

Director of Public Health Annual Report: 2020-2022

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



Director of Public Health Annual Report 2020-2022



North Tyneside

Background

The Director of Public Health (DPH) has a statutory duty to produce an independent annual report that looks at the health and wellbeing of the local population. This year's report will capture almost two years of the COVID-19 pandemic.

A number of the Director of Public Health's specific responsibilities and duties arise directly from Acts of Parliament, mainly the NHS Act 2006 and the Health and Social Care Act 2012.

In general, the statutory responsibilities of the DPH are designed to match exactly the corporate public health duties of their local authority. The exception is the annual report on the health of the local population: the DPH has a duty to write a report, whereas the authority's duty is to publish it (under section 73B(5) & (6) of the 2006 Act, inserted by section 31 of the 2012 Act). The content and structure of the report may be decided locally.

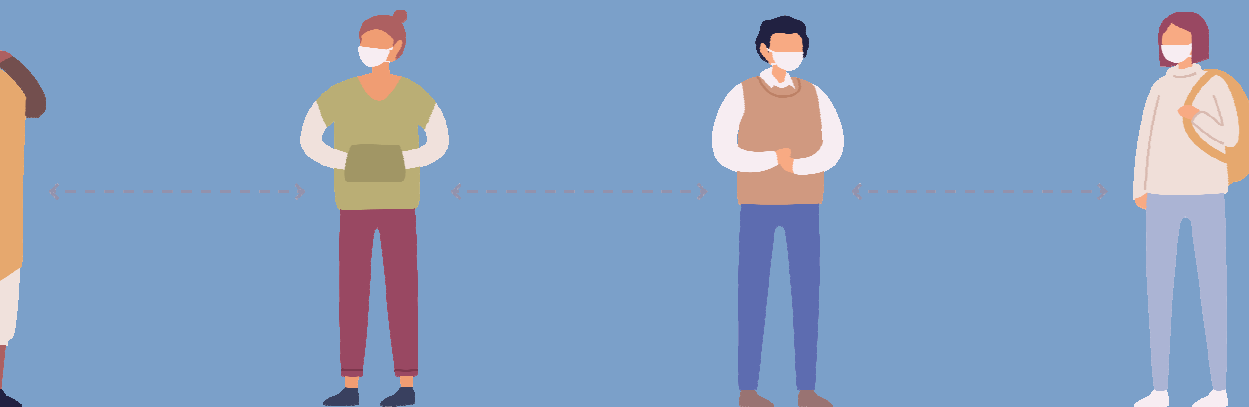


Two years of the COVID-19 pandemic in North Tyneside

This year's annual report will cover the time from the start of the pandemic up until the end of January 2022.

The report covers the national and local responses and how the pandemic evolved over time. It provides a brief month by month account of the development and the role of the local authority and its partners in helping to protect our community.

Importantly, this report will be supplemented by the COVID-19 inequalities review. This report contains a wealth of data on the outcomes and inequalities caused by COVID-19. It covers many of the quantitative outcomes of COVID-19.



Foreword – Director of Public Health

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.

Rates of infection, subsequent illness and death, and the impact of the mitigation measures and national restrictions have disproportionately affected our more disadvantaged communities.

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.

The pandemic is not over, the challenge is how we learn to live safely with the virus, and focus on our response to the impact of the last two years.

Our challenge now is how we take what we know and have learned and move forward together.



Key facts and figures

9 cases

(as of 2 February 2022, John Hopkins University)

Cases: 406,419,929
Deaths: 5,792,240

(as of 11 February 2022)

Cases: 18,162,199
Deaths: 159,158

(as of 11 February 2022)

Cases: 812,403
Deaths: 7,777

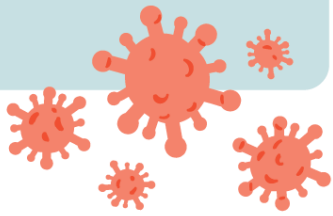


Figure 1: Key statistics from the beginning of the COVID-19 pandemic to 31 January 2022

| 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 | Boosters Vaccinated |
|-----------------------|--------------------------|----------------|--------------------------------|--------------------------------|--------------|---------------------------|---------------------------|---------------------|
| 1,562,774 | 563 | 63,746 | 66,503 | 4,248 | 592 | 167,955 | 158,284 | 125,400 |
| | | | | | | 90.5% of population | 85.2% of population | 67.6% of population |

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

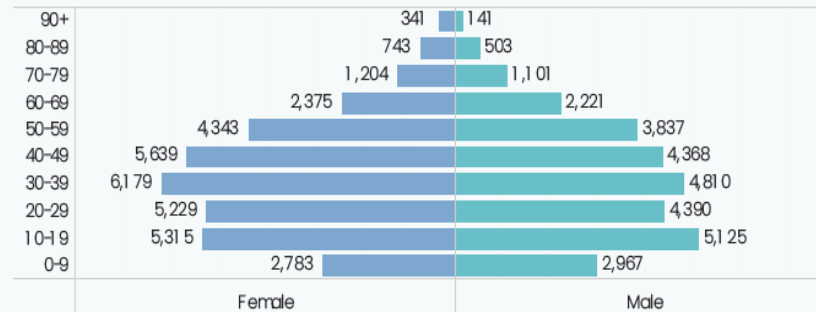
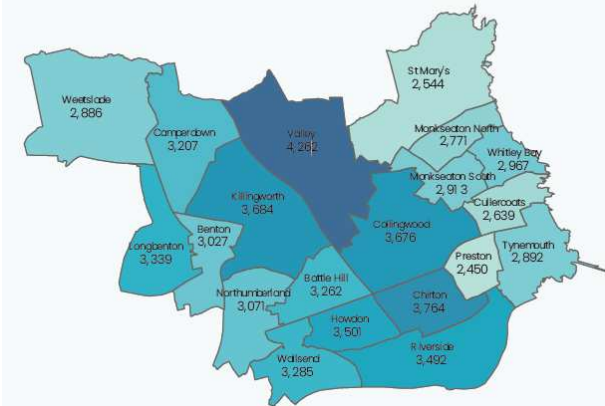


Figure 4: Total cases of COVID-19 by ward to 31 January 2022



predictions that the UK could deal with weeks, on 16 April the national lockdown at least 10 further three weeks. The Prime Minister announced on 23 April that the UK would be returning to hospital with COVID-19 on 6 April and 12 April.

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 33 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.

Automatic care residents and staff were notified on 28 April testing began for all those

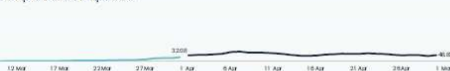
concern grew about NHS capacity and seven clinics were established across the country on 3 April in London, in the North East, a clinic was established in Sunderland, which was used to treat patients and later in the month it was used as a mass vaccination centre.



April 2020



1000 up to the end of April 2020



Month by month account

- Different rates
- Different policies
- Different journeys

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 1823 people registered as clinically 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 1400 food parcels were delivered and nearly 800 prescriptions were collected for our most vulnerable.

VODA scouted 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 printed pictures to be included in the deliveries. The Business Forum and many local businesses also offered support.



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 contacted 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



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



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 of the 'at risk' groups are less likely to

The Director of Public Health led a multi-agency effort to tackle many of these inequalities by improving vaccine access with pop-up clinics and working in partnership with community sector organisations to ensure a trusted voice.

Local Support System for shielding:

In February 2021, following successful COVID-19 vaccination programmes, the most vulnerable initially, 2,341 people identified as clinically vulnerable by the council were contacted. Most clinically extremely vulnerable people were deemed to be at no greater risk.

Of the 2,341 identified, 8% did not need shielding as they were already receiving support from other services. Letters were sent to registered addresses of anyone who was not contacted over the phone.

Enforcement Officers

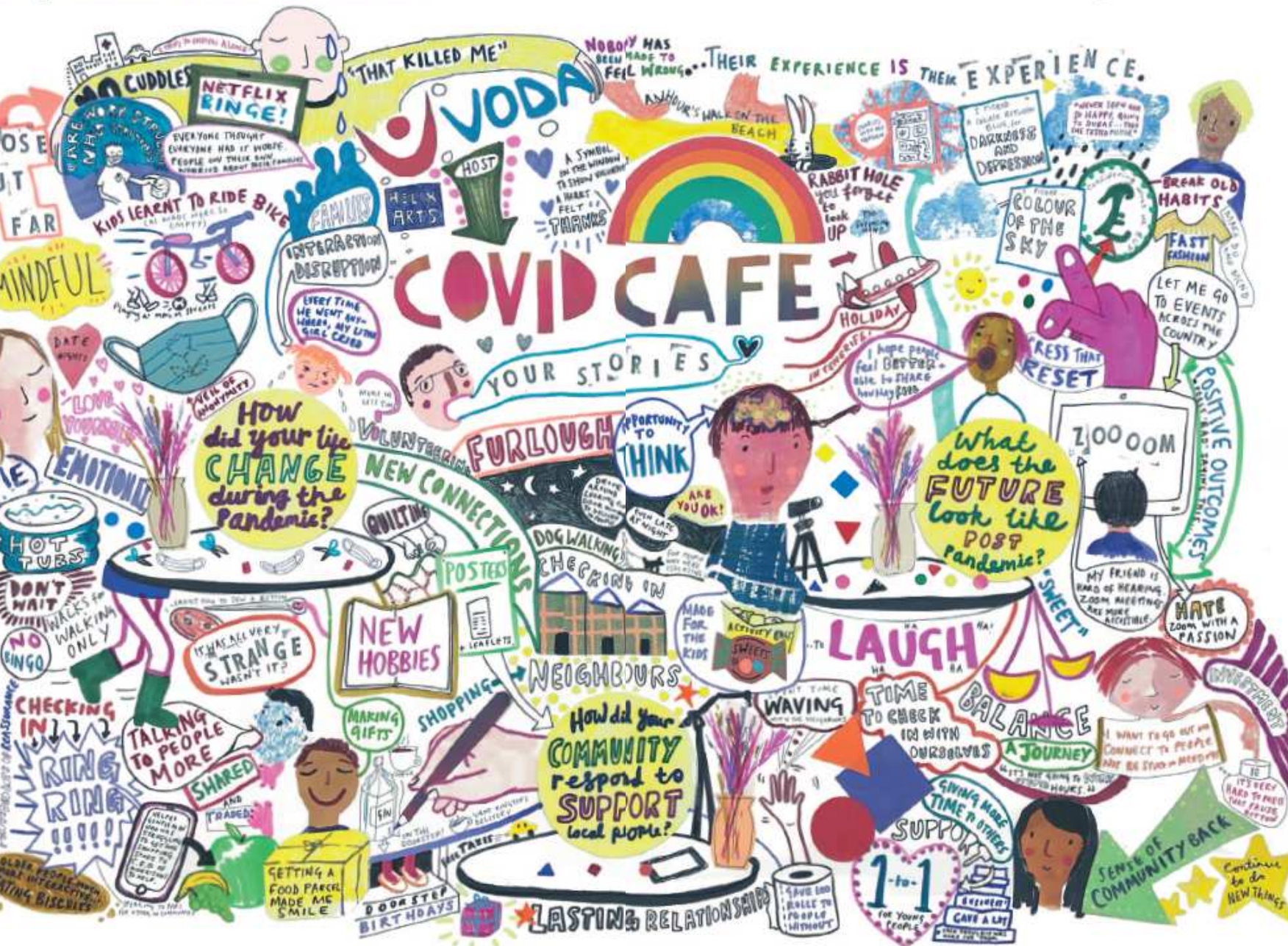
Due to the success of the COVID-19 Enforcement Officers across the borough, a further 10 Officers were employed to ensure accurate messaging and behaviours were directed with residents.

Uptake of Dose 1 Vaccination in North Tyneside - by MSOA



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.



With a special thank you to Josie Brooke and Helix Arts for the fantastic artwork



What does the future hold?

- Enormous successful rollout of one of the biggest vaccination programmes in history
- Uncertainty about the path the pandemic will take in the future
- All remaining restrictions ceased
- Enable the country to manage COVID-19 like other respiratory illnesses
- Ability to respond if a new variant emerges

Our goal moving forward is to ensure residents can live with COVID-19 and to focus on tackling the inequalities that have been exposed and amplified by the pandemic to ensure a healthier and fairer future for North Tyneside.

