus, COVID-19 was officially named by the WHO. A major surge of cases occurred in Italy and the first national campaign was launched in the UK encouraging the public to follow good hand hygiene and prompting people to cough and sneeze into tissues.

Subsequent cases were confirmed in the UK on 6 February and 9 February, with four more on 10 February.

On 10 February, the ‘Health Protection (Coronavirus)’ regulations were introduced in England, which amongst other things, restricted those individuals deemed to be at risk of spreading the virus from leaving quarantine (self-isolation) for 14 days. Close contacts were also required to self-isolate for 14 days.

£20 million was allocated to develop a vaccine for coronavirus as the lab capacity for testing began to be developed.



March 2020

On 3 March, the national 'Coronavirus (COVID-19) Action Plan' was launched in the UK and the 'contain' phase of the four-stage strategy was implemented (contain, delay, research and mitigate).

The World Health Organisation (WHO) declared a COVID-19 pandemic on 11 March due to the rapid increase in the number of cases outside of China. By 22 March, confirmed cases worldwide had reached 300,000 and by 24 March 100,000 people had recovered.

On 12 March, the UK government announced the country would move into the 'delay' phase. Guidance was released in relation to adult social care in recognition of the increased risks faced by the most vulnerable.

On 15 March, the Prime Minister began leading daily national briefings and the following day encouraged people to stop non-essential contact and travel.

New social distancing measures were introduced on 16 March whereby two metres of physical distance was to be maintained between people who were not in the same household and there was a national public campaign on hand and respiratory hygiene.

On 18 March, schools closed to all pupils, except those who were vulnerable and those of key workers. Those most vulnerable to the effects of COVID-19 were urged to 'shield' on 21 March.

The Prime Minister announced the first national lockdown on Monday 23 March, ordering people to "stay at home", which was expected to last three weeks.

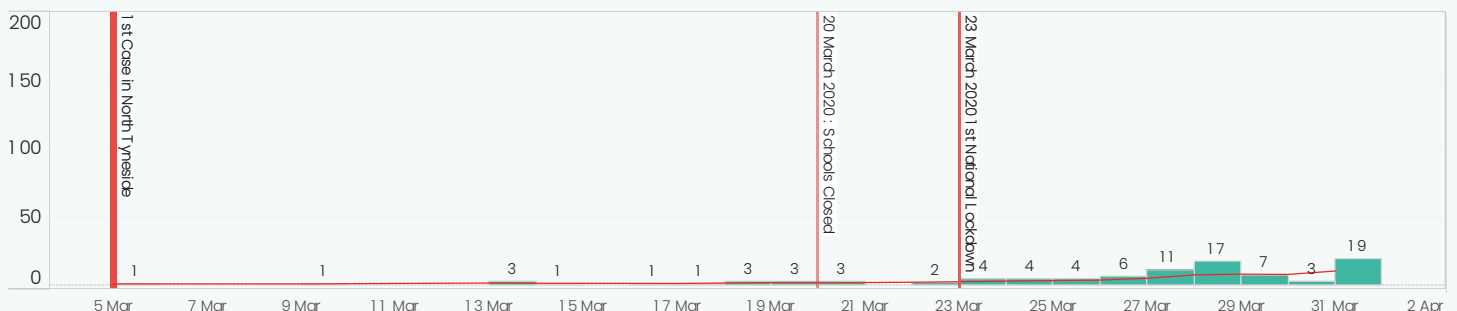


Key Statistics March 2020

Tests Completed	Monthly Cases	New Outbreaks Recorded	Hospital Admissions due to COVID-19	Monthly Deaths	Dose 1 Vaccinations this month	Dose 2 Vaccinations this month
916	94	(recording started August 2020)	80	17	(vaccinations began December 2020)	(vaccinations began December 2020)

Epidemic Curve - March 2020

(Red line is 5 day moving average)



On 26 March the 'Health Protection (Coronavirus, Restrictions) (England) Regulations 2020' came into force. The regulations placed restrictions on the operation of certain types of businesses including pubs, restaurants and gyms were closed and only essential businesses such as supermarkets could remain open. Restrictions were placed on individuals' movements and on gatherings allowing people to go out only to buy food, to exercise once a day and to go to work (if they were unable to work from home). The furlough scheme was announced, paying up to 80% of wages for those at risk of losing jobs or unable to work as a result of the restrictions.

Local cases

The first case in North Tyneside was confirmed on 8 March 2020.

On 19 March, the Director of Public Health provided a full COVID-19 briefing to full council alongside the Chief Executive and the Director with the responsibility for Emergency Planning.

The North Tyneside Council Strategic Coordinating Group (SCG) was established by senior officers on 23 March to work collaboratively with a range of partners, within the arrangements of the Northumbria Local Resilience Forum (LRF), to respond to the pandemic, implement the national restrictions and keep people well informed.

It was agreed that the Director of Public Health would play a lead role within the initial response phase and would act as the spokesperson on behalf of the council. An Enforcement Hub was established which acted as the focal point for all COVID-19 enforcement action, working closely with colleagues from the police, and offered support to businesses and residents where further clarification on the regulations was required.

The council was inundated with calls and questions from residents, businesses and schools. The majority of questions were concerning businesses still trading, and for the most part, they were legally allowed to. Several complaints were received from employees, who believed their employers should allow them to work from home.

A group of 40 Longbenton High School students returned home from a ski trip to Italy just two days after leaving the North East by coach as the majority of Italy's ski resorts closed to control the spread of the virus. Reassurance about the risk of infection for pupils was provided by the Director of Public Health to parents and staff as the pupils returned.

As cases increased across the country, from 26 March, across the UK people began to clap cheer and ring bells at 8pm every Thursday evening to thank the NHS. People across the borough got involved and the lighthouse was turned blue in support.

The government announced important actions that every part of the NHS was required to put in place plans to redirect staff and resources. This included freeing up the maximum possible inpatient and critical care capacity through measures such as postponing all non-urgent elective operations and the urgent discharge for those medically fit to leave.



SERVICE INFORMATION
North Tyneside Council

Following yesterday's announcement from the government about a greater level of lockdown and to safeguard as many people as possible, some of our services have been suspended or are running at a reduced level.



April 2020

Despite initial predictions that the UK could deal with coronavirus in 12 weeks, on 16 April the national lockdown was extended for at least a further three weeks. The Prime Minister was admitted to hospital with COVID-19 on 5 April and discharged on 12 April.

Five tests were established as the criteria for easing restrictions such as the NHS having the capacity to provide critical care across the UK, and a decrease in the rate of infections.

On 15 April all symptomatic care residents and staff were offered testing and on 28 April testing began for all those with symptoms.

Nationally, concerns grew about NHS capacity and seven Nightingale Hospitals were established across the country with the first opening on 3 April in London. In the North East, the Nightingale Hospital was established in Sunderland, although it was never used to treat patients and later in the pandemic it was utilised as a mass vaccination centre.

After the first case of COVID-19 on 8 March 2020, cases in North Tyneside gradually increased, reaching a peak in early April which averaged 25 cases per day.

Hospital admissions and deaths both peaked a little later. By mid-April, Northumbria Health Foundation Trust admissions of patients with COVID-19 averaged 3.3 per day, and there was sadly an average of two deaths per day. This placed significant pressure on the local NHS as it adapted to treating COVID-19.

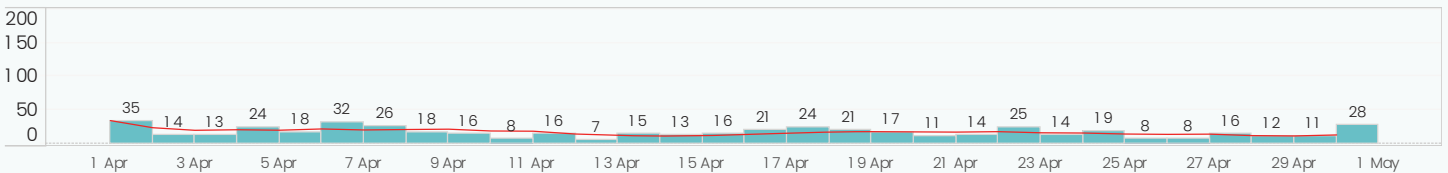


Key Statistics April 2020

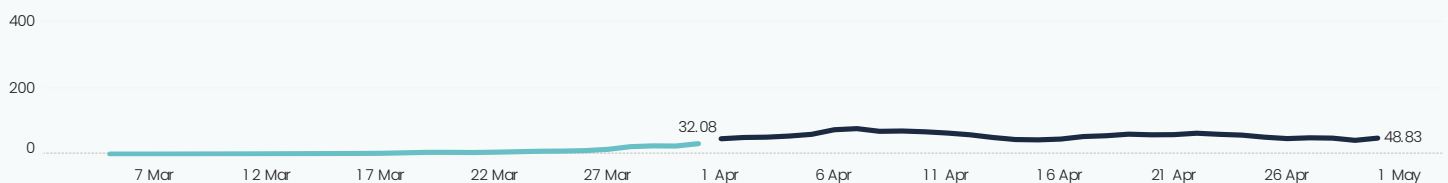
Tests Completed	Monthly Cases	New Outbreaks Recorded	Hospital Admissions due to COVID-19	Monthly Deaths	Dose 1 Vaccinations this month	Dose 2 Vaccinations this month
3,492	520	(recording started August 2020)	100	60	(vaccinations began December 2020)	(vaccinations began December 2020)

Epidemic Curve - April 2020

(Red line is 5 day moving average)



Case rate per 100,000 up to the end of April 2020



COVID-19 grant funding schemes

The government announced time-limited grant schemes to support businesses. Funds were provided to local authorities across England under Section 31 of the Local Government Act 2003 which were then distributed by the local authority to eligible businesses and/or activity within their geographic area in line with published Scheme Guidance.

In April the Small Business Grant Fund (SBGF) and the Retail Hospitality and Leisure Grant Fund (RHLGF) were opened and the council was responsible for the lawful use of those funds.

Personal Protective Equipment (PPE) shortages

As the number of cases began to rise across the UK, Personal Protective Equipment (PPE) was in short supply. Schools in North Tyneside, like many across the UK did what they could to help the NHS, from making PPE to donating whiteboards.

Design and technology staff at Valley Gardens Middle School, Whitley Bay High School, and Marden High School used 3D printers to make hundreds of face shields for NHS workers. Valley Gardens staff took turns to work in the design and technology room and made and distributed almost 400 masks to intensive care staff, GPs, mental health wards and paramedics in the local area. Whitley Bay High School staff manufactured masks and donated goggles. Other schools in the borough supplied the NHS with hundreds of whiteboards and pens to make it easier for mask-wearing clinical staff and patients to communicate.

On 15 April, symptomatic care residents and staff across North Tyneside were offered PCR testing and on 28 April, PCR testing began through a rota of mobile test units (MTUs). Sites organised by the Department of Health and Social Care (DHSC) in North Tyneside included the Royal Quays and on land adjacent to The Parks Leisure Centre. Testing capacity was limited and appointments difficult to come by. As PCR testing was not initially easily accessible, the local trusts offered testing for healthcare staff and Northumbria Healthcare Foundation Trust opened access to PCR testing for local authority key workers, including teaching staff.

Mental health

As the initial three week lockdown was extended, the Duke and Duchess of Cambridge launched the 'Every Mind Matters' campaign to support people's mental health.

Staying well in lockdown

The council supported residents and employees by developing information resources on how to maintain and support physical and mental health. The resources were themed and continually updated on the council website.

Tactical Coordinating Group (TCG)

The SCG established key strategic objectives; to follow national guidance, protect the vulnerable, protect staff, support the borough by delivering essential services, and work in partnership with business and the community and voluntary sector.

To operationally support the SCG the council's Tactical Coordinating Group (TCG) was established on 14 April.

As the lockdown period was extended, the Council Enforcement Hub provided a seven day a week service to respond to allegations of businesses' opening in contravention of the regulations. Complaints about certain supermarkets being overcrowded were received by the council and all such complaints were investigated. Visits took place in response to complaints about queues and people sitting outside certain premises such as fish and chip shops. Over and above this, 63 inspections of essential premises and 178 complaints were responded to.

Local Support System for shielding: COVID-19 Support Hub

The Local Support System (LSS) was established as requested by the government to support North Tyneside residents who were advised to shield because they were extremely medically vulnerable.

Known locally as the COVID-19 Support Hub, it was supported by 55 colleagues from across the council who were redeployed from other services which were suspended during the pandemic. Calls to the 1,823 people registered as clinical extremely vulnerable were made to offer support.

North Tyneside Council worked closely with partners to ensure residents had enough essential supplies such as food, medication, care for pets and someone to talk to. More than 1,400 food parcels were delivered and nearly 800 prescriptions were collected for our most vulnerable.

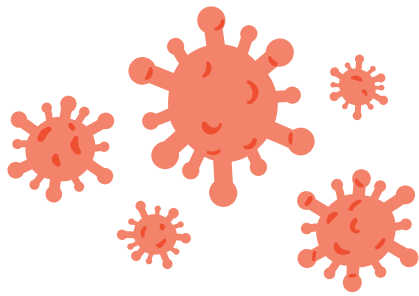
VODA scaled up their Good Neighbours volunteering project and mobilised an army of volunteers encouraging residents who wanted to help to contact them. In an effort to boost morale in those shielding and send out messages of hope, children from across North Tyneside drew and painted pictures to be included in the deliveries. The Business Forum and many local businesses also offered support.



On 10 May, the government announced a conditional plan for lifting lockdown restrictions and encouraged those who could not work from home to return to the workplace but to avoid public transport where possible. Despite the welcome news there were growing national concerns about the number of deaths in care home residents and those in at risk categories. Deaths peaked in North Tyneside with 86 recorded in this month alone.

Reopening of council sites and services

The Household Waste Recycling Centre, tennis courts, bowling greens and more facilities re-opened across the borough. Services looked slightly different, for example having to book an appointment, but they were welcomed by many.



Personal Protective Equipment (PPE)

North Tyneside Council worked with the existing supply chain to secure masks for the region. Only a proportion were delivered due to global demand, requiring the team to carefully determine who was in most need of masks, ensuring that all services had the required amount.

North Tyneside was allocated as the lead for PPE by Northumbria LRF due to the size of the depot. The requirements and logistics were discussed with the neighbouring local authorities and arranged.

During the pandemic, North Tyneside Council delivered 1.14 million items of PPE to local authorities and homes for those caring for the most vulnerable residents seven days a week.

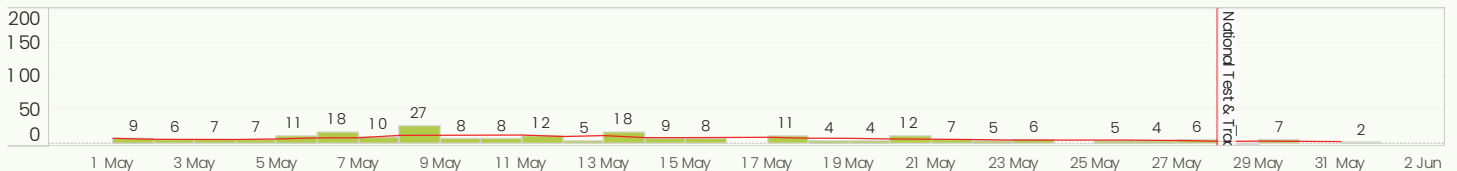
NHS Northumbria Healthcare developed its own PPE factory in response to the national challenge. Based in Cramlington, it initially produced up to 1,000 gowns per day.

Key Statistics May 2020

Tests Completed	Monthly Cases	New Outbreaks Recorded	Hospital Admissions due to COVID-19	Monthly Deaths	Dose 1 Vaccinations this month	Dose 2 Vaccinations this month
7,876	237	(recording started August 2020)	102	86	(vaccinations began December 2020)	(vaccinations began December 2020)

Epidemic Curve - May 2020

(Red line is 5 day moving average)



Case rate per 100,000 up to the end of May 2020



Recovery Coordinating Group established

On 21 May a Recovery Coordinating Group (RCG) was established within the council to manage the next phase of the pandemic following the initial response and changing national guidance.

NHS Test and Trace launched

On 27 May, targeted asymptomatic testing began and on 28 May NHS Test and Trace was launched.

It was a legal requirement to self-isolate if told to by NHS Test and Trace. Nationally produced communications assets were shared with residents, elected members and businesses – as well as 'action cards' produced by NHS Test and Trace which the council adapted and shared with a range of organisations to help them understand what to do in the event of an outbreak.

The council regularly communicated with residents to keep them updated about local and national programmes such as the council's COVID-19 Support Hub and Test and Trace payments.



June 2020

On 1 June, schools began a phased return to on-site education.

Social bubbles were introduced on 13 June which allowed people who lived alone to form a support bubble with another household – interpretation caused much confusion with many calls to the public health team for advice.

On 15 June, non-essential shops and businesses opened and face coverings were compulsory on public transport.

The government ended the first national lockdown on 23 June and the national threat level was lowered. This was swiftly followed by the first local lockdown in Leicester on 29 June.

Primary schools re-open

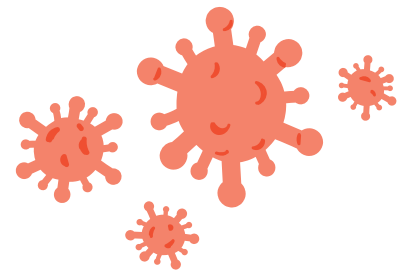
Primary schools were reopened for all reception, Year 1 and Year 6 pupils. The council supported schools with advice and guidance to reflect the developing understanding and scientific evidence about COVID-19.

There were a range of questions falling into the following categories: health and safety concerns and advice for the clinically vulnerable, effective Infection Prevention and Control, PPE, and the Test and Trace process.

VCS receiving recognition

Five of North Tyneside’s local voluntary and community sector organisations were recognised in the Queen’s Awards for Volunteers on her official birthday:

- Friends of Brierdene
- North East Hearts of Gold
- Out of Sight
- 2344 (Longbenton) Squadron
- Forward Assist

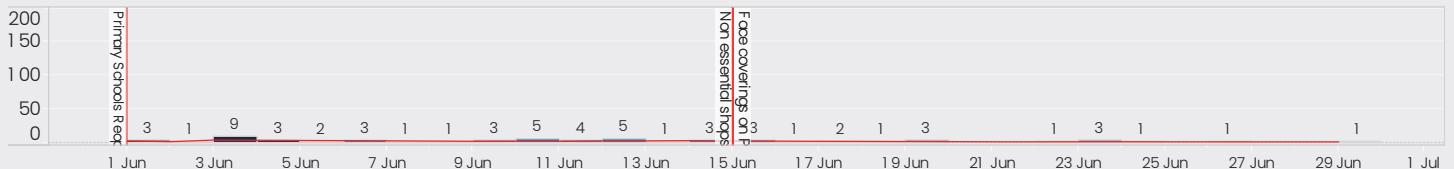


Key Statistics June 2020

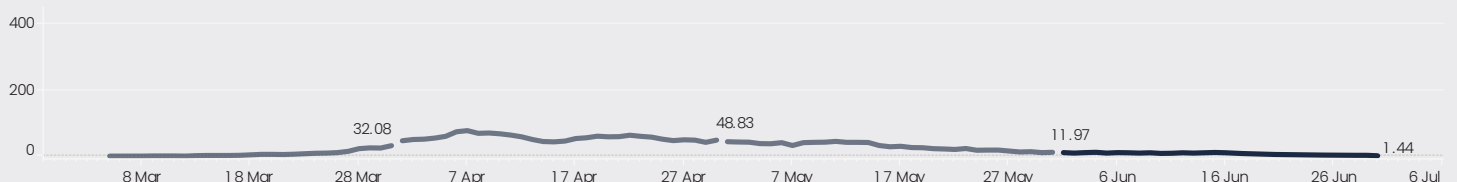
Tests Completed	Monthly Cases	New Outbreaks Recorded	Hospital Admissions due to COVID-19	Monthly Deaths	Dose 1 Vaccinations this month	Dose 2 Vaccinations this month
7,636	61	(recording started August 2020)	93	5	(vaccinations began December 2020)	(vaccinations began December 2020)

Epidemic Curve – June 2020

(Red line is 5 day moving average)



Case rate per 100,000 up to the end of June 2020



Contain Outbreak Management Fund

In June 2020, the government distributed £300 million in Test and Trace Support Grants to English local authorities for the development of local outbreak management plans.

The funding enabled local authorities to develop and implement tailored local COVID-19 outbreak control plans, fund essential additional capacity to prevent and control local outbreaks, and establish partnerships to oversee effective deployment of the local plans.

The North Tyneside COVID-19 Engagement Board was set up, chaired by the Elected Mayor and supported by the Chief Executive and Director of Public Health with representatives from the CCG, local Foundation Trust, Business Forum, police, and VCS. The board continued to meet over the course of the pandemic, ensuring that all partners were sighted on the context in the borough, collaborative partnerships were working well, communication with the public was consistent and the resources were deployed effectively and in a timely manner.



Prevent and Protect Team

By June 2020, it was becoming clear that those who were older or had other medical conditions were at a greater risk of getting COVID-19, having more severe symptoms and at a greater risk of death than the rest of the population. Demands for hospital beds was high, and people being discharged into care homes was causing capacity challenges.

The council responded by creating and funding (from the additional national grants including the Adult Social Care Infection Control Fund) the Prevent and Protect Team to respond to COVID-19 outbreaks in care homes.

The Prevent and Protect approach is a cross-organisational response and includes Infection Prevention and Control (ICP) from Northumbria Healthcare and nursing staff from North Tyneside CCG working alongside North Tyneside Council's commissioning team, nurses from the 0-19 Children's Public Health Service and public health team.

The team supported 30 care homes and 14 working-age adult care homes throughout the pandemic, with emphasis on both preventing outbreaks and supporting them through the outbreak management process, providing:

- proactive support: a range of training was initially delivered and followed up with regular phone contact, monthly online training sessions and face to face site visits
- reactive support: once alerted to an outbreak, the information was triangulated and a risk assessment undertaken with immediate support offered, an Outbreak Control Team meeting held if necessary and daily contact with the home for guidance and advice
- data: in August 2020 a daily update of cases and staffing concerns was introduced to provide the Council Outbreak Management Team, the Clinical Commissioning Group and Northumbria Healthcare staff ensuring adjustments or support was offered

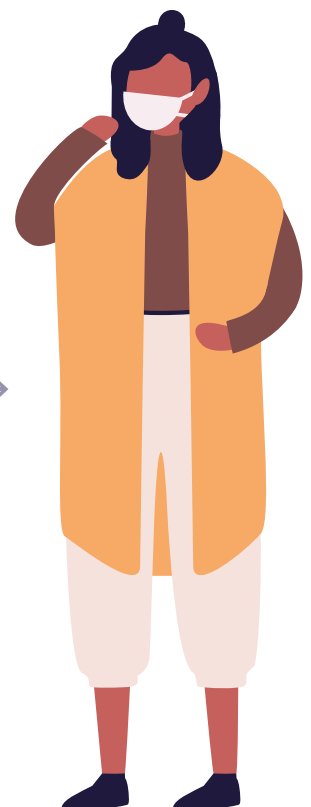
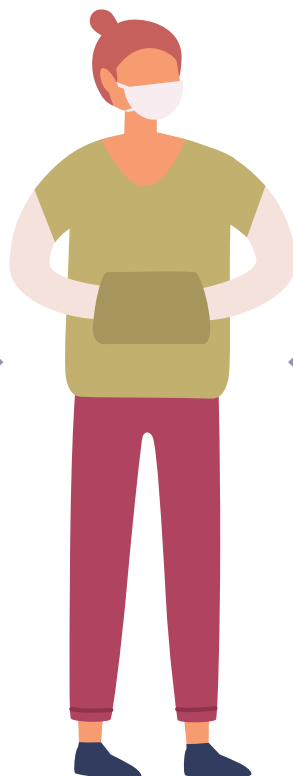
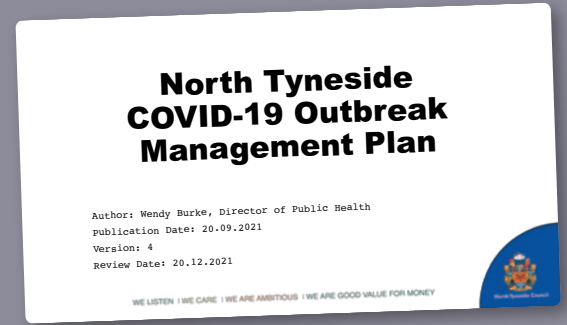
Wide-spread symptomatic testing launched

Two Local Testing Sites (LTSS) at The Parks Leisure Centre and on Coronation Street in Wallsend were established working with regional DHSC partners. Mobile Testing Units (MTUs) also operated at the Royal Quays North Shields and the Tommy Tippee factory in Dudley with subsequent MTUs operating out of the council office car park on Cobalt at weekends. The two LTSS were intended to be a temporary measure, but they remain in place at the time of writing this report.

Access to both LTSS and MTUs are available for booking via the national booking system.

On 30 June the council published its first Outbreak Management Plan in line with national guidance. The plan's overarching aim was to prevent, contain and manage the onward transmission of the virus. This was developed around key themes such as high-risk settings which could be closely managed to help prevent and protect our residents.

The overview and assurance for the plan was provided by the COVID-19 Engagement Board which was chaired by the Elected Mayor. Local co-ordination was delivered by the North Tyneside COVID-19 Health Protection Board which was multi-agency and chaired by the Director of Public Health. The council appointed a COVID-19 Outbreak Control Coordinator, and the public health team provided a seven day on-call function to provide advice and guidance to a range of settings.



July 2020

On 4 July more industries were able to re-open, including personal care businesses such as hairdressers, hospitality (including public houses) and leisure facilities.

Two households were allowed to meet (including overnight), and people could meet with members of different households on different occasions, including in a pub, restaurant or hotel for example, as the two metre social distancing rule was reduced to one metre plus.

From 24 July, face coverings were mandatory in shops and supermarkets with people facing a fine of up to £100, in line with the sanction on public transport.

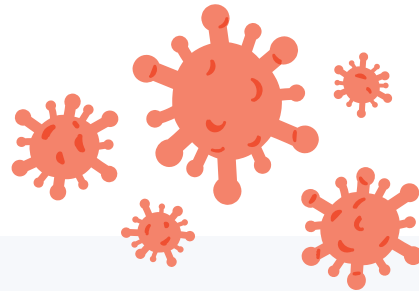
To support local authorities to continue to protect residents, they gained new regularity powers relating to premises, events and outdoor public spaces to prevent the spread of COVID-19.

The 'Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations 2020 (SI 2020/750)' was enacted on 18 July by the Secretary of State for Health and Social Care.

Enforcement Hub

Prior to public houses being allowed to re-open they were visited to provide them with advice on how they could re-open in a COVID-19 safe manner. Follow up inspections were carried out to ensure they were operating safely. Verbal and written advice was given to businesses where non-compliances were identified.

The Enforcement Hub dealt with 92 complaints and visits as well as visiting all licenced premises to ensure safe operations.



Key Statistics July 2020

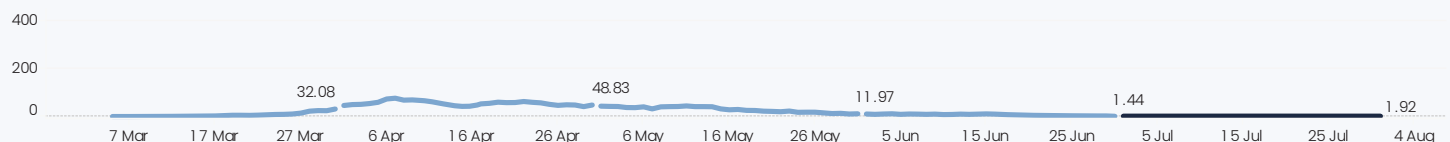
Tests Completed	Monthly Cases	New Outbreaks Recorded	Hospital Admissions due to COVID-19	Monthly Deaths	Dose 1 Vaccinations this month	Dose 2 Vaccinations this month
9,362	18	(recording started August 2020)	41	4	(vaccinations began December 2020)	(vaccinations began December 2020)

Epidemic Curve - July 2020

(Red line is 5 day moving average)



Case rate per 100,000 up to the end of July 2020



Libraries and leisure services re-open

Libraries re-opened with a streamlined order and collect system to prevent browsing and the unnecessary risks that this could lead to. The updated library services were promoted by the COVID-19 Support Hub in phase one and two as they could provide more entertainment options for residents not yet ready to return to normal life.

Leisure services opened for bookable time slots to existing customers only. As the COVID-19 Support Hub had utilised many redeployed leisure staff, this coincided with phase one of shielding being paused in line with national guidance.

Shielding paused

Nationally it was announced that shielding was deemed no longer to be required for those who were clinically extremely vulnerable and would be paused from 1 August 2020.



August 2020



There was a further easing of lockdown restrictions meaning indoor entertainment venues such as theatres and bowling alleys could re-open. This coincided with the 'Eat Out To Help Out' government scheme.

From 15 August, international travel was subject to restrictions. 76 countries and territories were put on "travel corridors" which meant isolation was not necessary. Travel from anywhere else required people to complete 14 days self-isolation once they had returned to the UK.

Enforcement Hub

The Enforcement Hub received 69 complaints and visits were carried out to every establishment connected to a report made.

Schools and universities prepared to re-open

Education action cards and checklists were produced with the local process for schools to follow for any positive COVID-19 cases. The council provided clear advice and support for schools to re-open, with a focus on preventing transmission and specific COVID-19 advice for parents was produced. Throughout the school year, there were regular

public health slots at weekly headteachers' briefing with updates on all guidance and the opportunity to ask questions.

Local Support System for shielding: COVID-19 Support Hub

The national requirement for the clinically extremely vulnerable to shield was paused and provision of government funded food and medicine deliveries stopped. However, North Tyneside Council continued to offer support to a number of clinically extremely vulnerable residents who had ongoing needs. The COVID-19 Support Hub was maintained throughout the pandemic offering a range of help to residents including emotional and financial assistance, self-isolation guidance, contact tracing, and vaccine advice.

Key Statistics August 2020

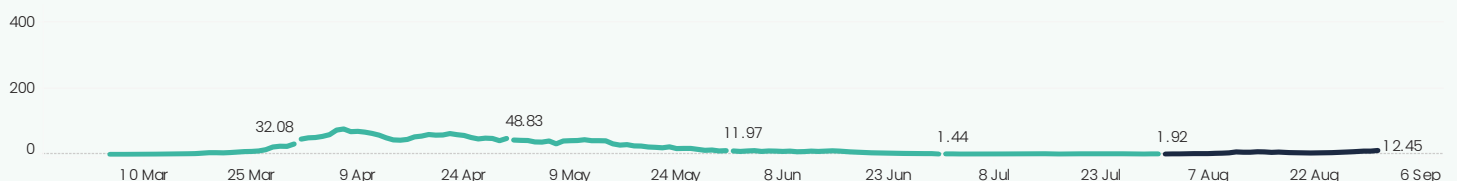
Tests Completed	Monthly Cases	New Outbreaks Recorded	Hospital Admissions due to COVID-19	Monthly Deaths	Dose 1 Vaccinations	Dose 2 Vaccinations
14,866	64	6	6	1	(vaccinations began December 2020)	(vaccinations began December 2020)

Epidemic Curve - August 2020

(Red line is 5 day moving average)



Case rate per 100,000 up to the end of August 2020



September 2020

The 'Hands. Face. Space' public information campaign was launched urging the public to continue to wash their hands, cover their face, and make space to control infection rates and avoid a second peak of COVID-19.

In response to the increase in COVID-19 rates over the summer months, on 14 September the rule of six was introduced across the UK meaning that any gathering, inside or out, of more than six people was banned.

On 22 September, a national curfew of 10pm was introduced and the order to work from home, if possible, was given.

Support for schools

Local and accessible public health advice and support was available for early years and schools from 8am to 8pm, seven days a week via email and telephone as part of the North Tyneside Outbreak Control Plan.

Schools were supported in carrying out risk assessments and contact tracing. The council offered information and guidance to schools, parents and the wider school community. When outbreaks did occur in schools, the outbreak control team convened outbreak control meetings with school leads, governors and Public Health England where required. Schools were alerted to and supported with all new guidance and policy/procedure changes.

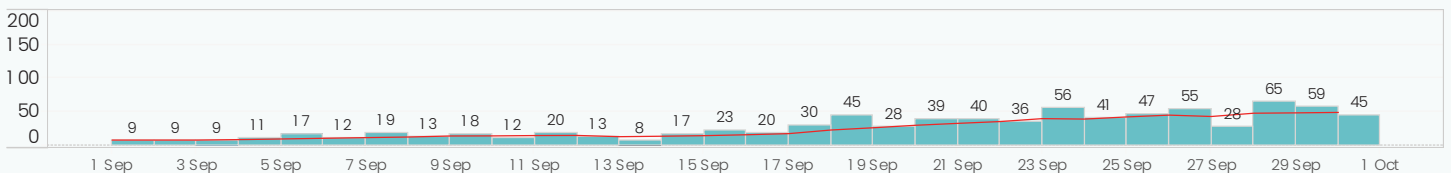


Key Statistics September 2020

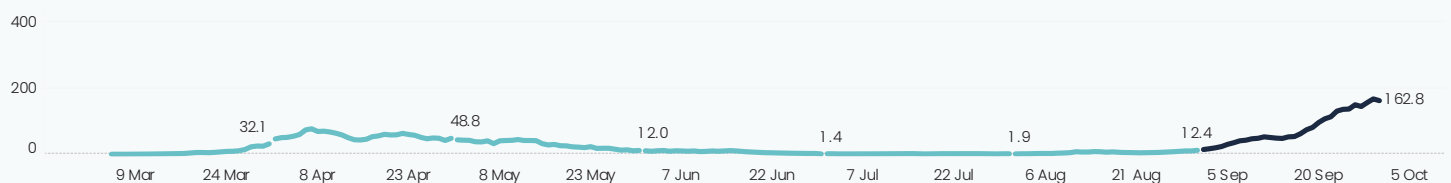
Tests Completed	Monthly Cases	New Outbreaks Recorded	Hospital Admissions due to COVID-19	Monthly Deaths	Dose 1 Vaccinations	Dose 2 Vaccinations
26,019	844	28	29	0	(vaccinations began December 2020)	(vaccinations began December 2020)

Epidemic Curve - September 2020

(Red line is 5 day moving average)



Case rate per 100,000 up to the end of September 2020



Local authority approach

Seven local authorities, known as the LA7 (North Tyneside, Northumberland, Newcastle, Sunderland, South Tyneside, Gateshead and County Durham) began to collectively request additional support and measures in the North East in response to rising rates.

A set of local lockdown restrictions came into force in the North East on Friday 18 September. The 'Health Protection (Coronavirus, Restrictions) (North East and North West of England) Regulations 2020' introduced a ban on socialising outside of households and a 10pm curfew on pubs, restaurants and licensed premises, which were also required to offer table service only, collect customer contact details, and support individuals to follow rules, such as social distancing and the rule of six.

Enforcement Hub

Over the course of the month, there were 159 complaints and each was followed up with a visit.



North Tyneside COVID-19 stories



A team of artists created exhibition materials at a COVID-19 stories event in November 2021.

The artwork is a celebration of kindness, a reminder of the challenges faced and the heartache suffered.



October 2020

On 14 October, a new tier system was introduced across England. This put each local council into a tier, with North Tyneside being placed in tier three, alongside the rest of the North East.

Additional restrictions included prohibiting social mixing indoors (the rule of six applied outdoors only) and pubs and bars could only stay open if they operated as a restaurant.

Two weeks later, the second national lockdown was announced to prevent a “medical and moral disaster” for the NHS. The lockdown began the following week, on 5 November.

Enforcement Officers

National funding was made available for COVID Marshals through the Compliance and Enforcement Grant.

An additional 10 officers were employed to respond to the increase in demand for enforcement across the borough. The COVID Marshals engaged with members of the public about key COVID-19 messages, mainly on beaches, in town centres, parks and, on occasion, at schools.

COVID-19 Community Champions

North Tyneside Council worked with VODA to establish the Community Health Champions programme to play a vital role in sharing up to date, trusted health messages about COVID-19 to keep people safe, reassured and supported in uncertain times. Training and support for the volunteers was made available by the public health team and there were 102 Community Health Champions sharing weekly updates directly with more than 600 residents: “I was so pleased to see this and to be able to send it to my sister. So clear! So thanks very much, it was a big help.”

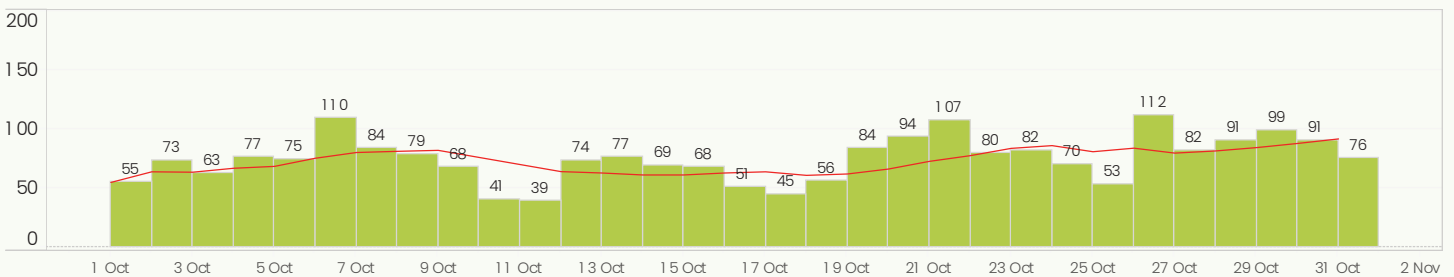


Key Statistics October 2020

Tests Completed	Monthly Cases	New Outbreaks Recorded	Hospital Admissions due to COVID-19	Monthly Deaths	Dose 1 Vaccinations	Dose 2 Vaccinations
29,337	2,325	54	104	17	(vaccinations began December 2020)	(vaccinations began December 2020)

Epidemic Curve - October 2020

(Red line is 5 day moving average)



Case rate per 100,000 up to the end of October 2020



November 2020

The second national lockdown began on 5 November to bring the case and hospitalisation rates down ahead of Christmas. Non-essential businesses were closed and social mixing was prohibited indoors and outside of people's support bubbles.

On November 26, following modifications to the tier system, the whole of the North East was placed under tough tier three restrictions as cases rose above the national average. Restrictions on hospitality and businesses were stricter.

Shielding

In advance of the new national restrictions, new guidance was issued and 10,000 letters were sent to those in North Tyneside considered clinically extremely vulnerable by the NHS. An updated list of 1,842 clinically extremely vulnerable people were contacted by telephone via the COVID-19 Support Hub. Many of those had been called previously in the year. This was reassurance that the support was still there for those people who were no longer receiving regular calls but had previously done so.



Key Statistics November 2020

Tests Completed	Monthly Cases	New Outbreaks Recorded	Hospital Admissions due to COVID-19	Monthly Deaths	Dose 1 Vaccinations	Dose 2 Vaccinations
29,744	2,744	39	141	44	(vaccinations began December 2020)	(vaccinations began December 2020)

Epidemic Curve - November 2020

(Red line is 5 day moving average)



Case rate per 100,000 up to the end of November 2020



December 2020

The second national lockdown ended after four weeks on 2 December and was replaced with a strict four tier system.

On 19 December, the UK government announced that the four week lockdown had not done enough to allow a significant easing of restrictions for Christmas and with increasing concern about the new variant in the South East known as the Kent variant at the time and later known as the Delta variant. A further stay at home order was issued for those areas placed into tier four restricting travel outside of the area.

Christmas Day bubbles were allowed for one day, but only for those areas in tiers one, two and three.

Vaccination

On 2 December, the UK medicines regulator, MHRA, gave approval of the PfizerBioNech COVID-19 vaccine, the first to be approved for use in the UK. This was followed quickly by approval on 30 December of the Oxford AstraZeneca vaccine.



Margaret Keenan became the first person in the world to be given the COVID-19 vaccine as part of a mass vaccination programme on 8 December.

It was the first of 800,000 doses that were dispensed in the following weeks. The national vaccine delivery plan was produced highlighting the top four priority groups as identified by the Joint Committee on Vaccination and Immunisation (JCVI), based on the prevention of mortality and protecting health and care staff.

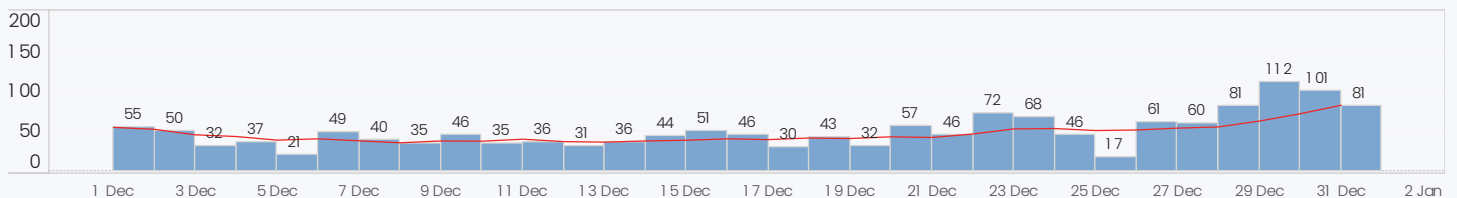
North Tyneside's first vaccination hub was set up at the Oxford Centre in Longbenton and VODA supported the council to recruit volunteers to help run vaccination hubs across the borough. North Tyneside Healthwatch supported the vaccine programme through outreach work, volunteers and targeted community communication.

Key Statistics December 2020

Tests Completed	Monthly Cases	New Outbreaks Recorded	Hospital Admissions due to COVID-19	Monthly Deaths	Dose 1 Vaccinations	Dose 2 Vaccinations
27,930	1,551	17	106	59	6,243	6

Epidemic Curve - December 2020

(Red line is 5 day moving average)



Case rate per 100,000 up to the end of December 2020



January 2021

The third national lockdown was announced and began on 6 January, together with a national campaign urging people to stay at home, save lives and protect the NHS.

The lockdown was in response to rising infection rates and hospital admissions, creating the highest level of pressure on hospitals so far over the course of the pandemic. The third lockdown had more exemptions than previous lockdowns, most notably, if you were unable to work from home, you could travel to work. Daily exercise could be done with one person from a different household.

Over the three national lockdowns and varying restrictions, the council supported over 4,000 local businesses with £65m of funding.

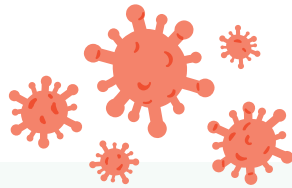
When schools were not open to all children, the council provided more than 185,000 packed lunches to children across the borough.

There were 146 admissions to hospital due to COVID-19 which was the highest number in the pandemic. The NHS nationally and locally was under extreme pressure caused by COVID-19 admissions, winter illness, COVID-19 restrictions and staff absences.

Riverside asymptomatic testing site

'In response to a national request for local authorities to set up rapid community testing sites to identify asymptomatic cases, North Tyneside's Rapid Community Testing Site was set up at the Riverside Children's Centre. The site provided LFD testing, initially focusing on business critical and frontline staff who must leave home to go to work.

Recruitment of staff and set up of the site was turned around within three weeks and was supported by the public health team and managed by redeployed colleagues. The site operated to a standard operating procedure based on national clinical standards.

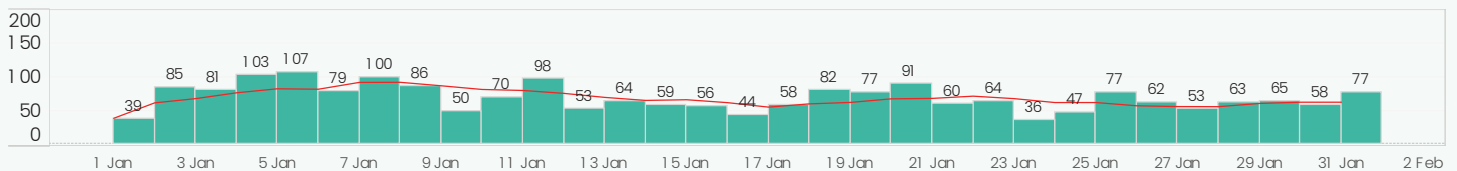


Key Statistics January 2021

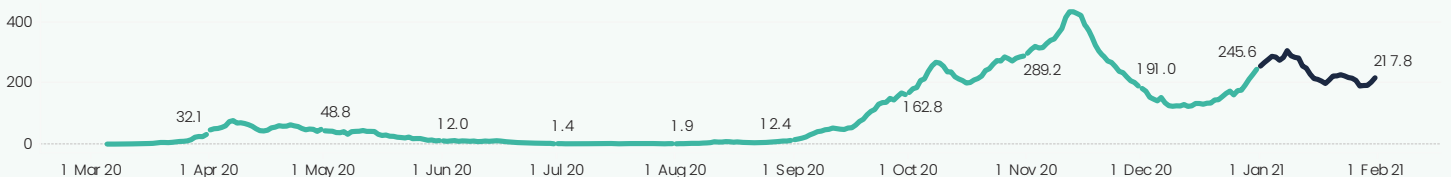
Tests Completed	Monthly Cases	New Outbreaks Recorded	Hospital Admissions due to COVID-19	Monthly Deaths	Dose 1 Vaccinations	Dose 2 Vaccinations
48,637	2,144	42	146	78	28,729	1,818

Epidemic Curve - January 2021

(Red line is 5 day moving average)



Case rate per 100,000 up to the end of January 2021



The site opened on 18 January and 942 tests were carried out in the first week. The testing site was specifically for symptom-free workers in North Tyneside – people who were unable to work from home, who came into contact with the public and did not have access to other rapid testing.

It was also offered to symptom-free residents identified as close contacts of those individuals who were CEV and shielding. It was initially set up for six weeks, seven days a week but was extended due to its success and case numbers rising in January.

North East road map to develop a local model of contact tracing

A bid was submitted by Newcastle Upon Tyne Hospitals Foundation Trust and partner agencies and approved by the Department for Health and Social Care to develop a fully integrated, locally managed, regionally coordinated track and trace system for the North East known as the Integrated COVID-19 Hub North East (ICHNE).

Developing a Local Contact Tracing Partnership was the first part of the North East roadmap to local contact tracing. All 12 North East local authorities agreed to develop a Local Tracing Partnership.

In North Tyneside a plan was developed for a Local Tracing Partnership to establish a North Tyneside specific approach to contact tracing.



One in three people with covid-19 do not show symptoms.

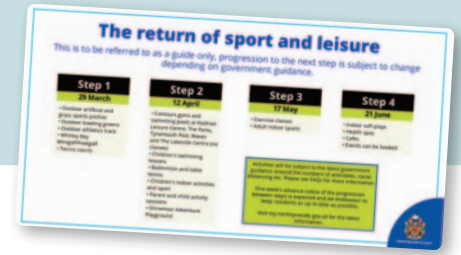
Help stop the spread.

If you are symptomless, can't work from home, and don't have access to testing, you can book a rapid covid-19 test.

Free covid-19 testing is available seven days a week at Riverside Children's Centre, North Shields. Booking is essential.



February 2021



In February, the government published the roadmap out of lockdown. It detailed different stages where restrictions would be lifted assuming four key tests were met which covered vaccine rates, vaccine effectiveness, hospitalisation, and the emergence of any variants of concern.

Step 1a: 8 March

All children returned to face-to-face education in schools and colleges. Twice weekly testing was introduced for secondary school pupils and regular testing for teachers. Care home residents were allowed one regular visitor. People could leave home for recreation and exercise outdoors with one other person from outside their household.

Step 1b: 29 March

People could meet up outdoors with either six people or two households. Outdoor sports facilities re-opened. The stay at home rule ended but many restrictions were still in place.

Step 2: 12 April

Non-essential retail re-opened as well as libraries and community centres. Outdoor attractions re-opened and hospitality venues could serve people outside.

Step 3: 17 May

Most legal restrictions on meeting people from other households outdoors were lifted and indoor meetings between households or six people were allowed. Indoor hospitality re-opened as well as the rest of the accommodation sector.

Step 4: 12 July (delayed from 21 June)

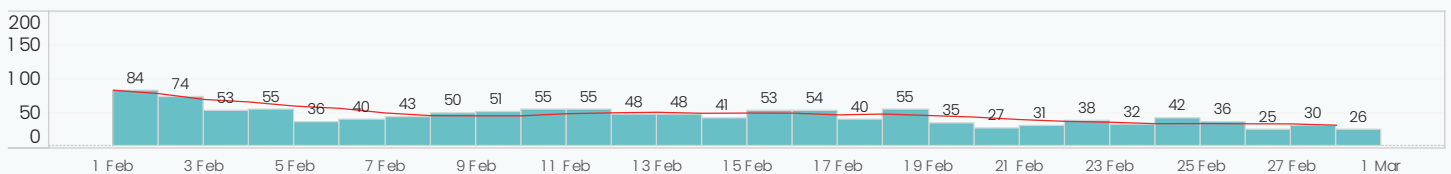
The removal of most legal restrictions. A five-point plan, set out in 'COVID-19 Response: Summer 2021' included reinforcing the country's vaccine wall of defence, enabling the public to make informed decisions, retaining proportionate test, trace and isolate plans, managing risks at the border, and retaining contingency measures.

Key Statistics February 2021

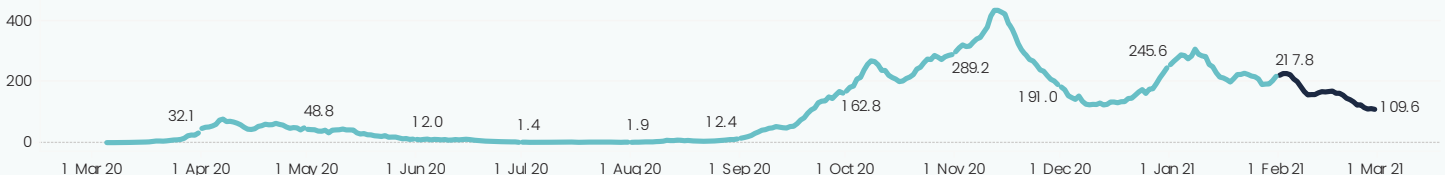
Tests Completed	Monthly Cases	New Outbreaks Recorded	Hospital Admissions due to COVID-19	Monthly Deaths	Dose 1 Vaccinations	Dose 2 Vaccinations
59,263	1,257	27	100	80	29,257	286

Epidemic Curve - February 2021

(Red line is 5 day moving average)



Case rate per 100,000 up to the end of February 2021



Local Tracing Partnership (LTP)

In North Tyneside, the Local Tracing Partnership was established as a central element within the Local Outbreak Control Plan and governed by the North Tyneside COVID-19 Health Protection Board.

A local contact tracing team was recruited quickly by the public health team and the contact tracing service began to provide a co-ordinated approach for cases and outbreaks in North Tyneside.

The local team was based in the COVID-19 Support Hub to ensure a wide-ranging approach to supporting vulnerable residents.

The LTP developed to also include proactively contacting people to come forward for their vaccination, as well as ensuring the wellbeing of residents who were required to isolate.

Vaccine inequalities

While the vaccine programme was widely successful, ensuring that take up was not only high overall, but also within underserved communities, was essential for disease control.

Groups with a higher risk of disease, or more severe disease, benefit even more from vaccination and ensuring high take up in these groups can narrow inequality in disease outcomes. Levels of COVID-19 infection across the borough were not spread equally and evidence from

pre-existing vaccination programmes highlight that many of the 'at risk' groups are less likely to get vaccinated.

The Director of Public Health led a multi-agency group that attempted to tackle many of these inequalities through improving vaccine access with pop-up clinics across the borough and working in partnership with key voluntary and community sector organisations who provided a trusted voice.

Local Support System for shielding: COVID-19 Support Hub

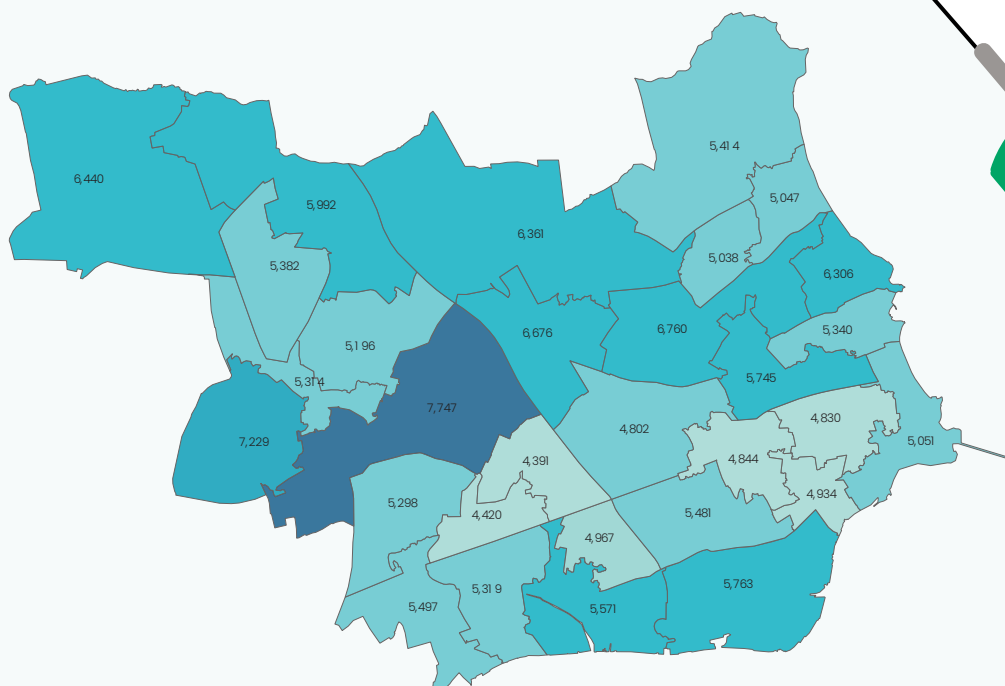
In February 2021, following successful implementation of the COVID-19 vaccination programme and prioritisation of the most vulnerable initially, 2,341 people who had been identified as clinically vulnerable by the NHS were contacted. Most clinically extremely vulnerable individuals were deemed to be at no greater risk of COVID-19.

Of the 2,341 identified, 81% did not need any further support, 3% were already receiving support from the LSS and 16% were unable to be contacted. Letters were sent to the registered addresses of anyone who was unable to be contacted over the phone.

Enforcement Officers

Due the success of the COVID Enforcement Officers and the rising cases across the borough, a further 10 Enforcement Officers were employed to ensure accurate public health messages and behaviours were directly communicated with residents.

Uptake of Dose 1 Vaccination in North Tyneside - by MSOA



March 2021

Face-to-face education resumed for all pupils and all secondary pupils and all school staff members had to have two LFD tests on site in school within the first two weeks of returning. School test sites were rapidly established and supported by partners.

The Outbreak Control team provided guidance and support to all school settings and the council provided additional staff to ensure all schools could meet the testing requirements.



Latest information for Shiremoor Adventure Playground, Whitley Bay Mini Golf and Footgolf, tennis courts, football pitches and Churchill Community Track in line with step 1b of the government roadmap out of lockdown.

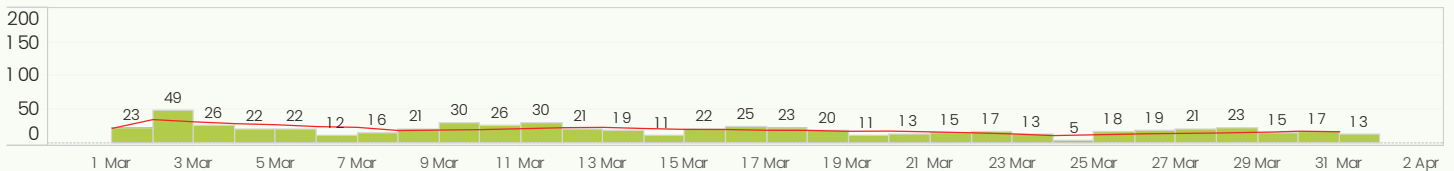


Key Statistics March 2021

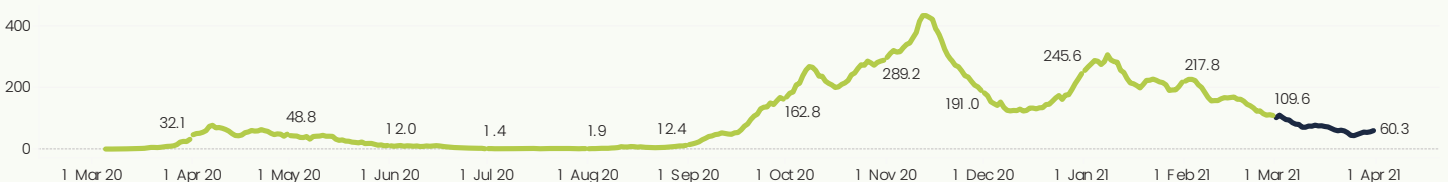
Tests Completed	Monthly Cases	New Outbreaks Recorded	Hospital Admissions due to COVID-19	Monthly Deaths	Dose 1 Vaccinations	Dose 2 Vaccinations
136,859	618	15	43	34	34,874	15,169

Epidemic Curve - March 2021

(Red line is 5 day moving average)



Case rate per 100,000 up to the end of March 2021



April 2021

England progressed to step two of the roadmap out of lockdown on 12 April. This resulted in non-essential shops, libraries and leisure centres re-opening.

Outdoor entertainment and outdoor hospitality venues also re-opened for outdoor service only. This coincided with the first case of the Delta variant in North Tyneside.

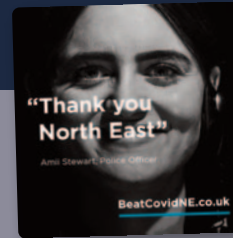
Vaccine success

On 10 April, Barbara Lancaster from Whitley Bay received the 100,000th COVID-19 vaccine administered in North Tyneside.

Isolation framework

To help people overcome the practical challenges of being asked to self-isolate, the council provided services to help residents access food, help with caring responsibilities and support for people's wellbeing.

The council also helped connect residents to a free medicine delivery service for those that did not have access to help in collecting their prescription. This was part of the Local Tracing Partnership to ensure the support offer was immediate for those who were required to isolate.



The council also continued to administer the Test and Trace Support Payment (TTSP) for people on lower incomes, those who faced financial hardship or those who could not work from home.

Local Support System for shielding: COVID-19 Support Hub

Between November 20 and 21 April, 389 people identified themselves as needing additional support via the government registration process, all of whom were contacted by the Local Support System.

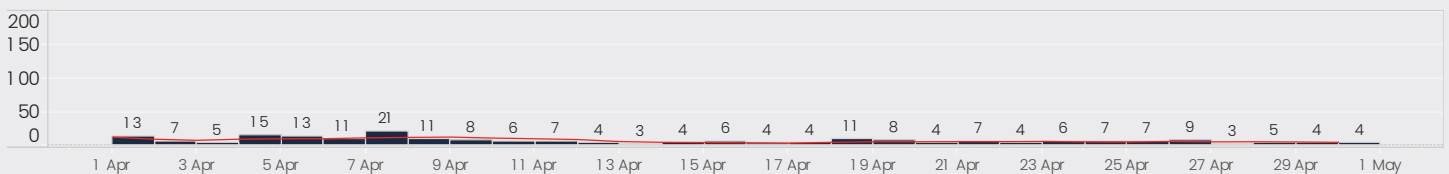
The Local Tracing Partnership was embedded into the hub which began to focus on support for self-isolation and improving vaccine uptake amongst vulnerable groups.

Key Statistics April 2021

Tests Completed	Monthly Cases	New Outbreaks Recorded	Hospital Admissions due to COVID-19	Monthly Deaths	Dose 1 Vaccinations	Dose 2 Vaccinations
104,635	221	4	8	7	14,877	34,116

Epidemic Curve - April 2021

(Red line is 5 day moving average)



Case rate per 100,000 up to the end of April 2021



May 2021

On 19 May, the government announced that several areas across England would receive surge testing and vaccination supply: Bedford, Burnley, Hounslow, Kirklees, Leicester, and North Tyneside.

Delta variant

The number of cases of the Delta variant began to rise sharply in May following clusters of cases.

It affected many pockets of the borough, with many pupils having to self-isolate and businesses temporarily closing.

The enhanced measures began on Saturday 22 May and included rapidly standing up surge testing and vaccination sites in the North Shields and Shiremoor/Backworth areas.

Led by the public health team and working in partnership with Public Health England (PHE), North Tyneside CCG, the System Vaccination Operations Centre in Newcastle, the DHSC and the fire and rescue service, a huge effort ensued to find further cases and increase vaccination uptake in those eligible.

Roadmap out of lockdown

To deliver step three of the roadmap, the Enforcement Hub visited many of the previously closed businesses to provide them with advice on how they could re-open in a COVID-19 safe manner.

Follow up inspections were carried out to ensure they were operating safely. Verbal and written advice was given to businesses where non-compliances were identified. All council customer services resumed face-to-face activity.

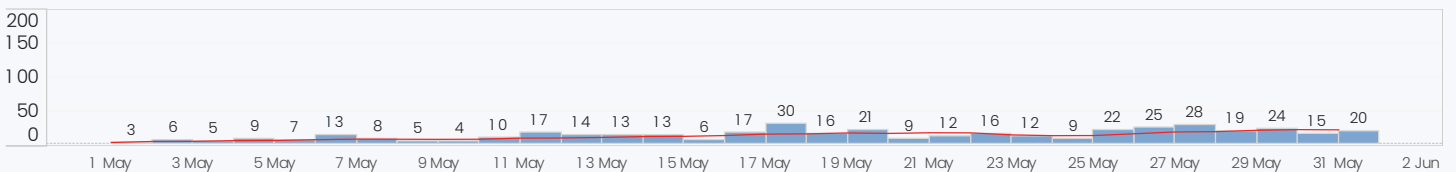


Key Statistics May 2021

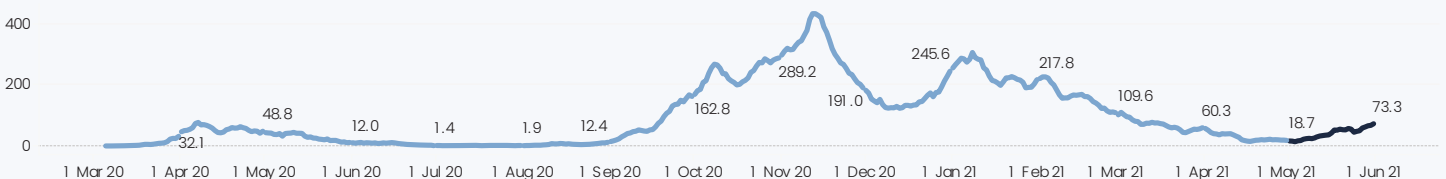
Tests Completed	Monthly Cases	New Outbreaks Recorded	Hospital Admissions due to COVID-19	Monthly Deaths	Dose 1 Vaccinations	Dose 2 Vaccinations
111,246	248	28	5	7	18,701	34,378

Epidemic Curve - May 2021

(Red line is 5 day moving average)



Case rate per 100,000 up to the end of May 2021



Roadmap out of lockdown

Step four of the roadmap had been due to take place on 21 June, however it was delayed in order to give the vaccination programme a few more weeks to vaccinate as many people as possible.

Businesses providing close contact services re-opened and all barber shops in North Tyneside were visited to ensure they were trading safely. Verbal and written advice was given to businesses where non-compliances were identified.

During the European Football Championship, 382 visits of public houses were carried out to check they were trading safety.

Since the pandemic began, North Tyneside Council provided over 7,000 free school meal vouchers to support families through school holidays.

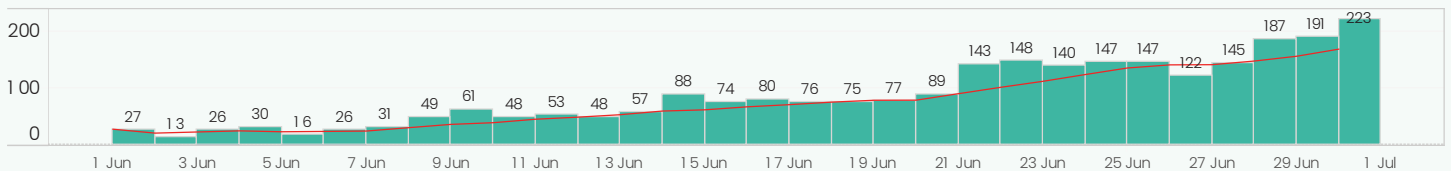


Key Statistics June 2021

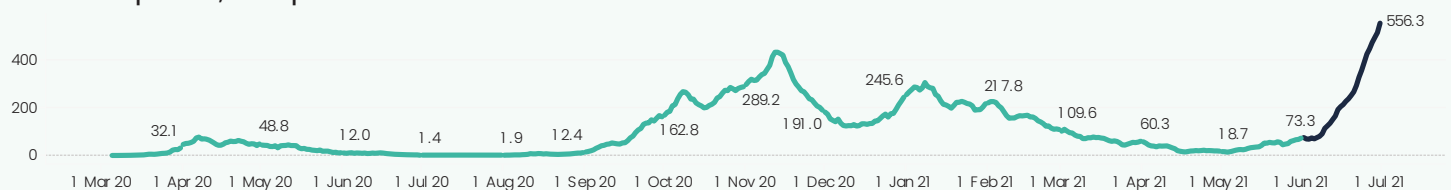
Tests Completed	Monthly Cases	New Outbreaks Recorded	Hospital Admissions due to COVID-19	Monthly Deaths	Dose 1 Vaccinations	Dose 2 Vaccinations
122,953	2,637	49	15	1	16,483	25,721

Epidemic Curve - May 2021

(Red line is 5 day moving average)



Case rate per 100,000 up to the end of June 2021



Roadmap out of lockdown

On 12 July, England progressed to the final step of the roadmap out of lockdown and the government removed most legal restrictions.

All businesses could open/operate without restrictions, there were no restrictions on numbers of people that can gather, no mandatory requirement for people to wear face coverings indoors, no social distancing guidance, and the government was no longer instructing people to work from home.

The council continued to uphold and ensure democracy happened throughout the pandemic with 69 cabinet, council and other committee meetings held virtually and livestreamed.

Isolation Framework

The updated Isolation Framework was published by the government which outlined what supported the local authority was expected to continue to provide. This included financial and practical support to self-isolate.

Local Support System for shielding: COVID-19 Support Hub

As the need for support to vulnerable people decreased with a very small number of people needing ongoing support, the council worked with First Contact Clinical, Care and Connect, Age UK, Dreamshine, and VODA to identify existing service provision and support for a small number of people who still required it.

Letters and a new 'Living Well North Tyneside' magazine were sent to over 15,000 people who had been originally identified as needing to shield. This contained case studies, information on services that people could access, information on how to help manage mental wellbeing, and information about buying local.

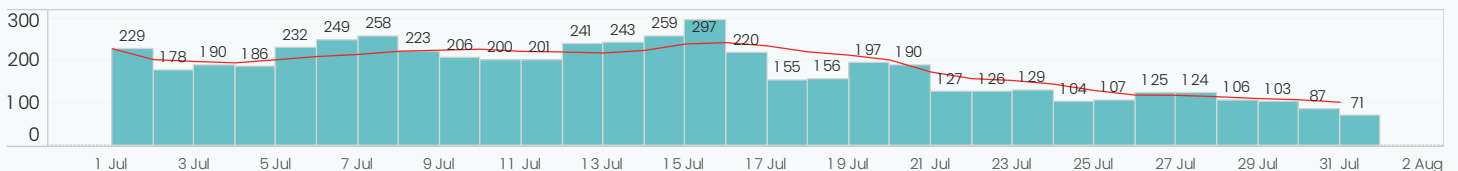


Key Statistics July 2021

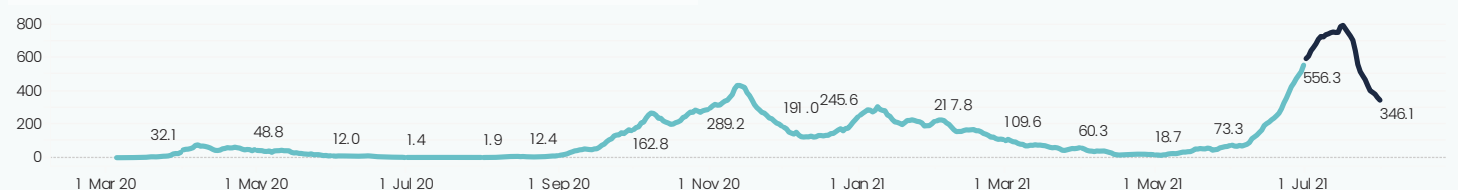
Tests Completed	Monthly Cases	New Outbreaks Recorded	Hospital Admissions due to COVID-19	Monthly Deaths	Dose 1 Vaccinations	Dose 2 Vaccinations
120,997	5,519	36	75	3	3,517	14,955

Epidemic Curve - July 2021

(Red line is 5 day moving average)



Case rate per 100,000 up to the end of July 2021



The focus of the COVID-19 Support Hub shifted to help positive cases and contacts to self-isolate, ensuring they had the appropriate support in place.

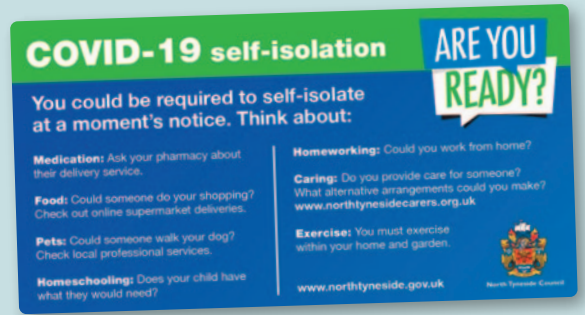
Test and Trace Support Payment

The Test and Trace Support Payment was introduced in October 2020 to offer financial help to those who needed to self-isolate and lost wages as a result. The scheme was extended a number of times and at the time of writing is due to close at the end of March 2022.

The scheme has been central to the overall strategy of encouraging people to do the right thing and stay at home when they were asked to do so, and it has provided much needed financial support to people impacted by self-isolation.

It was difficult to manage at times due to the severe peaks in infection rates putting significant demand on the scheme. Claims surged in July and August 2021 before beginning to taper, but rose again with the Omicron variant over Christmas. July 2021 was the busiest month on record for North Tyneside with over 1,200 claims in one month.

To date, we have received 7,128 claims, with 3,384 paid worth a total of £1,692,000.



August 2021

The NHS COVID-19 app was updated to notify fewer contacts as the public were urged to continue to use it as restrictions lifted. Around 40% of the population regularly used the app.

The updated self-isolation criteria went live on 16 August meaning people who were double vaccinated, or aged under 18, were no longer legally required to self-isolate if identified as a close contact of a positive COVID-19 case.

Nationally, everyone aged 16 and 17 were offered their first dose of the COVID-19 vaccine ahead of the school year, but in North Tyneside, vaccinations for the 15-17 age cohort began in April 2021 and so all had been offered a dose ahead of the national target set for 23 August.

Studies found that fully vaccinated people were three times less likely to be affected and further studies highlighted the vaccines were safe and highly effective for pregnant women.

Government data from the Event Research Programme (ERP) showed that mass events could take place safely but fans were urged to remain cautious and get vaccinated.

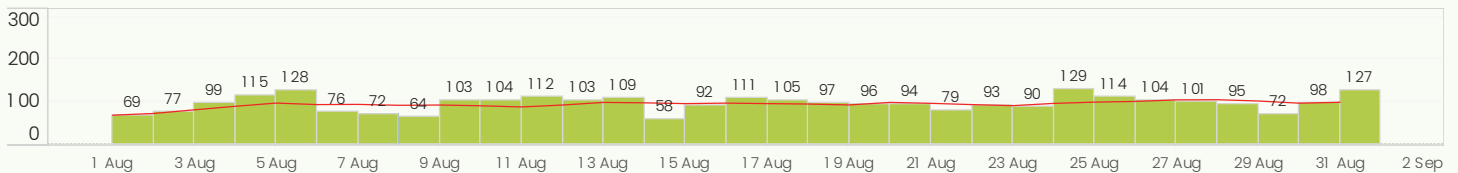


Key Statistics August 2021

Tests Completed	Monthly Cases	New Outbreaks Recorded	Hospital Admissions due to COVID-19	Monthly Deaths	Dose 1 Vaccinations	Dose 2 Vaccinations
120,997	5,519	36	75	3	3,517	14,955

Epidemic Curve - August 2021

(Red line is 5 day moving average)



Case rate per 100,000 up to the end of August 2021



September 2021

Schools returned with face-to-face teaching in North Tyneside. The council continued to support all schools, with 62 outbreaks needing management guidance across the term. More than a quarter of school transmissions could have been linked to sibling groups within schools.

The council ensured that all pupils eligible for free school meals and isolating due to COVID-19 were provided with food vouchers so no child went hungry while unwell.

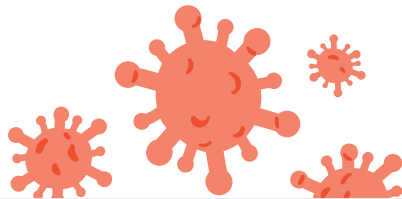
50 out of 53 pharmacies in the borough supplied lateral flow tests for free to residents, enabling voluntary twice weekly asymptomatic testing.

The first UK manufactured lateral flow devices (LFDs) were rolled out to universities across England.

Shielding was completely ceased for the most vulnerable in recognition of the success of the vaccine programme, more information on the virus and the emergence of proven treatments.

Young people aged between 12 and 15 were offered the COVID-19 vaccine and the booster vaccine began to be offered to those most at risk from serious disease, such as care home residents.

In-depth work looking at the impact of the pandemic thus far was undertaken by a team of officers in the council with a particular focus on the impact of inequalities. This work informed the development of the new and published Health and Wellbeing Strategy for North Tyneside.

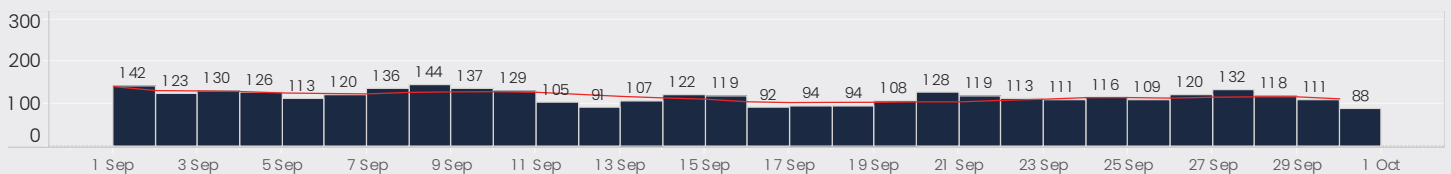


Key Statistics September 2021

Tests Completed	Monthly Cases	New Outbreaks Recorded	Hospital Admissions due to COVID-19	Monthly Deaths	Dose 1 Vaccinations	Dose 2 Vaccinations	Booster Vaccinations
111,612	3,497	33	80	16	1,914	4,233	5,036

Epidemic Curve - September 2021

(Red line is 5 day moving average)



Case rate per 100,000 up to the end of September 2021



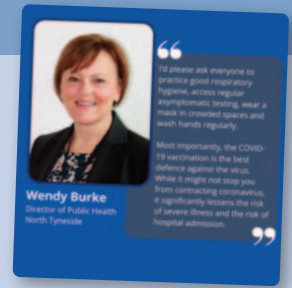
October 2021

The daily infection rate in school aged children was significantly higher than the rest of the population in the borough before schools opened and this continued over the school term, reaching a peak in the 10 to 14 age group of four times the borough rate over the October half term.

The council continued to support care homes where there were fewer outbreaks due to the success of the vaccination programme and the infection, prevention and control measures in place.

Despite all the challenges COVID-19 created, High Borran, where so many of the borough's young people have memorable residential trips, retained its Gold award following an inspection from the Association of Heads of Outdoor Education Centres (AHOEC).

The JCVI issued advice on a third vaccine dose for people with a severely weakened immune system including those aged 12-15. Nationally, everyone over 50 was urged to get their vaccine.

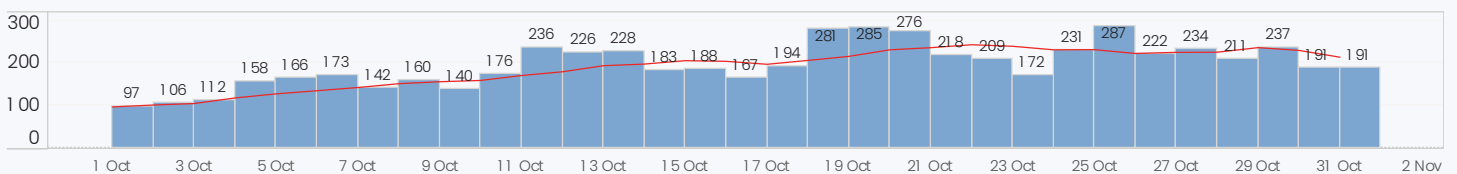


Key Statistics October 2021

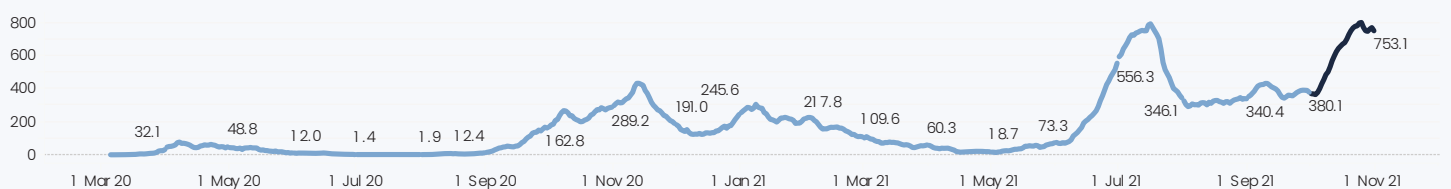
Tests Completed	Monthly Cases	New Outbreaks Recorded	Hospital Admissions due to COVID-19	Monthly Deaths	Dose 1 Vaccinations	Dose 2 Vaccinations	Booster Vaccinations
106,287	6,097	32	80	13	3,786	2,219	27,032

Epidemic Curve - October 2021

(Red line is 5 day moving average)



Case rate per 100,000 up to the end of October 2021



November 2021

The government released its 'Winter Plan for Autumn and Winter 2021/22'.

Known as 'Plan A', it continued the move towards more advice and guidance instead of rules and regulations.

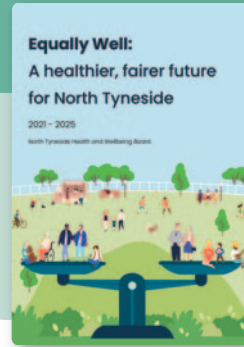
The government aimed to sustain the progress being made while simultaneously ensuring the NHS did not come under overly significant pressure by building defences through:

- the vaccine programme
- the continuation of test, trace and isolate
- support for the NHS and social care; and
- advice for people on how to protect themselves and others

The Winter Plan also made provisions for a 'Plan B', should the situation change significantly.

The government announced that health and social care providers must ensure all workers are fully vaccinated against COVID-19.

The council organised Remembrance Services across the borough, allowing residents to pay their respects safely.



Although schools remained busy, cases began to decline steadily in November and the council continued to advise on outbreaks in schools. Face masks were re-introduced in secondary schools to support other outbreak measures. The booster programme continued to be rolled out, being offered to all those over the age of 40.

On 27 November, the first two cases of the Omicron variant were identified in the UK.

New temporary measures were introduced on 30 November around international travel and face coverings in shops and on public transport.

All adults were to be offered a COVID-19 booster vaccine by the end of January 2022.

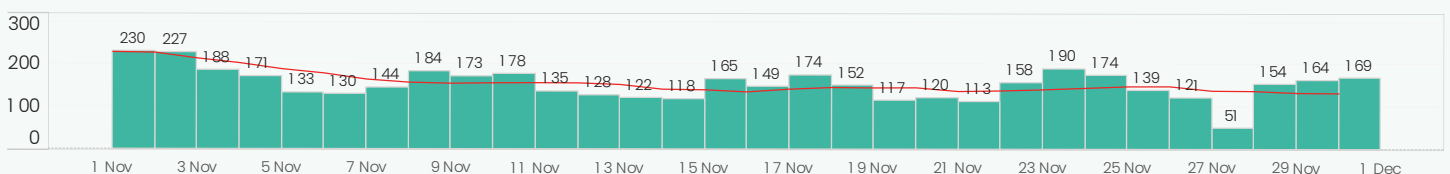
The North Tyneside Health and Wellbeing Board agreed and published the new joint Health and Wellbeing Strategy aimed at reducing the inequalities across the borough that had been exposed and made worse by the pandemic.

Key Statistics November 2021

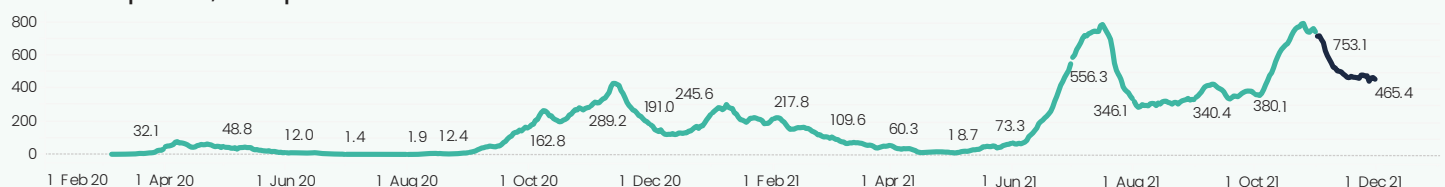
Tests Completed	Monthly Cases	New Outbreaks Recorded	Hospital Admissions due to COVID-19	Monthly Deaths	Dose 1 Vaccinations	Dose 2 Vaccinations	Booster Vaccinations
93,367	4,571	36	80	17	2,508	1,727	34,451

Epidemic Curve - November 2021

(Red line is 5 day moving average)



Case rate per 100,000 up to the end of November 2021



December 2021

By 6 December, there were 261 Omicron cases in England with cases having been reported in 52 countries.

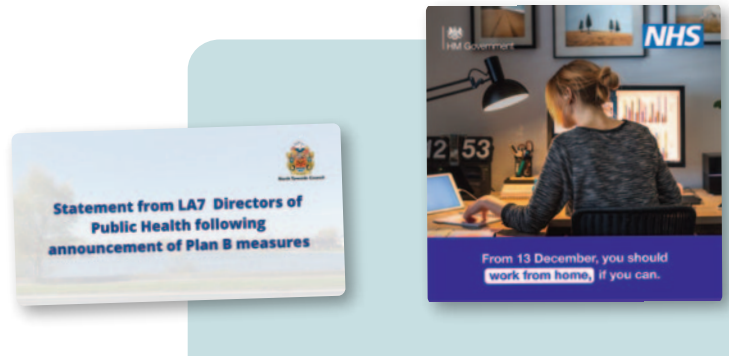
The government announced a move to Plan B on 8 December as Omicron continued to spread quickly across the UK.

Plan B meant directing a work from home requirement (for those who are able) as well as requiring face coverings in enclosed, crowded places. No travel or other restrictions were in place over the Christmas period, showing a different response compared to Christmas 2020 due to the vaccine programme.

There was a huge national push to encourage everyone who was eligible to get the booster.

On 22 December, changes were made so that COVID-19 cases could reduce their isolation period from 10 to seven days following negative tests.

North Shields Christmas Market was able to go ahead safely with the council's support.

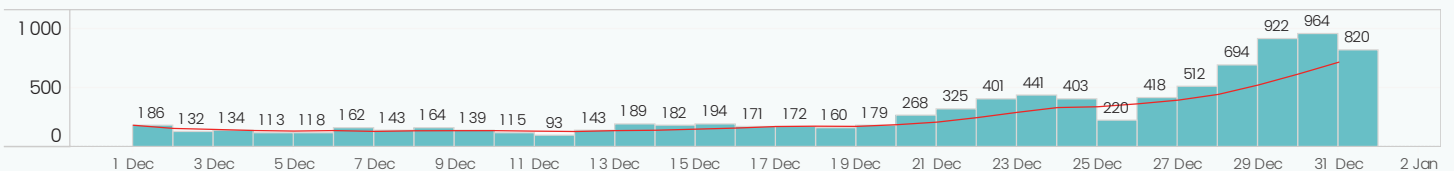


Key Statistics December 2021

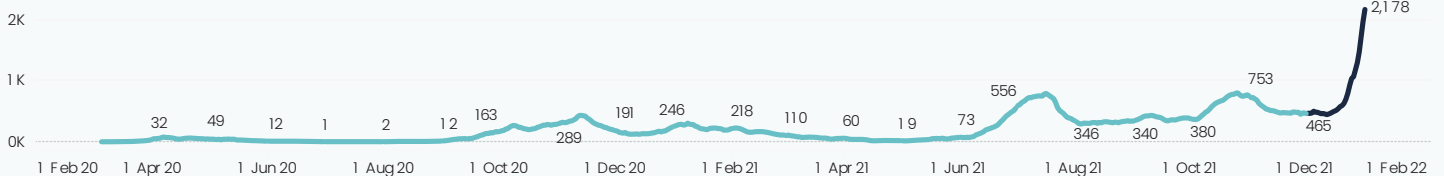
Tests Completed	Monthly Cases	New Outbreaks Recorded	Hospital Admissions due to COVID-19	Monthly Deaths	Dose 1 Vaccinations	Dose 2 Vaccinations	Booster Vaccinations
139,772	9,277	32	80	20	1,609	2,702	47,063

Epidemic Curve - December 2021

(Red line is 5 day moving average)



Case rate per 100,000 up to the end of December 2021



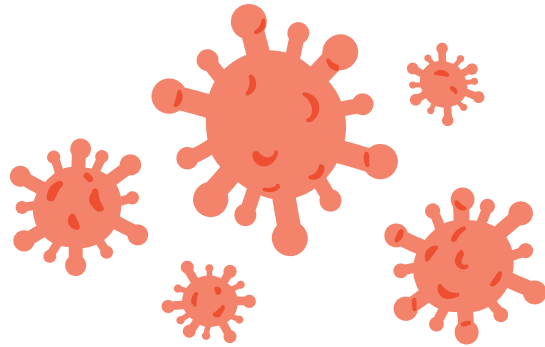
January 2022

Cases continued to increase over the festive period and into January due to the increased transmissibility of the Omicron variant, reaching more than 200,000 reported cases in a day on more than one occasion.

The response, both nationally and locally, illustrated the success of the vaccine programme, as while rates rose, severe illness and deaths due to COVID-19 did not.

On 4 January, 1,081 positive cases were reported in North Tyneside, the highest daily number of cases of the entire pandemic.

The council worked closely with the local NHS and social care providers to ensure quality care across the sector while facing the challenges associated with large numbers of staff having to self-isolate after testing positive. Increasing admissions to hospital, large numbers of outbreaks in care homes, and staffing pressures across every sector persisted throughout January.

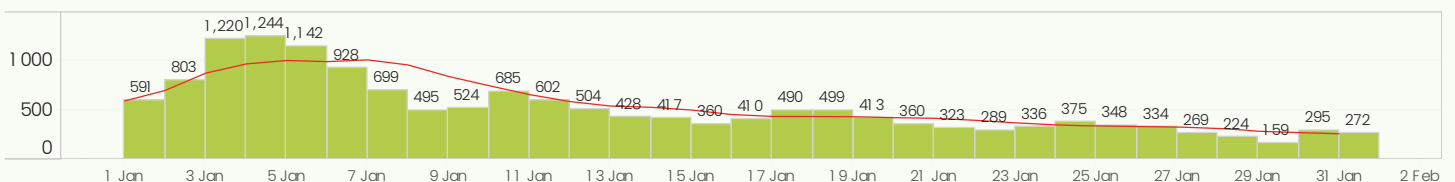


Key Statistics January 2022

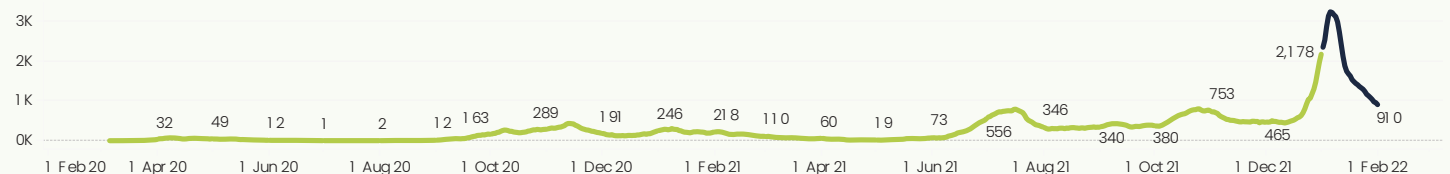
Tests Completed	Monthly Cases	New Outbreaks Recorded	Hospital Admissions due to COVID-19	Monthly Deaths	Dose 1 Vaccinations	Dose 2 Vaccinations	Booster Vaccinations
160,446	16,038	57	80	25	1,515	2,794	9,765

Epidemic Curve - January 2022

(Red line is 5 day moving average)



Case rate per 100,000 up to the end of January 2022



On Monday 17 January, it was announced self-isolation for those with COVID-19 could end after five full days following two negative LFD tests.

The government announced that on 19 January that England would fully return to Plan A on Thursday 27 January thanks to the success of the booster programme reducing the risk of serious illness and death from the Omicron variant.

People were no longer advised to work from home and face coverings were no longer mandatory in indoor venues, including in communal areas in secondary schools.

However, the public were encouraged to continue to wear a face covering in indoor settings where they came into contact with people they do not usually meet.

Organisations were able to choose whether to require NHS COVID-19 Passes and restrictions on visits to care homes in England were also eased.



What does the future hold?

At the time of writing this report it is clear that the enormously successful roll out of one of the biggest vaccination programmes in history has enabled the gradual and safe removal of restrictions on everyday life. However, despite the improving picture both locally in North Tyneside and across the UK, the global pandemic is far from over. The government's Scientific Advisory Group for Emergencies (SAGE) has documented the uncertainty about the path that the pandemic will take in the future.

On 22 February 2022 the government announced plans to remove the remaining legal restrictions for COVID-19. The objective in the next phase of the COVID-19 response is to enable the country to manage COVID-19 like other respiratory illnesses, while minimising mortality and retaining the ability to respond if a new variant emerges or during periods of waning immunity. The key principles of the plan include:

- living with COVID-19: removing domestic restrictions while encouraging safer behaviours through public health advice, in common with longstanding ways of managing most other respiratory illnesses
- protecting people most vulnerable from COVID-19: vaccinations (boosters) guided by Joint Committee on Vaccination and Immunisation (JCVI) advice and deploying targeted testing
- maintaining resilience: ongoing surveillance, contingency planning and the ability to reintroduce key capabilities such as mass vaccination and testing in an emergency
- securing innovations and opportunities from the COVID-19 response: including investment in life sciences



Our goal moving forward in the subsequent years to come will be to tackle the inequalities that have been exposed and amplified by the pandemic to ensure a healthier and fairer future for North Tyneside.

In seeking to ensure that our residents can live safely with COVID-19 in the future we will also take action to:

1. Protect people and communities at greatest risk from COVID-19 and its consequences and enable them to live a healthy and fulfilled life
2. Protect all critical infrastructure, including the NHS, social care and our community and voluntary sector, so that they, in turn, can protect and support the borough
3. Minimise the impact of COVID-19 on the wellbeing and development of children, young people and adults
4. Enable the recovery and further progress of education, economic activity and social connectivity
5. Strengthen system-wide prevention and preparedness for future waves and other epidemics, learning the lessons of the past two years



North Tyneside Health & Wellbeing Board Report Date: 4th April 2022

Title: Joint Local Area
SEND Inspection by Ofsted
and the Care Quality
Commission

Report from: North Tyneside Council

Report Author: Kevin Burns and Joanna Unthank

Relevant Partnership Board: SEND Delivery Board

1. Purpose:

To update the board on the outcome of the Local Area SEND inspection undertaken by Ofsted and the Care Quality Commission in November 2021

2. Recommendation(s):

The Board is recommended to note the findings of Ofsted and the Care Quality Commission and the recommendations for improvement of SEND provision in North Tyneside.

3. Policy Framework

This item relates to the three strategic ambitions of equal life chances for all, thriving places and communities and maintaining independence within the Joint Health and Wellbeing Strategy, "Equally Well: A healthier, fairer future for North Tyneside 2021-2025".

4. Information:

4.1 SEND Local Area Inspections

The work of the local area to provide for children and young people with SEND comes under scrutiny from Ofsted and the CQC. There has been a five-year programme of inspection that concludes in March 2022 when the expectation is that every local area will have received at least one visit from inspectors.

There are no gradings to the final judgement of this inspection. Each local area is either supported in its direction and ambition or it is required to complete a written statement of action.

The report details strengths and areas for development and establishes if a local area has made enough progress in implementing the reforms from the 2014 Children's and Families Act and is providing good enough support for children, young people, and families.

4.2 North Tyneside SEND Local Area Inspection

In November 2021, Ofsted, and the Care Quality Commission (CQC) conducted a joint inspection of our local area SEND provision. Inspectors spoke with children and young people with SEND, parents and carers, and local authority and National Health Service (NHS) officers.

Inspectors visited a range of providers and spoke to leaders, staff, and governors about how they were implementing the SEND reforms. Inspectors met with leaders of health, social care and education and looked at a range of information about the performance of the area, including the area's self-evaluation. They reviewed performance data and evidence about the local offer and joint commissioning. In reaching their judgements, inspectors took account of the impact of the COVID-19 pandemic on SEND arrangements in the area.

4.3 Main Inspection Findings:

- Leaders of education, health and social care are united in their mission to improve the experience and outcomes of children and young people with SEND. Strategic decisions about the commissioning of services and provision for children and young people with SEND are owned by all partners.
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- The parent carer forum has a strong voice and feeds into strategic governance across the area. The SEND youth forum was established in 2019. It is an influential group and integrated fully into North Tyneside's youth council.
- Leaders are determined to know what is working and what needs changing. Leaders' current self-assessment is accurate. It shows that leaders are looking at detailed information and identifying priorities that chime with the issues raised by children and young people with SEND and their families.
- Leaders are not complacent. They recognise they do not always get things right and that they are on a journey of continuous improvement.
- Joint commissioning processes are well established. There is an increased demand for specialist provision and health services & leaders have agreed plans for long-term investment in places and people.
- Leaders have remodelled the child and adolescent mental health service (CAMHS) to improve the time it takes for children and young people with mental health needs to be seen.
- The overwhelming majority of parents and carers are happy with the educational provision their child attends.

- Parents and carers have mixed views of the services and provision open to their children. While many are full of praise for North Tyneside, a small number are unhappy with what is on offer.
- Leaders have improved the time it takes to complete statutory assessments for EHC plans & worked with practitioners to improve the standard of advice contributing to the EHC plan process. There is a system in place for quality assuring EHC plans which is leading to better written plans.
- Outcomes are generally strong. There is a positive picture for attendance, exclusions from school and the number of young people with SEND who progress to further education, employment, or training.

4.4 Areas for development

A: The effectiveness of the local area in identifying children and young people's special educational needs and/or disabilities:

- There is a mixed picture in relation to the knowledge and understanding of SEND in mainstream schools. This is more of an issue for children and young people with ASD and complex SEMH than for children and young people with learning difficulties.
- Communication with parents and carers is of variable quality. Where it works well, parents and carers receive regular and proactive communication from practitioners and local authority officers. When this does not occur, parents and carers are not well informed.

B: The effectiveness of the local area in meeting the needs of children and young people with special educational needs and/or disabilities:

- The waiting time for a diagnosis of ASD is too long.
- The full impact of recruitment in CAMHS has not yet been seen in waiting times.
- Leaders are aware that there is a gap in provision for children and young people who have a diagnosis of ASD and complex SEMH needs.
- Some parents and carers remain unhappy with their child's EHC plan because of how their child's needs are described. North Tyneside is slow at publishing amended plans following annual review.
- North Tyneside's local offer is full of helpful information but is not used by all parents and carers.

C: The effectiveness of the local area in improving outcomes for children and young people with special educational needs and/or disabilities:

- There are many social activities available to young people with SEND in the 16 to 25 age range. There are not as many available for younger children with SEND. The provision of some activities has been affected by Covid-19. However, it is important that social opportunities for children and young people with SEND are monitored by leaders in North Tyneside so that any gaps in provision are identified and addressed promptly.

- There is a need to improve reading outcomes for children and young people with EHC plans. Leaders in North Tyneside are working with schools on this issue, but it is too early to see evidence of impact.

4.5 Next Steps

The partnership SEND delivery board is driven by their ambition to “get it right” for every young person and their families and this continues to drive our partnership improvement journey. Inspection findings are helping to shape our improvement plan for 2022/23, which will focus on:

- Relaunch and embedding the graduated approach
- Improving the quality and regularity of communication with children, young people, and families
- Develop and implement SEND hubs
- Workforce development
- Practice Improvements

5. Decision options:

N/A

6. Reasons for recommended option:

N/A

7. Appendices:

[Full local area SEND inspection report](#)

8. Contact officers:

Kevin Burns, Assistant Director, SEND, North Tyneside Council, (0191) 643 1599

9. Background information:

The following background documents have been used in the compilation of this report and are available from the author: -

[Full local area SEND inspection report](#)

COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

10 Finance and other resources

N/A

11 Legal

The Board has a duty under Section 195 of the Health & Social Care Act 2012 to encourage partners to work closely together and in an integrated manner for the purpose of advancing the health and wellbeing of the people in the area.

12 Consultation/community engagement

N/A

13 Human rights

There are no human rights implications directly arising from this report.

14 Equalities and diversity

There are no equalities and diversity implications directly arising from this report.

15 Risk management

N/A

16 Crime and disorder

There are no crime and disorder implications directly arising from this report.

SIGN OFF

Chair/Deputy Chair of the Board

Director of Public Health

Director of Children's and Adult Services

Director of Healthwatch North Tyneside

CCG Chief Officer

Director of Resources

Law & Governance

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