

Annual Report of the Director of Public Health for South Tyneside 2021/22

COVID-19: How it happened, what we did and what next





Councillor Tracey Dixon,
Leader of South Tyneside
Council supporting our
vaccination programme



Under the Health and Social Care Act (2012) the Director of Public Health has a duty to write an independent report on the health of the local population.

Under the same Act the Local Authority has a duty to publish the report.

I would like to offer thanks to South Tyneside Council for Publishing this report

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Introduction

We are living in a time like no other. We all rapidly changed the way we lived our lives and performed our roles and duties, with some important lessons learned, especially on how we think about inequalities in wealth and health moving forward. I have used this year's report to highlight some reflections from people living and working in South Tyneside during this unprecedented period.

This report highlights how we delivered and adapted services and support during this pandemic; illustrated through the first-person experiences of the staff and volunteers involved as well as voices of some of the people we managed to help.

South Tyneside is home to about 150,000 people, with the borough characterised by pockets of affluence co-located with widespread deprivation and child poverty. In my 2018 report¹, I described the hypothetical lives of Jack and Emily. Jack is born in Simonside and Rekendyke (the most deprived ward in the borough) and Emily is born in Cleadon and East Boldon (the most affluent ward). There is around a 12-year life expectancy gap and an 18-year healthy life expectancy gap, and this unwarranted gap continues to grow².

I tell you this because as soon as COVID-19 entered the UK and we, the Public Health Team and other council teams, our NHS, VCSE (voluntary, community and social enterprise sector) and business partners, began discussing the challenges that the pandemic would bring. We knew this impact would not be felt equally. We wanted to ensure we delivered support to reach those with the greatest needs first.

Table 1 COVID-19 related indicators comparing the most deprived 20% of the population to 20% least deprived.

		20% most deprived	20% least deprived
South Tyneside residents	Total number of tests per 100,000 (2021)	544,470	607,061
	Total number of confirmed cases per 100,000 (2021)	17,737	15,732
	Percentage of the population who has received two vaccination doses (1st February 2022)	72.4%	88.9%
North East patients	Total number of hospitalisations with COVID-19 per 100,000 (North East, March 2020-July 2021)	938.9	308.6
England population	COVID-19 related mortality per 100,000 (March 2020 to April 2021)	264.6	140.4
	All-cause mortality per 100,000 (March 2020 to April 2021)	1505.8	927.2

¹ <https://www.southtyneside.gov.uk/article/58749/Director-of-Public-Health-Reports>

² <https://fingertips.phe.org.uk/profile/local-health>



I'm sorry if this is depressing – I don't mean it to be – but it has really hit home that despite our "new" response to COVID-19 and deliberately targeted towards those who needed the most help inequalities persisted. Table 1 shows that people from more deprived communities experienced poorer uptake of COVID-19 related interventions and outcomes. I feel like it reinforces that "service responses" won't fix inequalities on their own. Would these differences have been starker if we hadn't taken this approach? I guess it's hard to know. But ultimately, we still have unfair outcomes because of the pandemic.

Even more sadly, we're only talking about the short term COVID-19 impact. We haven't even got onto the longer-term employment, economic, education, health, and social outcomes.

We are starting to see this through domestic abuse, mental health, childhood weight, children's social care referrals, but it's early days.

So, I believe, our local experience reinforces that if we don't do more at the systemic, regional, and national level to address social, economic and health inequalities, we are always going to be on the back foot when it comes to existing and emergent challenges.

Many of our communities, particularly in the North, do not have the safety nets in place and they continue to fall – the resilience simply isn't there to deal with shocks and challenges. Many people, with those safety nets beneath them don't always stop and reflect on the role those safety nets – good jobs (where you can work from home and get sick pay), good house, savings (or families who can help), a garden, a car (or four), childcare or someone to "help" on tap – play.

30% of the £4 per person per hour in productivity (or £1.20 per hour) between the Northern Powerhouse and the rest of England is due to ill health. Reducing this health gap would generate an additional in UK GVA

£13.2bn

I spent much of the pandemic reflecting on how challenging it was for me and my family personally (I'm sure we all felt challenged by it in many ways), but then I thought about how my challenges paled in to insignificance if I thought about Jack from Simonside. He would be more likely to be living in a poorer quality home with no garden, computer, or Wi-Fi and with a parent in an insecure job with no access to child care or car for shopping or getting to work.

At the local level, my challenge to the system (and myself!) is how do we embed tackling inequality in everything we do at the local level. I, and the Director of Regeneration and Environment began to consider this in my 2019 report³ as our housing, transport, environment, employment, and welfare all have an important influence on our health and well-being. It only through how we shape the places where we live, learn and work that we can begin to address inequalities across the life course.

We cannot tackle these entrenched, unfair differences through service responses alone – the pandemic has reinforced that – we must think differently.



Tom Hall, Director of Public Health
South Tyneside Council

I try and bring Jack to every conversation we have at the local level. How can we draw attention to the systemic inequality Jack represents at the whole-region level? A good place to start would be using opportunities like collective work between local authorities, the development of Integrated Care Systems, work with regional business and economic development structures.

Also reports like Northern Health Science Alliance's "A Year of COVID-19 in the North"⁴ and their other reports give us the evidence and the policy recommendations – but how do we now make inequalities the priority challenge as we move into COVID-19 recovery?

It's difficult to understand why we accept the status quo with inequalities and deprivation – it has been evidenced over and over that everyone benefits if inequalities are addressed – everyone is better off as a result⁵.

We all need to be the ambassadors of change and stop to think how something we're doing would affect the "Jacks" of the world and how we could make things better for him and therefore better for all of us.

Tom Hall
Director of Public Health
South Tyneside Council

³ https://www.southtyneside.gov.uk/media/43812/Director-of-Public-Health-Annual-report-2019/pdf/DPH_report_2019.pdf?m=637286810223930000

⁴ Munford, L, Khavandi, S, Bamba, C et al. (9 more authors) (2021) A year of COVID-19 in the North: Regional inequalities in health and economic outcomes. Report. Northern Health Science Alliance, Newcastle.

⁵ Bamba, Munford, Brown et al (2018) Health for Wealth: Building a Healthier Northern Powerhouse for UK Productivity, Northern Health Sciences Alliance, Newcastle. <https://www.thenhsa.co.uk/app/uploads/2018/11/NHSA-REPORT-FINAL.pdf>

Recommendations

This report highlights some important learning for South Tyneside that we need to carry forward into the future. The recommendations below build on, but do not replace, recommendations I have made in previous Annual Reports.

Policy

- **Support the development of a Lobbying Plan** to influence decision-makers on the need for fair funding to tackle entrenched inequalities

Health protection specific

- **Whilst scaling back our pandemic response, develop a “stand up plan” for COVID** and other potential pandemic respiratory illnesses
- **Continue to monitor the long-term and indirect impact of COVID-19** to inform recovery plans and long-term objectives of the Health and Wellbeing Strategy

Staff

- **Continue maintain the high-level of resilience across our workforce** by offering a range of interventions to support employees' health and wellbeing on an ongoing basis
- **Ensure a range of support services are available to staff and volunteers** we work with to maintain their own health and wellbeing including having access to appropriate training and development opportunities as well mental health support.



Service development

- **Invest in the skills and resources required to produce robust**, timely analysis, evidence, and research for staff across the council and to our partners to be able to make informed decisions and assess the impact of our activities. This includes routinely monitor the access to, uptake or and outcome of our service delivery and policy decisions to ensure we do not create or exacerbate existing inequalities.
- **Continued public involvement and community engagement** to maintain valuable local insights and to ensure services reflect the wants and needs of our communities and different population groups
- **Continue to develop multi-disciplinary and multi-agency arrangements** which give staff the confidence and freedom to try and share learning from implementing new and innovative approaches
- **Explicitly reference, and demonstrate how we will target and address, inequalities** in our economic, regeneration and service recovery plans
- **Develop pathways from frontline contact points** (such as GP consultations, customer service) to welfare support, such as financial support on referral.
- **Continue the development of new delivery approaches** including virtual, online services to meet the different access requirements whilst making sure no one is adversely disadvantaged or excluded.
- **Embed pragmatic research and evaluation mechanisms** to understand what works, when and how and to share learning across system and to regional and national partners.

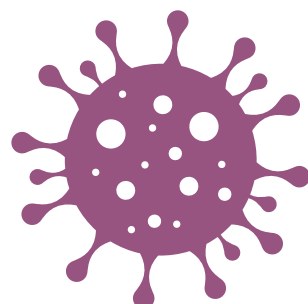
Monitoring the pandemic and measuring the impact

We have monitored COVID-19 related data on our local population throughout the pandemic.

This to help us understand the impact of the pandemic and informed our response.

As of 31st December 2021:

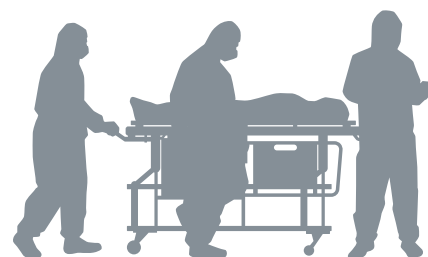
872,413
test results reported



34,411 confirmed cases of COVID-19 in South Tyneside residents

516

South Tyneside residents have died within 28 days of the first positive test



113,290

South Tyneside residents aged 12 years old and over have received one dose of a COVID-19 vaccination

5,219

of COVID-19 patients admitted to South Tyneside and Sunderland NHS Foundation Trust



315

estimated excess deaths registered for South Tyneside residents between 20th March 2020-1st January 2020

61

between 2nd January 2021 to 31st December 2021

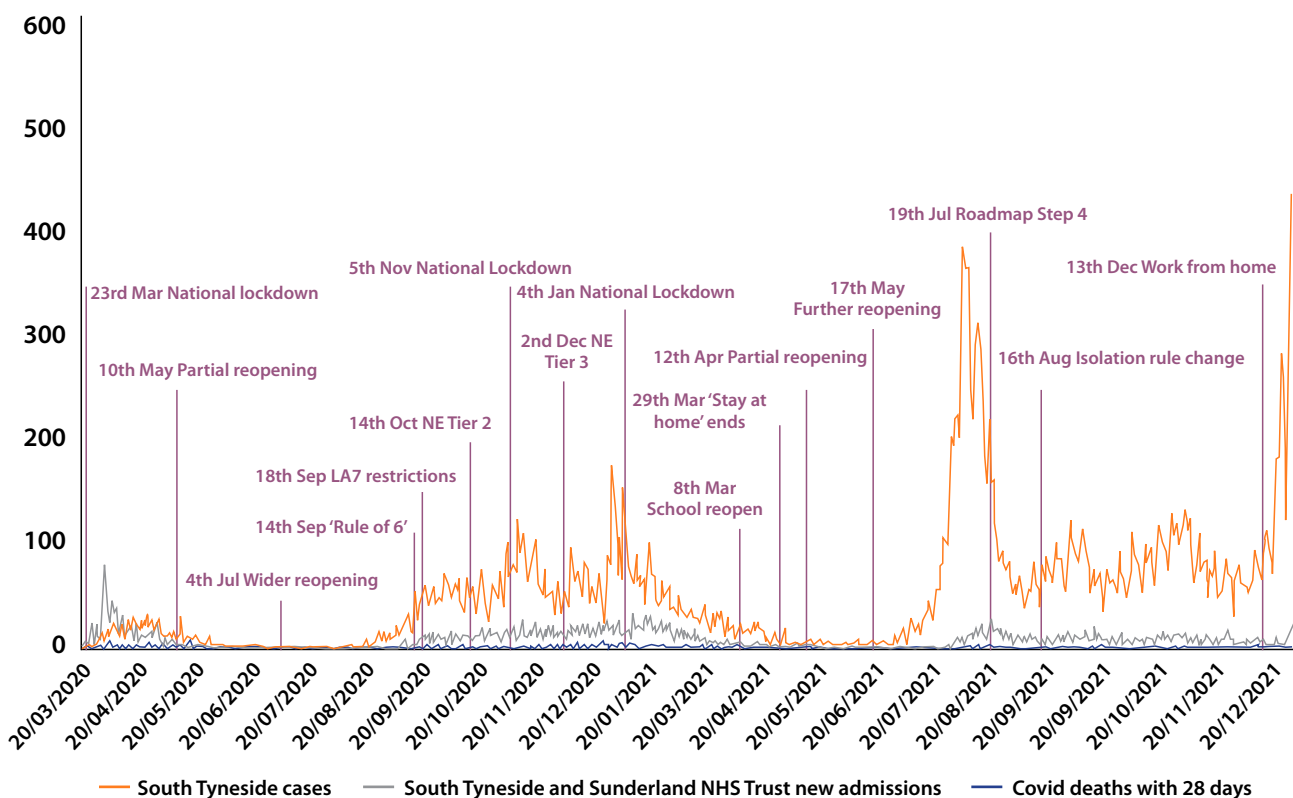


Figure 1 The daily count of confirmed cases of COVID-19 in South Tyneside residents, new admissions to South Tyneside and Sunderland NHS Trust and deaths of South Tyneside residents within 28 days of a positive COVID-19 test, 20th March 2020 to 5th September 2021

During the first wave (March to May 2020) of the pandemic testing was limited to those hospitalised working in health and care settings were routinely tested. This is likely to have resulted in an underestimation of COVID-19 prevalence, as many people will have contracted the virus but lacked access to a confirmatory test.

As the pandemic progressed, testing became more widely available. This means that we cannot directly compare case rates between the first wave and latter waves. In addition, the flow of timely data and intelligence to local public health teams was also limited during this wave. This restricted our understanding of the pandemic at a local level.

The availability of data and reports improved considerably by the time the second wave began in early September 2020. This was made available from national organisations such as Public Health England (now called the UK Health Security Agency (UKHSA)), NHS England, North of England Commissioning Support (NECS) and South Tyneside and Sunderland NHS Foundation Trust.

In addition to the direct impact on people's physical health, COVID-19 has also had affected on people's mental health, well-being, and socio-economic circumstances in the short-term.

For example, isolation and physical distancing requirements meant some people could not work, and thereby lost income and social connections.

These mitigation strategies had a significant impact on the availability essential healthcare and preventative services. For example, vital care for non-COVID-19 related conditions such as cancer screening. Many others chose not to contact services at this time, out of fear of contracting the virus while in a healthcare setting, or desire to not pose a burden to services.

In this time like no other, the pandemic has taught us some important lessons. It has changed our way of working and brought innovations in service delivery leading to improvements in access and uptake.



Excess deaths

In the United Kingdom, how to count deaths related to COVID-19 has changed since the start of the pandemic. At first all deaths where a diagnosis of COVID-19 was included on the death certificate were reported. In August 2020 this changed with two additional sets of statistics reported daily. These are 'Deaths within 28 days of positive test' and 'Deaths with COVID-19 on the death certificate'⁶. This was to distinguish between those who died due to complications related to COVID-19 and those who may have died from other causes but had tested positive prior to their death.

These statistics do not include those who had COVID-19 but did not have a test or those who died due to changes in healthcare availability and other restrictions. One way to measure all these consequences is to look at excess deaths. This involves comparing all the deaths registered during the pandemic to an average registered between 2015-2019.

Table 2 Total excess registered deaths and percentage change in South Tyneside, North East and England from week ending 27th March 2020 to week ending 31st December 2021 compared to average registered deaths during 2015-2019

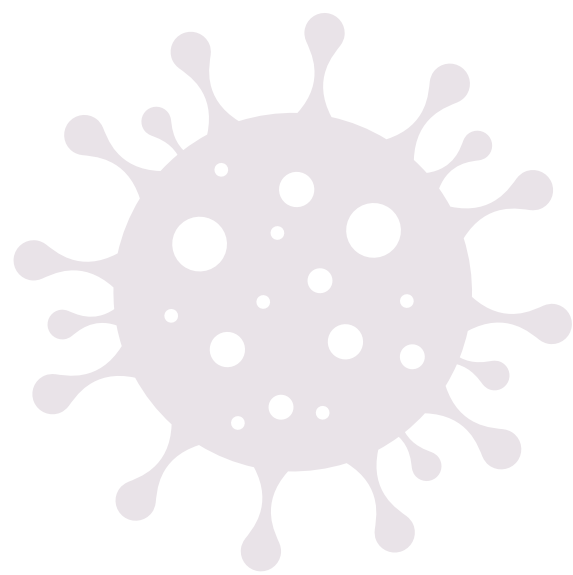
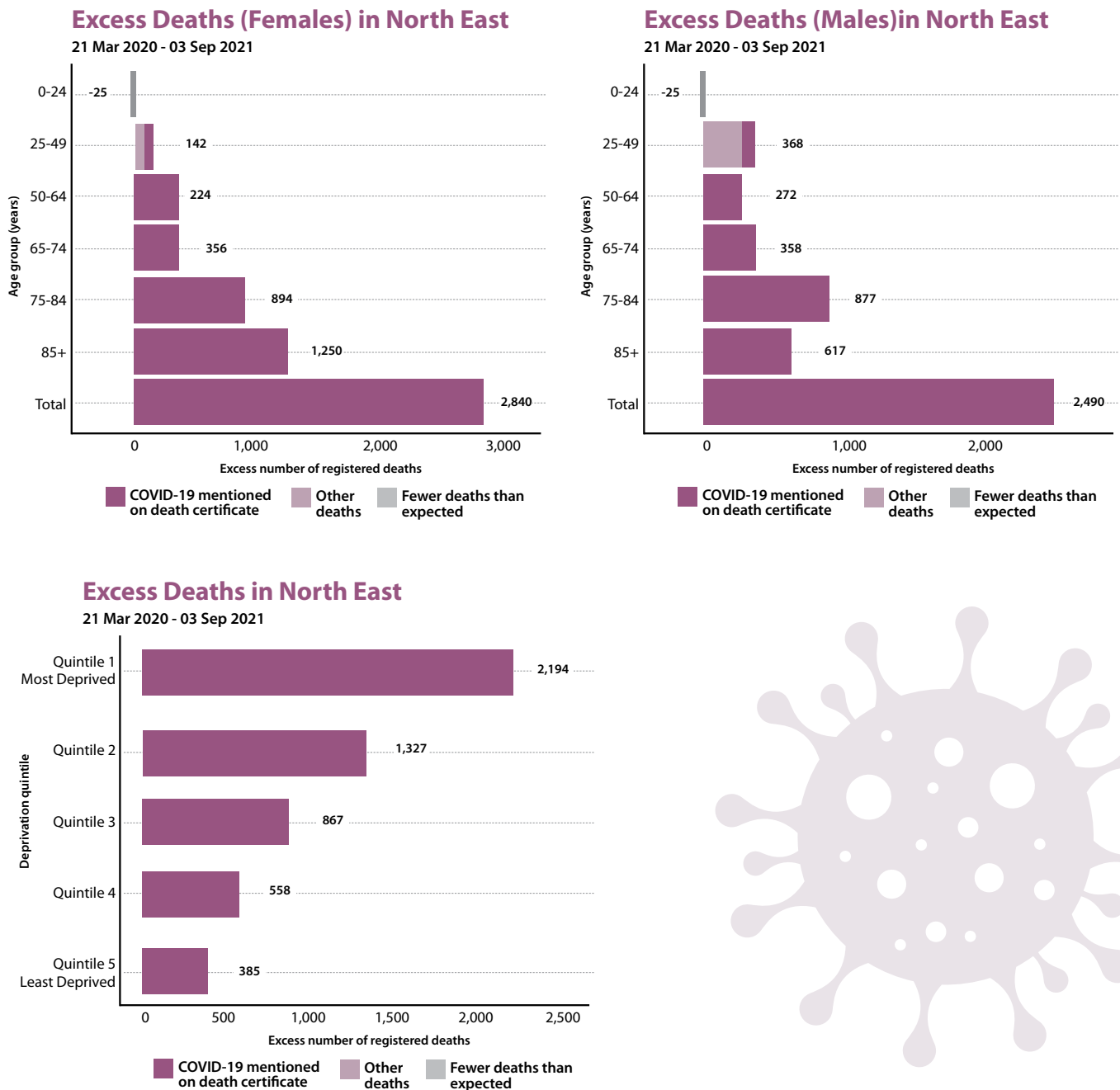
	South Tyneside	North East	England
20th Mar 20 – 1st Jan 21	315 (+25%)	4,511 (+22%)	72,265 (+19%)
2nd Jan 21 – 31st Dec 21	61 (+4%)	1,990 (+7%)	42,836 (+8%)
Total	376 (+13%)	6,501 (+13%)	115,101 (+13%)

Table 2 shows that excess deaths in 2020, as a proportion of those which were registered in 2015-2019, were higher in South Tyneside compared to the North East and England. However in 2021 this was lower in South Tyneside compared to the North East and England. From March 2020 to end of 2021, there has been 13% more deaths than were expected overall.

Analysis by the UKHSA shows that in the North East this burden is disproportionately felt by older age groups and the most deprived populations. Again, highlighting that the burden of the pandemic has mirrored inequalities in the social determinants of health.

⁶ <https://ukhsa.blog.gov.uk/2020/08/12/behind-the-headlines-counting-covid-19-deaths/>

Figure 2 Cumulative excess registered deaths by age group (Females left, males right) and deprivation quintiles ⁷



⁷ <https://fingertips.phe.org.uk/static-reports/mortality-surveillance/excess-mortality-in-North-East-latest.html>

Shielding Support Hub

The Shielding Support Hub was established through a collaborative effort between different service areas within the council and third sector partners and was set up in three days. Its aim was to help residents who were classed as either clinically extremely vulnerable (CEV) or were self-isolating with no means of support from family, friends, or neighbours.

The assistance the Support Hub offered:

- access to food and basic supplies either through local commercial routes (supermarkets), volunteers or third sector partners
- direct delivery of food and basic supply parcels,
- signposting to organisations who can support wellbeing or refer to appropriate agencies if there is safeguarding or care needs
- and during the first lockdown, medication was collected from local pharmacies and delivered to the resident

Re-deployed staff and volunteers contacted and received contact from residents who were CEV or self-isolating. The call handlers assessed the need of the individual and offered advice and signposting to the appropriate service where possible. South Tyneside Public Health Team delivered the medication arm of the Shielding Hub offering a six day a week rota of medication delivery. Staff were redeployed to the hub to train up and support call handlers, process medication requests, collect medication and deliver it to shielding residents.



This was a new way of working for us and highlighted some key lessons.

Firstly, that we need to be flexible as people do not fit neatly into discrete boxes. It was so important that staff and volunteers were empathetic and had high levels of emotional intelligence to effectively engage with the public and maintain individual's dignity.

The multi-agency approach strengthened our relationships with the wider council partners. Finally, strong, responsible leadership was critical as it gave staff and volunteers reassurance during difficult circumstances. This removed fear of the unknown risks of establishing something new, at speed during an emergency.



“

Case Study

My name is Victoria; I am a young woman with complex health needs. Prior to the pandemic I enjoyed a busy and successful career and was incredibly social and independent. When the country was locked down in March 2020, I was strongly advised to shield. I live alone and my parents were also advised to shield. My sister who could have supported me, was a nurse in the local hospital and was working incredibly hard and was also high risk of passing on the infection. I was incredibly anxious about the virus but also about how my basic needs would be met. I couldn't leave my home but knew that I was reliant on a number of medications and medical supplies from a variety of different services.

My details were registered with the COVID-19 Shielding Hub as someone who may need support. I was contacted by the contact centre team who assessed what my needs were. They asked if I needed any shopping, medication, or wellbeing support. I explained my situation and the call handler said they would need to check with the Medications Team. It was around 20 minutes before I could speak to her – in that time I was beside myself with worry. I got myself quite upset.

When she returned my call, she explained that what I needed was not within the remit of the team. Within a few moments of chatting, the team leader decided that although they weren't supposed to meet my request, this was not a normal situation and agreed to commit to support me. It was a big ask; I was asking for twice weekly collections and deliveries. Immediately I felt as if a weight had been lifted. I was embarrassed to be so emotional on the phone, but the team leader was very reassuring and understood where I was coming from.

For the next months, the team collected and dropped off my medical supplies. They respected my anxiety and sanitised the packaging before placing it in my porch. Most weeks they were the only person I had seen in person. They often stopped and chatted at the end of the driveway. After around six weeks they also dropped off hand drawn cards made by local school children. It absolutely made my day. I felt secure in the fact they were going to be there; without that delivery I would have been extremely uncomfortable and in a lot of pain.

For the duration of the pandemic, I was also contacted twice weekly to see if I was okay, asked about my day and to check if I needed any food or other supplies. The callers were warm and friendly. I truly felt as if I was supported to shield because without that support, I would have been unable to keep myself safe.”

”

The Hub operated from the end of March until the end of July 2020 and during that time:

21,400
received and supported
requests for assistance



5,000
delivered food parcels to
shielding residents



885
medication deliveries

300
referrals to the third
sector for additional
support needs

Enhanced support with care homes

A range of teams and organisations came together to establish a core working group to support our local care homes to prevent and manage outbreaks.

The work of the group included:

- surveillance of COVID-19 cases and outbreaks, bed capacity and staffing levels
- understanding and implementing Government guidance
- establishing local protocols and practices in relation to hospital discharges, testing, infection prevention and control, care planning, quality assurance and visiting
- establish and implement the vaccination programme
- ensuring the health and wellbeing of staff and residents, as well as giving them a voice

This multi-disciplinary approach created one place for operational and strategic staff to come together to understand the government guidance and asks of care homes. We could compare this to the reality of experience on the ground, escalate concerns and pressure to the other parts of the system, both locally and regionally.

For members of this group there were several benefits. Firstly, it provided a central point to generate a system response to relevant issues and challenges faced by care homes. It was also an opportunity to learn from previous waves of the pandemic and inform new policies and protocols. The core group, working with the health protection team where necessary, were able to ensure support for the home was responsive and timely to enable them to manage the outbreak and learn lessons.





A survey was carried out with our care homes asking them how they felt about the support they had received from the core group.

The results of the survey highlighted the following:

13%

of homes found the managers call's to be extremely valuable, with 63% finding them very valuable

Good and regular communication

Needs were identified quickly and acted upon

Up to date information

Support offered, visits, and help navigating systems such as online portal, capacity tracker etc

Light

Through half closed eyes I see light, soft, creeping into my room.
Is it day beginning or the gentle fade into night?
Sound from afar, muffled, unclear, nothing feels right.

I feel warm and sleepy, images flicker behind closed lids
Children calling, laughter, crying, calling a name
Playing in the street, some childhood game.

I wonder where I am, am I alone, lost, unloved?
Another image, a man with a case, coming or going?
A letter, tears, what is he doing.

The sound of a door, someone comes in.
Fear strikes me now, heart beats fast
A figure over me, a shadow is cast.

They move away and light returns.
I see a face in a mask, she moves away.
A mask, dread, what does she say?

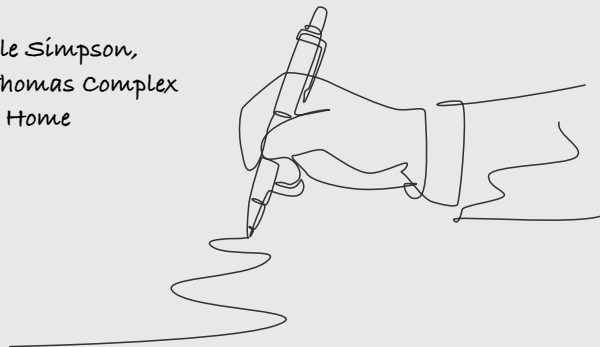
Don't worry, its only me, here to help.
Now I see! The mask is nothing, I see a smile
Eyes crinkled at corners, a soft touch for a while.

My world has shrunk, memories few.
You tell me about change, the whole world standing still.
A virus, that's odd, I don't feel ill.

Light floods the room, you come back to me.
The smile still there, across your face,
Light from your eyes brightens this place.

I don't know what any of it means, not sure I care
I feel safe, warm, and loved, secure with you.
Light all around, safe again.

Carole Simpson,
St Thomas Complex
Care Home





COVID-19 has had a significant impact on care homes, and those involved with supporting the staff and residents. Care home staff had to manage extremely challenging situations, which they have not experienced to the levels seen in wave one before.

The sector has had to adapt and change very quickly, while maintaining safe environments for both residents and staff. As we move into a different phase of the pandemic where we are learning to live with the virus, care homes are still operating under several existing policies and remain a high-risk setting due to the age and general health of the residents as well as the design of the buildings. For example, the population density compared to the size of living and bedroom areas and indoor air quality.



So this is how it feels to be a hero

So this is how it feels to be a hero
Exhausted, drained and sad.
You work and you weep
You go home and you sleep
It's never been this bad.

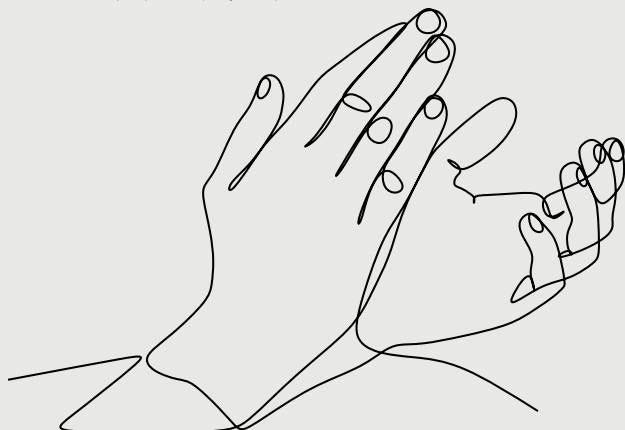
Look after the living
Remember the dead
Their families need support too
But through all the turmoil, the tears and the pain
Who is going to care for you?

A round of applause each Thursday night
To appreciate the care that you give
The public are aware
For the first time in years
Of how we help old folk to live

But what about when it's all over?
And we are all heroes no more
Just like heroes of old
Left out in the cold
When they returned from the war

When it's done we'll be back at the bottom
Working every hour of the year
For the minimum wage
In this day and age
No wonder it brings us to tears.

Michael Beaney, May 2020,
Willowdene Care Home



Adults Social Care

The Adult Social Care response through the pandemic included several elements for both in house and external providers.

The Adult Social Care response through the pandemic included several elements for both in house and external providers. Implementation of specific guidance across the settings determined several areas of key focus such as Infection Prevention Control (IPC) with the roll of training, expert advice, and support along with access to PPE. This involved a train the trainer model.

1,500+ care and support staff across sectors have been trained in Infection Prevention Control.

IPC champions are also embedded across domiciliary care to support awareness and improve practice.

A quality framework was also developed for COVID-19 to ensure providers were compliant with the national and local policies and procedures to prevent and respond to COVID-19 outbreaks. We offered support through our inhouse care and support staffing to the domiciliary care providers during the mid-2021 COVID-19 wave, which happened at the same time as the peak holiday pressures. By offering support to providers, we were able to maintain hospital discharge support people new to care who lived in their own homes

Testing was also a key offer across adult social care with several different staff testing regimes involving both asymptomatic and symptomatic testing, and where client testing advised.

During 2021, we also created a range of new services for people requiring support. This included developing 6 reablement flats in Blenkinsopp Court to support people to regain skills following stays in hospital as well as those COVID-19 positive to facilitate speedier hospital discharge. With some funding from the CCG and government grants, we set up a wellbeing and independence service which supports people in their own home through a mix of technology enabled care. For example, medication dispensers linked to our monitoring service, and traditional telephone and face to face contact to check on the person's wellbeing and reduce social isolation during COVID-19.

The wellbeing and independence service is ongoing and now supports more than 30 people

We have also used various one-off funding pots to support improved care home visiting and extended opening of day operations to reduce the risk of COVID-19 outbreaks while offering the maximum number of people to attend. This offers much needed carer breaks and improved mental wellbeing for both the people who attend and their carers.

During this time, provider engagement was crucial to ensure services were prepared and responsive to any situations, with a strong focus on business continuity and workforce, to keep access to social care operational across the system. This was also important in terms of system flow working with the hospital to ensure people discharged back into the community were supported with the right level of care based on their individual needs. Family support was also important in settings where visiting guidance was in place, sharing information with providers and the residents to understand how visiting could operate safely during the pandemic, supporting settings to establish a range of visiting options either using technology or physical spaces such as screened pods or rooms.



Schools

Since March 2020, schools and education leads have been working closely with the Public Health team, taking part in regular meetings with headteachers, governors and union representatives.

During the national lockdowns, schools remained open to vulnerable children and to enable key workers such as those working in the emergency services and the NHS and care sector to carry on with their work.

The pandemic has generated a lot of additional work for school staff. This included having to juggle remote learning and to be quick to respond to make sure all children had access to an electronic device so that they could take part in lessons. They have also had to spend part of their own time doing contact tracing, especially if a child or member of staff tested positive on a weekend. This has been a huge commitment for schools and up until July 2021 they were asked to carry out this role during the school holidays alongside the local Public Health team. This was subsequently taken over by NHS Test and Trace.

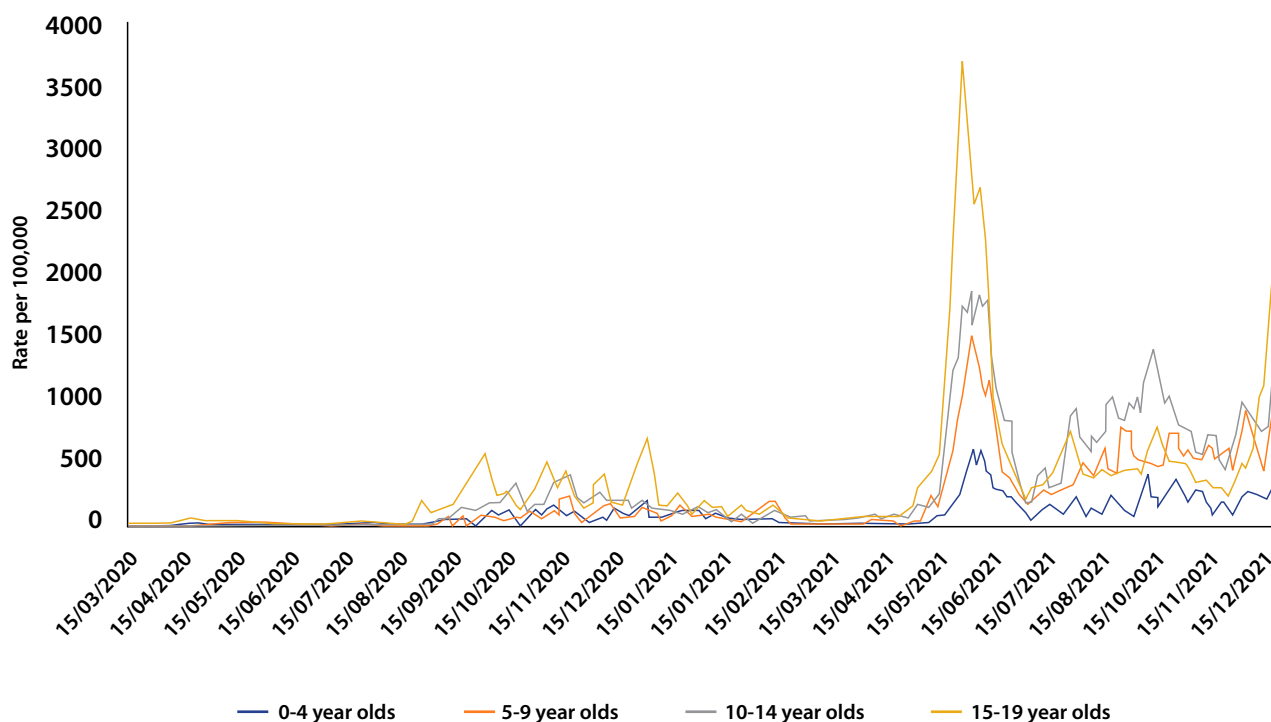


Mask wearing, twice weekly testing, staying in bubbles and not mixing with friends and colleagues has been a common experience for secondary school pupils and staff throughout the pandemic.

Primary schools have also faced significant challenges with disruption to the start and finish of their days to try to avoid any queues and parents being asked to wear face coverings when in the schoolyard.



Figure 3 The rolling 7-day confirmed cases of COVID-19 in South Tyneside residents per 100,000 population by age groups under 20 years old, 15th March 2020 to 31st December 2021



The impact has also been felt by those children who were starting secondary school for the first time in September 2020. Many of those pupils still not fully knowing their way around their school environment nearly a year later due to tight control measures to try to stop the spread of Covid-19.

As such, schools were keen that those children who were moving up to Year 8 and the new cohort of pupils starting Year 7 September 2021 were given a chance to familiarise themselves with the school and all the after-school clubs in place that they were not able to access over the last year.

Outbreaks are still taking place in school but with changes to those who now need to isolate, the vaccination programme, regular testing, and increased ventilation they are in a better place compared to the beginning of the pandemic.

It is clearer than ever that the role of schools goes well beyond education, and they are vital to supporting the wellbeing of children and their families.

Welfare Support

In March 2020, the South Tyneside Homes Welfare Support Team was asked to deliver the COVID-19 Hardship Fund on behalf of South Tyneside Council.

The allocation of central government funding received was predominantly to be used for Council Tax Support assistance, with the remainder allocated to the COVID-19 Hardship Fund. The South Tyneside Council Hardship Fund focused on financial assistance for customers to meet essential expenditure and who found themselves in hardship because of the pandemic.

5,000+
applications were
made to the COVID-19
Hardship fund



400
payments made


2,700
households received
awards

2,500+
applications for
NHS Test and Trace
Support Payment
scheme in 2020/21

These awards were made to households which were struggling as they faced reduced income from furlough, job losses, or because of increased energy expenditure due to being at home more than usual.

From October 2020, our team began to deliver the NHS Test and Trace Support Payment scheme on behalf of the Council. This fund was to help those financially affected because of having to isolate due to COVID-19. The scheme was in two parts. Firstly, the main fund for those on means tested benefits alongside their employment. Secondly, there was a discretionary element for those who were not on means tested benefits, but who could apply on the grounds of hardship due to being unable to meet their essential expenditure due to isolating.

The team worked hard to provide support to thousands of households during the pandemic. Despite the financial support we were able to provide, there were still a lot of people who could not get out to pick up vouchers or did not meet the scheme criteria and we struggled to help these people. We referred wherever possible into other organisations who could provide support.

Overall, the scale of the support given to residents in such a short period of time by joint working and various agencies was substantial.



All the additional support we provided to residents took place when the team had limited contact with each other due to having to work from home to maintain social distancing. As such, we had to develop and adopt new processes. This included changes to ICT, telephony, and payments.

However, these have worked well and are now routine practice.

The team overcame the challenges faced from the pandemic.

Initially with the COVID-19 fund delivery we faced resource challenges as we had no benchmark over how busy the funds were going to be. The demand that had been indicated by central government had been exceeded by some way. If we had more time or hindsight, the criteria we imposed on the fund could have been considered in more detail.

We also found that communication needs to be right and in a variety of forms, especially to tackle a lot of misinformation on social media which is frustrating for both staff and customers.

We also had to consider the challenges faced by staff dealing with vulnerable clients in desperate situations for extended periods. Going forward this could be explored to see whether this has a detrimental impact on the health and wellbeing of the workforce.



Environmental Health

The Environmental Health team was responsible for the Council's COVID-19 enforcement response. Putting personal safety concerns aside, the team adapted their skills to ensure the health and safety of those who live and work in South Tyneside.

Officers worked additional hours every weekend between March and October 2020, and subsequently on an ad hoc basis. The team ensured that local businesses were aware of the new COVID-19 legislation and guidance to help them introduce and maintain secure environments for their staff and customers. We worked closely with Northumbria Police to conduct joint visits to businesses following intelligence received. We also visited hospitality venues during peak-periods to assess of COVID-19 risk management at times of greatest transmission risk.

We took appropriate action where non-compliance was found. Whilst enforcement is the norm for the team, officers adapted to the additional challenges of enforcement against the backdrop of increased tension with livelihoods at risk. Enforcement officers were not always a welcome presence and were regularly subjected to verbal abuse and intimidation whilst carrying out their roles. Yet, our relatively low-level of legal enforcement action taken overall reflects how businesses were receptive to our advice and actively sought our support and guidance when they needed further clarity.

As rates of infection escalated in September 2020, South Tyneside was the first local authority in the region to issue a Direction under 'The Health Protection (Coronavirus, Restrictions) (England) (No.3) Regulations 2020'. This enabled the implementation of further measures to secure a safer environment for employees and visitors to the premises. Use of these powers across the region quickly followed, with others able to learn from our experience.

We also collaborated and shared learning with regional colleagues. This included developing a 'Business pack' for the hospitality sector and YouTube videos offering sector-specific COVID-19 secure 'top-tips' for businesses planning their re-opening as restrictions started to ease. We were instrumental in establishing a regional COVID-19 Enforcement Group as a forum for discussion and agreement on particularly challenging aspects of the legislation and guidance. We also led on the development of a Regional COVID-19 Enforcement Framework to help ensure consistency of enforcement approach.



We continue to work closely with the Public Health Team. We attend the COVID-19 Health Protection Board, assist contact tracing work, support outbreak management, investigation of complex cases and agree business communications. We worked with the Business Investment team to ensure that services, support, and communications to South Tyneside's business community were delivered as seamlessly as possible. We also worked with Health and Safety Executive (HSE) to facilitate a programme of COVID-secure spot checks.

Overall, it has been a very challenging time for the Environmental Health Team. We were required to provide interpretation and guidance on practical implementation as soon as new regulations and guidance were issued. As a key frontline service, demand either remained at pre-pandemic levels or increased significantly in some areas.

6,661
complaints & service
requests in 2020

50%
increase from the
year before

**This meant resources
have been stretched
considerably impacting
our ability to deliver
core functions**

6 Directions were issued to premises:

Four unfortunately required the closure due serious and imminent risk to public health in the local authority's area.

2 were issued to restrict the location of persons in the premises (prior to the North East regulations which introduced the table service requirement).

4,000+ contacts have been made by EH officers to support and advise businesses

3,000+ local businesses have received regular e-newsletters or regular updates via the Council's website

We visited:

530 licensed premises

931 retailers

199 close contact services

7 Residential care homes

115 'other' premises, plus

814 business monitoring Visits

We issued or served:

2,270 warning or advice letters

22 Legal Notices

7 Fixed Penalty Notices

This does not include the work of the Business and Community Support Officers since the start of their employment in March 2021.

On behalf of the Local Authority, the HSE carried out:

134 interventions with Close Contact businesses (e.g. hairdressers, barbers, beauty services, tattooists etc.)

21 site visits

5 businesses referred to the Local Authority for further follow-up action

0 premises required formal enforcement action

Communications

We always try to take a cross-discipline, collaborative approach to communications to ensure a multi-channel response. The need to ensure consistent communication across all channels became even more important during the COVID-19 pandemic.

From March 2020, we established regular meetings with council teams, Elected Members and external partner organisations as well as outreach work with local faith and community groups, businesses, schools and the health and care sector. This was to ensure relevant messages were shared quickly and efficiently through the right channels at the right time.

We quickly set up dedicated COVID-19 webpages, which acted as the central source of information for all COVID-19 topics and related changes to services. We maintained accessibility and usability standards on all the new pages.

We set up a dedicated communication email inbox with a triage and tracker system to allow us to receive and coordinate communication requests in a timely manner. This system gave teams across multiple organisations one central, single point of contact. In the early stages of the pandemic approximately 100 requests were being received each week via this inbox, often above and beyond 'business as usual' functions.

Our new work programme included supporting new services, changes to service delivery and working on regional communications campaigns in conjunction with the neighbouring local authorities of County Durham, Sunderland, Gateshead, Newcastle, North Tyneside, and Northumberland – known as LA7. We sent out letters and leaflets to all households and businesses, as well as more targeted direct communications. For example, we contacted people who were required to shield during the lockdown and businesses who had to close at short notice, so they knew what help and support was available.

Our internal communications increased to share essential information with Elected Members, staff, and partners, who in turn became key sources of information for the public. We also increased the frequency of our public e-newsletter from monthly to fortnightly to keep residents up to date with a rapidly changing landscape. We adapted our approach with the ever-changing situation to reflect the most current data and guidance we received.



Collaboration and flexibility have been integral to our ways of working. By working with regional colleagues, we were able to ensure consistent messaging across the region by collaborating on things like the BeatCOVIDNE ongoing campaign. This has led to further collaborations on other issues such as the EU settlement.

Our social media channels had never been busier with the numbers of posts increased by approximately 20%, with half a million views between March 2020 and May 2021. There were 2,000 more people began following our channels during March and June 2020. We have increased the use of video.





**“Thank you South Tyneside
for not making your
workmates a brew”**

Rachel Scott, Care Worker

Find out how to protect
you and your workmates
at [BeatCovidNE.co.uk](https://www.beatcovidne.co.uk)

Website statistics

The website has been a key source of info throughout, with very high amounts of views on key pages.

Since it was launched (in March 2020), the main COVID-19 page on the Council website has had over half a million views.

During first week of lockdown (23-29 March 2020):

47,886
website visits

39% higher than the
same week in 2019

47,000+
views main

Covid-19 page
(11% of all views on the site
for just one page)

During local restrictions:

28,000+ views on the
busiest day

17th September 2020 (when local restrictions were announced) on the COVID-19 restrictions page (over 25% of all views on the site for just one page)

In September 2020,
views were **45% higher than 2019**

During the last quarter or 2020,
views were **almost 30% higher than 2019**

Business Hub

We also set up a business hub to take COVID-19 related calls and e-mails from South Tyneside businesses.

In addition to information about grants, we signposted businesses to relevant public health information, or internal departments, for instance environmental health or licencing, where relevant.

Since the start of the pandemic, South Tyneside Council's business investment team have distributed more than £40 million in COVID-19 support grants to thousands of businesses in the Borough. In addition to communications about these various grant schemes, Invest South Tyneside supported the Public Health and Communication teams with COVID-19 specific communications to the business community. Since March 2020, twelve business newsletters have been circulated, with associated supporting social media. The Invest South Tyneside newsletters also contained relevant information about current guidance, opening safely, track and trace, testing and other key areas.

Contact Tracing

In the initial stage of the pandemic the NHS Test and Trace service was managed centrally with Public Health England conducting contact tracing in complex settings.

Subsequently, the national NHS test and trace programme was expanded, and work undertaken with local councils to develop of Local Tracing Partnerships (LTP) to prevent further outbreaks of the COVID-19.

We established an operational LTP on the 8th of February 2021. The South Tyneside LTP team is made up of Public Health and staff from other council service areas. We also receive additional support from a regional team at Integrated Covid Hub North East (ICHNE). The team receive details of cases for which the national team were unable to complete the full contact tracing processes 24 hours after they enter the system. This local team follow this up with 2 calls in 24 hours to try and complete this process. The role of the local team is to speak to the individual and gather information about the people they may have infected. The call will also provide information on available services and support, which was crucial in helping residents to self-isolate and prevent spread of the virus.

All South Tyneside residents who were either a confirmed case or identified as a contact of a confirmed case also received a text message and/or email which signposted them to resources which many have been of use whilst isolating.

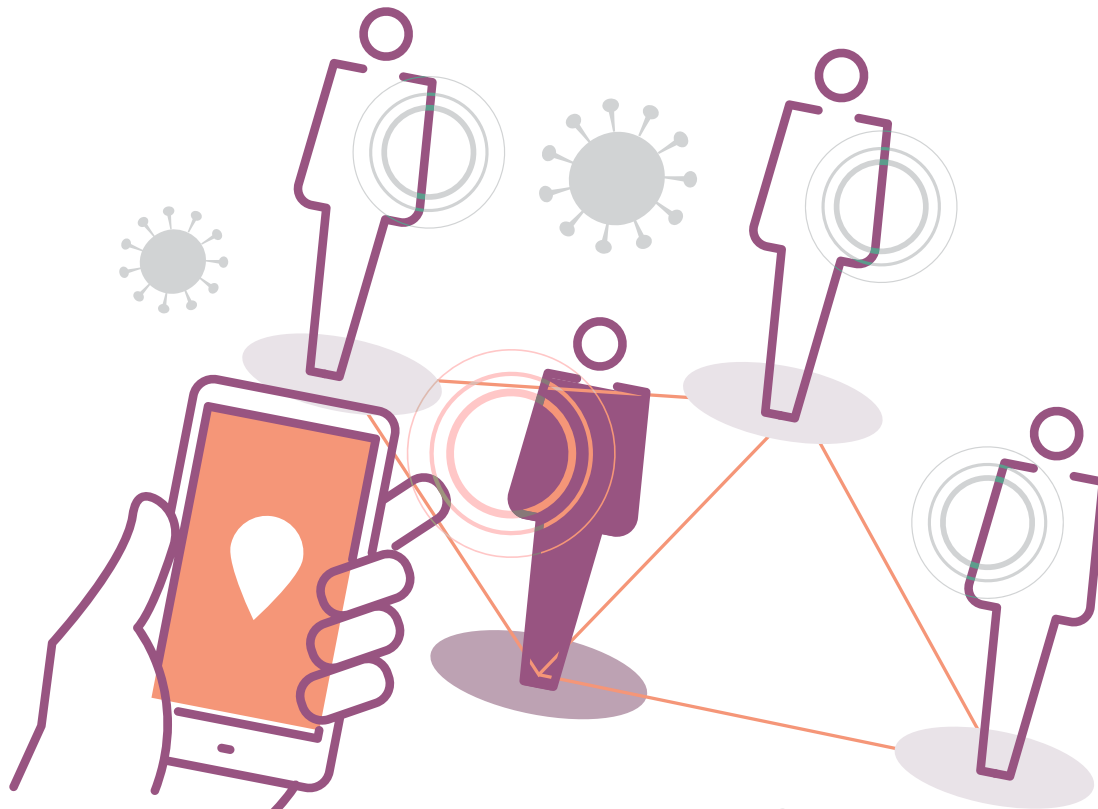
Since becoming an LTP we have been able to contact 'failed' cases, drawing on local knowledge of our residents, networks, and the area, for example workplaces, schools, and community centres, to manage outbreaks.

Since February to December 2021, South Tyneside Council staff:

600+
calls to confirmed cases, able to complete the contact tracing process with 35%

70,000+
texts and emails to confirmed cases and contacts signposting to support resources





"I was seconded from [the Finance team] October 2020 to the Public Health Department for two days a week to a newly formed team, Track and Trace, to offer advice and assistance to residents of South Tyneside who have tested positive for COVID 19.

Although I thoroughly enjoy making the calls and helping the residents complete their questionnaires relating to COVID and advising where to get help such as financial and food packages, it can be very upsetting and challenging at times. I've spoken to many people of all ages, some who feel well and just need someone to chat to as isolating can be very lonely, to some who are in hospital really very poorly and tearful. One call I made recently was to a case who had 3 children under 10.

She was poorly and was relying on her eldest child to help with the care of the youngest children. The case didn't really have anyone she could rely on for help and was struggling to get through to NHS 111 for help and was upset as she didn't have much food left. I arranged for a food parcel for herself and children and rang the case back to let her know that it had all been arranged and to expect a call with regards as to what she needed.

The case was so grateful for the help which we had provided and couldn't thank us enough, it is so humbling to speak to people who are genuinely struggling to feed their families in this day and age, and makes me realise just how lucky I am.

It gives me great satisfaction to think that I am making a difference and making bad situations just that little bit better for people."

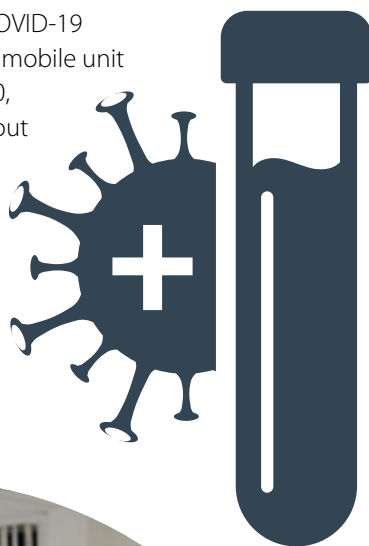
**Joanne Reed,
Income and Cash Officer**



Community Testing Arrangements

Initially, testing was in short supply with only certain groups having access to tests. However, as capacity increased so did the eligibility.

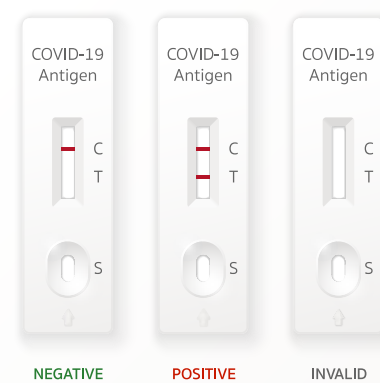
Universal testing facilities for those with COVID-19 symptoms, included two static sites and a mobile unit within South Tyneside. From mid-late 2020, asymptomatic testing, that is testing without COVID-19 related symptoms, using Lateral Flow Device (LFD) tests was piloted then more widely introduced. Initially, Adult social care, NHS and educational settings were provided with supplies of LFD kits and resources to establish on-site or home testing.



From January 2021 to March 2022:

22 staff trained to deliver the community testing offer

14 community testing sites



11,793 supervised LFT's delivered from community sites

11,999 kits distributed (89,290 tests)



South Tyneside childminders accessing our out-of-hours testing provision for high-risk roles and settings"

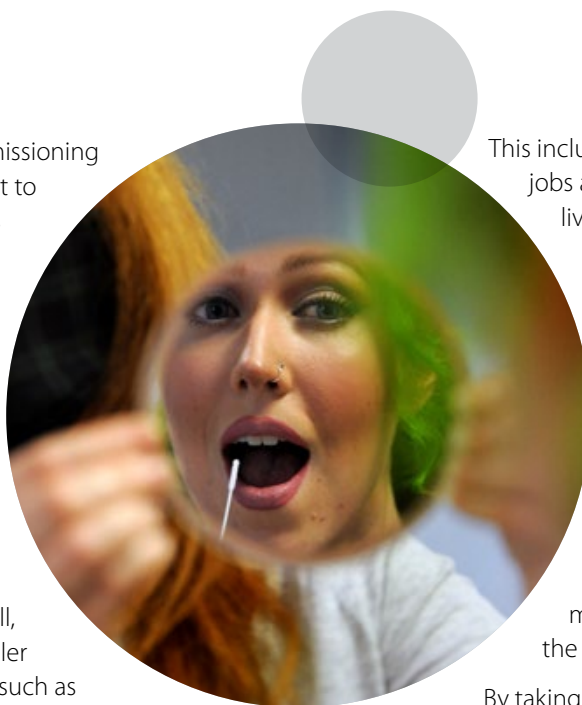
Locally, Public Health and Joint Commissioning Unit staff provided advice and support to establish these in South Tyneside. This helped protect staff and populations at greater risk of infection or who are clinically extremely vulnerable.

Following a series of pilots, local authorities were provided with access to supplies of LFD kits to support their own testing arrangements. We focused on staff and volunteers who were at greater risk of exposure. We established testing sites at South Shields Town Hall, Hawthorne House in Jarrow, and smaller pop-up sites within high-risk settings such as hospitality settings and workplaces.

We also gave home kits to staff and service users to test prior to attending high-risk settings or events. Our support included the provision of testing kits, equipment, resources, and training as well as weekly pop-up testing events.

A big challenge was establishing a workforce to deliver the community testing offer. Initially, invaluable support was provided by internal council staff teams from Public Health, Community Protection, Joint Commissioning and Events. Additional staff were recruited to increase times and places available. A "train the trainer" approach was also taken within workplaces and other settings to increase capacity even further.

From June 2021, the government approach changed from a universal to a more targeted approach. We took a flexible and pragmatic approach to support a range of at-risk groups working alongside the targeted vaccination programme.



This included supporting people in jobs at greater risk of exposure, living in low-income households, minority and ethnic groups, and groups with religious or other barriers to testing or vaccination.

This was through the previously established sites, 'pop-up' testing for hospitality and community settings, a mobile testing vehicle, and the distribution of home kits.

By taking our more focussed approach we were able to support groups and settings who would not have been supported with testing otherwise. This included organisations from the voluntary, community and social enterprise sector, workplaces, and hospitality venues. We were also able to provide kits to settings such as care homes and supported living during outbreaks due to difficulties ordering/supply issues nationally. However, the community testing programme has been a very reactive service based on changing guidance and priorities from central government, making long-term planning very difficult.



SATS Squad

As the COVID-19 cases increased rapidly during March 2020, South Tyneside Clinical Commissioning Group (CCG) wanted to help their local GP practices safely diagnose coronavirus while keeping surgeries COVID-free to protect other patients and staff.

The CCG worked with Inspire South Tyneside, the umbrella body for the voluntary and community sector, to invite non-clinical volunteers to join the South Tyneside 'SATS Squad' (an acronym for saturation levels) to deliver self-monitoring equipment to the homes of patients displaying coronavirus symptoms. When an appointment was booked, the SATS Squad delivered equipment, such as fingertip pulse oximeters and thermometers, to the patient at home. The Squad wore full personal, protective equipment (PPE) and made no contact with patients. The Squad also decontaminated equipment both before and after patient use.

The patient then measured their own oxygen levels and temperature before reporting their results to their GP or an advanced nurse practitioner during a virtual consultation. This remote monitoring allowed clinical practitioners to accurately detect symptoms and determine treatment or monitoring options, without having to meet the patient in person.

In the 12 weeks that the 'SATS Squad' operated they supported just under 300 virtual consultations with patients which not only prevented avoidable emergency admissions to acute care but also facilitated where appropriate, the accessing of urgent and emergency care. Seventeen practices in South Tyneside were able to offer patients presenting with coronavirus symptoms a virtual consultation, with the patient monitoring their own symptoms.

Feedback from staff in primary care was positive with the service operating on a minimal budget and with a small amount of equipment. Fleet vehicles needed to be used by the squad were made available by South Tyneside Council and South Tyneside Homes.

The SATS Squad continued until July 2020 and then was stood down. However, when the cases began to rise again in November 2020 the service was restarted. It is now part of the South Tyneside Oximetry @ Home model which launched on 25th January 2021.



Some of our SATS Squad volunteers



The purpose of the COVID Oximetry @ Home Service is to enable enhanced self-management by patients presenting at practice or notification from NHS 111 with likely or confirmed COVID. Patients are eligible if they are clinically stable at presentation, but remained at risk of deterioration because of their age, co-morbidities or other concerns identified at the initial clinical assessment. Enhanced self-management support, including the use of oximetry, enables early identification of deterioration, in particular silent hypoxia, so that appropriate action can be initiated as quickly as possible.

Patients who were suitable for the service were offered an enhanced support package that included a pulse oximeter and instructions on how to use it, and remote contact from practice staff at agreed times if required, for a maximum of 14 days.

The COVID Oximetry @Home pathway was available to patients who were:

1. Diagnosed with COVID-19: either clinically or positive test result AND
2. Symptomatic AND EITHER
3. Aged 65 years or older OR
4. Under 65 years and at higher risk from COVID-19, or where clinical judgement applies considering individual risk factors such as pregnancy, learning disability, caring responsibilities and/or deprivation.

Further information about clinical judgement can be found on the NHS England website.

Pregnant women being referred to a COVID Oximetry @home service should also be asked to contact their maternity team for specific advice around pregnancy and COVID-19.

A lighter touch pathway was available to any adult aged 18 – 64 years old, that has tested positive and has not been double vaccinated. This pathway is fully self-managed and escalated.

Patients accessing this service can be through various means including but not limited to:

- The practice identifying the patient being eligible for the pathway through clinical presentation.
- NHS 111 positive patients – confirmed positive patient information is already provided through generic practice inbox.
- NHS Digital is providing daily lists of coronavirus patients in each GP Practice who have tested positive (pillar 1 and 2 testing), highlighting those who meet the recommended eligibility criteria for onboarding onto Oximetry @ Home. This information will be sent to the practice generic inbox on a daily basis, Monday-Friday. Weekend information will be sent on a Monday.

Vaccination Programme: Health Inclusion and Outreach Group

Our Outreach Programme started in December 2020 with the administration of COVID-19 vaccinations to care home residents and staff, who were identified as a priority by the Joint Committee on Vaccination and Immunisation (JCVI).

Coming together with colleagues from South Tyneside Health Collaboration, who were delivering the local vaccination sites, the team pulled together to arrange:

- vaccine stock – we didn't know how much vaccine we were getting till the day before it arrived (23rd December 2020!)
- wide range of vaccination kits

- transportation of vaccine
- supported Standard Operating Procedures (SOP), Guidance and Protocols for delivering the vaccination
- setting staff up on clinical recording systems

By Christmas eve 2020, only seven care homes in the country were vaccinated and we had done four of them in South Tyneside.

In February 2021, we were asked to expand the model we had developed for care home staff and residents and housebound patients to look at several 'Health Inclusion' patient groups, specific population groups with shared characteristics or circumstances. We formed the Health Inclusion and Outreach Group (HI&O), made up of different organisations across the Borough, to identify specific population groups and tailor the delivery of the vaccine according to their needs.





Dr Shobha Srivastava

We also had local professionals, that is practice nurses, community pharmacies, retired workforce returning, delivering programme and messages.

There were several factors which informed and supported our approach. Firstly, communication and engagement at local level was paramount to understanding the barriers to vaccination. For example, a result of engagement which revealed that certain patient groups would prefer appointments within already trusted community or religious settings we hosted clinics at Baring Street Mosque and Ocean Road Community Centre for patients who were not comfortable in a clinical setting. We also used data to understand the impact and determine our activity, we examined reports weekly to understand areas to target, alongside community feedback and understanding. We used our local website to advertise clinics and outreach and were consistency in our delivery and messaging, that is by having set times and dates where people know provision is being delivered.

The work of the health inclusion and outreach group has continued as part of the COVID Booster and Flu jab rollout.

This included:

- Outreach clinics in places of worship
- Specialised, no-booking required clinics at local vaccination sites available for identified patient groups, supported by voluntary community sector partners
- Hosting specific outreach clinics for patients with learning disabilities at a familiar setting, including vaccination for carers whilst offering an annual health check at the same facility
- Outreach clinics within commissioned services e.g., Places for People at Tyne Dock targeting high risk homeless, drug and alcohol patients
- Melissa Bus and XL Health Bus delivery
- Work with Community Pharmacy and LVS to go into workplaces
- Dedicated clinics for school staff

We also hosted two 'surge' weekends, delivering a range of drop-in's and engagement regarding the vaccines, targeting areas of low uptake and 16-17-year-olds.

Alongside the vaccination programme, we have developed a South Tyneside Vaccination webpage – www.getyourjab.uk. The website hosts links to all the relevant information for COVID-19 vaccination (eligibility, timescales between doses, Frequently Asked Questions (FAQs), national marketing, all local clinics – across both local vaccination sites and community pharmacies)

A strength of our approach has been the provision of vaccine appointment opportunities across both clinical and non-clinical settings, adapting the delivery to the patient group. For example, appointments with more time, quieter venues, specialised staff and involving trusted non-statutory organisations supporting activity.

COVID-19 Community Champions

As part of the COVID-19 response, South Tyneside were successful in seeking additional funding to recruit residents to engage and promote key messages about COVID-19 guidance, and more recently the COVID-19 vaccinations.

Community engagement was a key strand of the COVID-19 response to ensure residents understood the information, were supported to comply when restrictions were in place and to come forward for the vaccine.

The COVID-19 Community Champions are volunteers from a range of ages, backgrounds, and professions, including Elected Members, in South Tyneside who have conversations with the public about COVID-19. This could be with people to navigate the changes in restrictions or talking to community members about the vaccine.

Training was provided by First Contact Clinical (FCC) to enable the champions to have good quality, empathetic, kind, and compassionate conversations. They also received training and support around safeguarding processes. They receive regular bulletins detailing any relevant updates on COVID-19 related information to ensure that they have good quality, timely and reliable information to share. They were also invited to weekly catch-up sessions between March and June 2021.



Fallah Althuwain



In 2021, Surge Weekend and Melissa Bus activity led to the following number of vaccinations per weekend:

- 211** 6th-8th August (One vaccination site only)
- 676** 13th-15th August (All three local sites)
- 252** 7th-8th October (Melissa bus)
- 330** 4th-5th November (Melissa bus)
- 334** 2nd-3rd December (Melissa bus)

Case Study



Melissa Bus

In July 2021, the Government identified the whole of the North East as an Enhanced Response Area following a steep rise in COVID-19 cases in the area. This meant that South Tyneside received additional support to target specific local areas with the lowest uptake or maximum footfall to increase vaccination uptake. Twenty-five additional 'Boots on the Ground' staff worked with our Champions to engage residents and businesses to signpost them to the drop-in clinics operating and leave them with information on how to book into other clinics post the week.

During October, November and December 2021, the Clinical Commissioning Group (CCG) parked the Melissa bus in South Shields and Hebburn Town Centres for two days to administer COVID-19 vaccinations. The Champions directed people to the bus, answered questions about the vaccine and gave out goody bags (which contained further info, masks, hand sanitiser and lateral flow testing kits).



Melissa Bus

“Great day, great staff, great job done! Thankfully the weather was lovely which helped with how pleasant the day was I thoroughly enjoyed it.”

“With A Better U in mind this was alliance work at its best and can report a good day was had by all!”

“Due to the weather being so nice the town was busy which is always good in circumstance such as this, and the sweatshirts with the 'Ask Me' were a great help. The general theme regarding enquiries was about the length of time people had to wait between their last vaccine and their booster.”

“The intention for that location was 10:00am – 4:00pm but we were so busy we ran out of vaccine. From that point I was signposting to the nearby Flagg Court Health Centre who had also adopted a drop-in clinic process.”

“We must have given out around 60 goody bags and spoke to the same amount of people if not more. Apparently, the day before the team experienced some antivaccine protesters which wasn't very nice and caused a bit of a commotion. Thankfully no such problems on Friday except one lady who I spoke to who was antivaccine but after listening to her concerns sounded more fearful about the vaccination than reasons for not getting vaccinated. This lady was my win of the day who agreed to the vaccine with the promise of a goody bag.”

Melissa Bus Feedback (8th October)

Public Health Commissioned Services

South Tyneside Sexual Health: Digital Online Condom Scheme

In March 2020, the fear of and uncertainty about COVID-19 transmission resulted in many sexual health services suspending provision and access to community-based services. Consequently, South Tyneside Sexual Health rapidly developed a new, cost-effective online condom and community collection scheme to further support contraceptive provision in community settings. This was aimed at everyone aged 16 and over, as under 16 competencies cannot be assessed in these circumstances. However, under 16 years could be booked into clinic for over the telephone.

We already had an established extensive multi agency sexual health partnership in South Tyneside so drafting in support to help with distribution was not a concern. The outreach team researched data provided by the Office for National Statistics (ONS) and found that that over 75% of the population use the internet meaning an online condom model may be likely to be successful.

The online model allowed barrier contraception to be accessed safely home, maintaining social distancing guidance, and minimizing the risk of contracting COVID-19. This model also supported restrictions across primary care, reduced staffing capacity and suspension of long-acting reversible contraception (LARC) provision.

Online statistics of internet users in UK

Virtually all adults aged 16 to 44 years in the UK were recent internet users (99%) in 2019.

Compared with 47% of adults aged 75 years and over.

7.5% of adults had never used the internet in 2019.

Down from 8.4% in 2018.

91% of adults in the UK were recent internet users in 2019.

Up from 90% in 2018.

In 2019, the number of disabled adults who were recent internet users reached over 10 million for the first time. 78% of disabled adults.

The development of the online model was the result of a collaboration between the South Tyneside and Sunderland NHS Trust workforce including colleagues from ICT, communications, and marketing teams. Trust communication teams did a fantastic job at rapidly branding and producing media to generate interest and make the scheme noticeable and visually suitable, when promoted via online platforms such as social media and websites.

In recognition of potential inequalities in response to COVID, we developed online materials using a mix of text and graphical imagery to support any online users that may have reading, literacy impairment to help support and improve access to sexual health provision. All online and physical condom scheme information is fully translatable and all language formats to support people from different ethnicities in South Tyneside.

The South Tyneside Sexual online condom scheme is a low cost and high value service. It provides access to condoms, lube, and information on further sexual and reproductive health in line with NICE guidance promoting and improving sexual health outcomes within the South Tyneside population. When broken down including postage and contents (condoms, lube, information leaflets etc.) this accumulates to around £1.50 per person to receive online condom kits.

Case Study

South Tyneside Sexual Health were chosen to present at Government Events:

The Sexual and Reproductive Healthcare Conference in April 2021 in recognition of service delivery, innovation, and development of the Online Condom scheme Model in South Tyneside.

South Tyneside Sexual Health represented the North East at the UK's leading Sexual and Reproductive Healthcare Conference promoting collaborate multiagency practice, service innovation, supporting and addressing sexual and reproductive healthcare inequalities in England.

South Tyneside Sexual Health delivered best practice to promote and capture how sexual and reproductive health services adapted during the COVID-19 response with a particular focus on changes put in place to meet the needs of less well served populations.

As the traditional way of accessing services was not available during the pandemic, concerns were raised about the future pressures on the social care & NHS systems due to unwanted pregnancy. The digital schemes meant that the team were able to provide services during lockdown when the public were advised to stay and home and not travel.



Historically, community outreach schemes such as screening and condoms services have been aimed at targeting the population aged under 25. This previously excluded access in the community to those aged 25 years old and older, potentially missing opportunities within this age group.

The Sexual Health Outreach Team developed and Implemented the rapid online and community condom model and removed the 25-years-old age cap to support contraceptive provision to include the over 25's.

Feedback from professionals and service users has welcomed the further age inclusion criteria. It was important to revise historic age criteria to reflect the community need due to LARC reduction in response to COVID-19 outbreak. This is an area of lessons learnt and an identified community need and target population audience.

As we are now living in a digital era, a strong social media presence and further marketing campaigns have been very useful for advertising purposes to increase and generate service user uptake based on ONS of UK of internet users.

Online Condom Scheme: Most requested by ward:

- Harton
- West Harton
- Horsley Hill
- Marsden
- Westoe

Uptake:

- 56% Male
- 44% Female
- 28 years average age

South Tyneside Adult Recovery Service (STARS)

Things were very different for the service, staff, and our service users during the COVID-19 pandemic.

We worked quickly to ensure our buildings were COVID-19 secure and that staff and services users had access to personal, protective equipment (PPE). Staff were kept up to date on new guidance, were able to shield and/or work remotely where appropriate. We worked closely with Humankind staff within Reconnected to Health North East Prison Drug and Alcohol Recovery Service to support all service users transferring care to STARS on release in case they were COVID-19 positive or needing to self-isolate. This was supported by monthly regional calls chaired by Public Health England North East.

A huge challenge was ensuring the health and wellbeing of our service team. We have implemented a wide range of wellbeing support, activities, and resources across the organisation and in South Tyneside we facilitated a virtual home and away day to support our team's resilience.

For our service users, we adopted a flexible and encompassing approach, retaining them within treatment for their safety and wellbeing when we may have discharged them from service in "normal" times. Case management sessions allowed oversight of cases and planning for focused work, where appropriate supporting service users to continue to transition through our different service elements. This included a comprehensive offer of support from our Building Recovery Communities' team and peer support which is promoted within discharge planning.

The service produced a regular report from SystmOne showing positive cases as well as any service users at high risk who were shielding. This allowed us to effectively manage medication delivery and provide appropriate care and treatment. Any service user who needed to remain at home was fully supported to do so. If service users were COVID-19 positive or had to self-isolate alternative arrangements were put in place, for instance over telephone or video call. Tailored harm reduction information was provided to all service users, and we developed a home delivery protocol for provision of needle exchange and Naloxone.

The service embraced the use of technology to enable new ways to access the service and maintain engagement. This has worked particularly well for some service users and their loved ones, and we plan to learn from these new ways to retain the benefits as COVID-19 restrictions begin to ease. Those who need to be seen in person are managed safely on site to ensure we are managing risk effectively and providing appropriate and effective treatment.



Paul Townsley

"I am immensely proud that all these efforts have contributed to maintaining our unique position as a partner of choice delivering a wide range of health and social care services.

I would particularly like to thank staff and partners for working collaboratively and imaginatively to continue to deliver services during the COVID pandemic.

We have learnt so much in the most challenging of times and we emerge from the last year much clearer on how we can further improve our services."

Paul Townsley
Chief Executive Officer



As an organisation we carried out several organisational surveys in response to the pandemic to allow us to manage changes to service delivery, in line with government guidance, and ensure staff, families and our service users are safe.

STARS also commissioned DrinkCoach for 2021/22. It uses a digital version of the Alcohol Use Disorders Identification Test (AUDIT) to reliably assess a person's level of risk from their drinking.

Test takers receive personalised advice and local follow up options based on their AUDIT score. The App will then give the user details of STARS for further support, and we have included Matrix Young Persons details for any young people taking the test. This is another remote way to get support and brief advice for those who may still be fearful of leaving their home. Humankind have also commissioned breaking free online. Breaking Free Online will act a virtual extension of the STARS service and ensure that many more people will be able to access the effective behaviour change interventions and be empowered to manage their substance misuse in a way that works for them.

STARS was supported throughout by our clinical partners Spectrum via the gold, silver, and bronze command structure of the NHS systems. All substance misuse services were brought together to reinforce our united approach to meeting the pandemic response. Spectrum and Humankind colleagues within our Secure Environments were involved and Directors for each of the three Spectrum/Humankind SMS services have been invited monthly to that meeting and this is something we intend to continue. Spectrum also developed a Substance Misuse GP meeting every fortnight that bring together the GPs with specialism in each of the substance misuse contracts and secure environments to discuss joint issues and concerns during the pandemic.

During 2020 – 2021:

243
Naloxone kits issued

1176
accessed Harm
Reduction and NSP
Service including,
Pharmacy NSP
(Needle Syringe
Programme)

752 Individuals
provided with
the alcohol brief
intervention

1024
Individuals in
structure treatment
(rolling 12 months)

Alcohol and Non Opiate	99
Alcohol Only	375
Non Opiate Only	97
Opiate	453

0-19 Service

In April 2020, Public Health England gave advice to halt most of the core health visiting and school nurse services and staff were redeployed into different services.

Many of the staff either had not worked at all or more than five years ago in these service areas, so as well as being extremely fearful of their health and those of their families, they were also afraid of not knowing the skill set needed for these roles.

These staff were away for up to three months which meant there was an increase in the number of children on the remaining staff caseloads. This was 7091 children, increasing from 240 to 330 per whole time equivalent health visitor. The school age children were supported by two whole time equivalent school nurses.

Several developments were introduced to the 0-19 service to support children and their families in South Tyneside. With support from the ICT department, we were able to access software for video calling to families. Laptops were made available for all health visitors too for staff who could

6 out of 8 school nurses were redeployed into community nursing duties.

6 health visitors volunteered for redeployment:

2 to a COVID-19 ward

1 to Intensive Care Unit

2 to Accident & Emergency all at South Tyneside District Hospital

1 to community nursing

work from home and enable more social distancing to be managed in the office base. We ensured staff were at base at least half a day each day to give support and supervision. All staff were provided with PPE and advice from the Infection Control and Prevention Team. This was never in short supply.

Whilst it was decided that information collected during new birth visits could be largely done by telephone/video call, every health visitor was expected to see the baby in the family home at some point during the Healthy Child Programme Contacts. This was so that they could have 'eyes on the child' and was done wearing PPE and if no COVID-19 symptoms and family agreed. This was well received by families who felt reassured their babies had been seen. In terms of breastfeeding, a virtual support group was established



Members of our Health Visiting Team in South Tyneside working hard to safely support families during the pandemic.

Case Study

Georgia is a single mum and works as a part time carer in a nursing home.

In December 2019 Georgia was concerned that Kaid didn't interact with other children, give any eye contact and had only one work. Kaid was 18 months old and during assessment from health visitor it was evident that Kaid has some significant delay around his social and communication skills and some general global developmental delay.

Referrals were made to Pre-school & Portage to help support Kaid learning and development and nursery nurse support was offered around supporting Georgia to promote Kaid's development and manage routines and boundaries at home.

When COVID hit and lock down started Evie was no longer able to go to school and Kaid could not go to nursery. As Georgia was a carer she has was 'terrified' that she would give COVID to her children as well as seeing many of the nursing home residents become seriously unwell and die from COVID. Due to her being a carer her usual support for childcare when she was at work said they could no longer look after the children as they were shielding and were afraid they would catch COVID from Georgia due to her work in the care home. This meant Georgia had no childcare.

Georgia felt really stressed and anxious, she did not want to give up her job as a carer as she felt this was extremely important given the current pressures in the care home. After lots of discussion Georgia's sister who is also a carer in the same nursing home agreed that she would move in with the family and care for the children when Georgia was at work – their care home manager agreed to give them opposite shifts so this could work.

Then came home schooling when she was off work – Georgia tried her absolute best to home school Evie during lockdown however due to Kaid's complex needs and care needed this was not possible. Kaid was distressed at the change to his routine and did not have the capacity to



understand. Georgia felt under a lot of pressure to be able to manage all of this and felt low when she could not. She was trying to juggle being a mum, a care assistant, and a home tutor. This resulted in Georgia coming to an agreement with school around Evie's home learning not being an immediate priority during 1st lockdown.

Also due to lockdown and halt of lots of health services Kaid did not get the support he needed from Pre-School & Portage and Georgia attempted online speech therapy however due to Kaid's complex needs this was unmanageable. During this time Kaid reached 2 and was unable to access his 2 year early education offer at a local nursery. The health visiting service provided bi-weekly telephone contact as means of supporting Georgia during lockdown – Georgia said it was "nice to know people cared about her and her family and wanted to help make things better" and that this "kept her going even though it seemed a small thing"

The first lockdown measures lifted, and life began to get back to some normality for the family. Georgia continued to work, Evie went to school and Kaid went to nursery. Then came the second lockdown and Georgia made a decision that in order to ensure her children had the best chance of thriving she gave up her job as a care assistant to avoid other family members having to make sacrifices for her so that she could support both Evie and Kaid's learning whole heartedly. Georgia said she likes having the children at home with her however has never wanted to be a teacher!

Georgia realised that it is important to play your part in society especially during a Pandemic and that she feels proud she was a carer during this time. She said the support she got from the health visiting service was amazing and helped keep her "sane"

Any child or family who needed additional support, be that child protection concerns, young parent, mental health, or children with additional needs, was offered face to face home visits and co-ordinated with other professionals involved to ensure safety and welfare of child. This was at the time when most services had stopped any face-to-face contact with children & families.

All universal Healthy Child Programme Contacts were carried out over the phone and if indicated, followed by a shortened home visit. This was for ongoing support to families during lockdown to help offer support and minimise impact on mental health.

In August 2020, all home visits were re-established with PPE, COVID-19 screening, and parental consent. All re-deployed staff returned to teams. Four clinics were reinstated by appointment only due to venues and COVID-19 restrictions.

Our approach meant the emotional wellbeing of the team has been supported. All staff have had bi-monthly 1:1 support and team meetings have remained monthly to promote staff and team wellbeing.



We have had only 2 out of 62 staff contract COVID-19 and the team have felt this way of working has kept some 'normality' when the world has been in chaos.

All families have been offered contact either face to face or telephone as per the Healthy Child Programme. There are no known missed opportunities for supporting children and families in need. We have seen an increase in children with additional needs through early identification, which has enabled early support even in the absence of supporting services e.g., Pre-school & Portage, SALT. Safeguarding supervision has been maintained with staff.

We have not yet seen an increase in Child Protection Cases or maternal mental health issues, however we anticipate that the needs of families will increase as a delayed indirect impact of the pandemic and reduced face-to-face contact with services. Child Protection Concerns have increased, which could be indicative of missed opportunities for earlier intervention.



The full impact of the pandemic on children and families is yet to come to light.

Better Health at Work Award

Since the start of the pandemic, the importance and necessity of proactively addressing workplace health and wellbeing has become even more apparent.

Almost all our workplaces have acknowledged the benefit of participating in the Better Health at Work Award was fundamental in their expedited, proactive, and successful responses to mitigate the immediate and ongoing effects of the pandemic on their organisation and staff members.

Despite the huge impact that the initial work from home and then subsequent lockdown mandates had on all employers, it was imperative that we kept the award programme alive and available to support the huge transition and ensure the Health Advocates were equipped to deal with the new set of challenges everyone was facing.

After a rapid service review, we produced and deployed a central BHAWA Contingency and Continuity Plan which could be continually adapted as the situation unfolded. As many services as possible were moved online, such as all central training offers, and additional support was provided to local authorities and businesses. This included a series of webinars to share best practice and new information, alongside more frequent distribution of e-newsletters. Further crisis support measures were also offered to add capacity where staff had been redeployed in local authority or colleagues had been furloughed.



“The engagement we see from pretty much all of our staff with the various activities shows that our involvement with the Award has great value. New staff who have joined in the last 12 months have been amazed at how brilliant it is to work for an employer that offers such additions.

It has also become very apparent that if we were not already involved in the Award, we may have really struggled to put in place the activities and support that we have during the past year of lockdowns and pandemic fear.”

Community Foundation for Northumberland, Tyne & Wear



As the COVID-19 situation unfolded, it was clear that the previous assessment process would not be possible. So, we used funding generated through the Award to commission a bespoke CMS Assessment Submission and Resource portal. The portal ensured the future viability of the Award and business engagement as it provided a COVID-19 secure and sustainable platform.

All these measures saw significantly less drop-off and drop-out from the programme than would otherwise have been expected and delivered a consistent, quality service, providing relevant, topical, and evidence-based information to workplaces. The webinars also provided an excellent forum to share constantly emerging best practice around things like supporting staff working from home, COVID-19 policies and measures and the development of new policies and procedures around working patterns.

We will continue with these measures to varying degrees. The new website and portal are permanent and embedded fixtures and will be constantly developed to increase their functionality and efficiency for the workplaces and Assessors. All submissions will now be submitted via the portal. We will retain an online training offer as we have had lots of positive feedback on this making it more accessible and time and cost-effective. However, as soon as it is safe to do so, we will offer some 'in person' training sessions to reflect and respond to feedback and requests. The quarterly webinars are now embedded and remain popular with high attendance and consistently positive feedback.

We have also had additional funding from the North East North Cumbria Integrated Care System (NENC ICS) starting in January 2021. This to help expand the programme, with a specific focus on engaging and supporting primary care organisations to progress through the Award. This pilot has been delivered digitally given the geography and the current COVID-19 landscape. This has served to lengthen the contract timescale as the funds could be redirected into supporting salary costs for a longer period. To date there are now 45 new primary care organisations active on the BHAWA. It is hoped that funding for this will be extended, and it becomes an embedded workstream within the Award and best practice elements replicated for all participants and/or other target sectors. This will remain digitally delivered.

“The last year has been pivotal for us in terms of workplace health and wellbeing, if we hadn't already been involved with BHAW, and adopting the principles through our Bronze and Silver awards, and had our advocates who have the knowledge and skills to support staff we would not have been able to be as reactive and proactive in the way we supported staff during the pandemic and the feedback we have from staff is proof of this.”

Newcastle-Gateshead Clinical Commissioning Group

450+ workplaces actively participating

(as of 14th October 2021)

236,000+ workers directly reached

1092 Health Advocates trained in 2020 and 2021 to date

257 Line Managers trained on managing health & wellbeing in 2020/21

6 webinars delivered over 2020/21: approx. 80 participants when live

180 workplace assessments undertaken in 2020

2763 health and wellbeing activities/campaigns delivered in 2020

The most popular campaign themes by frequency were:

Mental Health/Stress: 782
(28% of all activity)

Physical Activity: 415

Healthy Eating and Weight Management: 248

Reported average difference in sickness absence of **-0.84** days per WTE in 2020

Over **1 million** points of health and wellbeing contact/participations in 2020

Summary of Lessons Learnt

We can deliver and adapt services quickly and effectively when we have a shared purpose and sense of urgency.

The stories illustrated in this report emphasise how taking a personalised, fair and proactive approach can make a significant difference to how our services are accessed and received. However, despite efforts inequalities persisted. It is unknown how much of the negative impacts we were able to prevent or mitigate.

Data and intelligence, including views and feedback from the public and partners, continually informed our response. This was particularly emphasised when availability was limited in the beginning of the pandemic which impacted on our understanding of the prevalence locally and where to focus our resources. Having a range of ways to communicate and engage with the public and communities (for example, through our Elected Members) highlighted some of the barriers people experienced accessing services and enable co-designed solutions.



The use of digital technology has made a positive impact to service provision. Services were able to continue safely and often in more timely, cost-effective ways. However, we also had to pay attention to groups who do not have access to, or use, digital technology.

Staff and volunteers working together from different teams, organisations and professional background enabled a shared understanding, agree appropriate and timely response as well reflect on previous experiences in terms of COVID-19. This was with people across the borough and the region through formal working arrangements and informal networks. Our collective pandemic response in South Tyneside also served to illustrate how organisations (such as schools and care homes) are so much more than their core remit.

Finally, we have a flexible workforce and volunteers with a range of skills and expertise who can mobilised quickly. Much of our efforts were achieved through people's willingness to adapt to the ongoing challenges we faced. Our staff and volunteers continually to make an impact to the health and wellbeing of people who live and work in South Tyneside. However, we need ensure that they are well supported given the emotional labour and hardship that they themselves as well as those they helped have experienced.

Previous DPH Report Recommendations Review

The previous Director of Public Health report was published 2019 in which we outlined a range of ambitious recommendations.

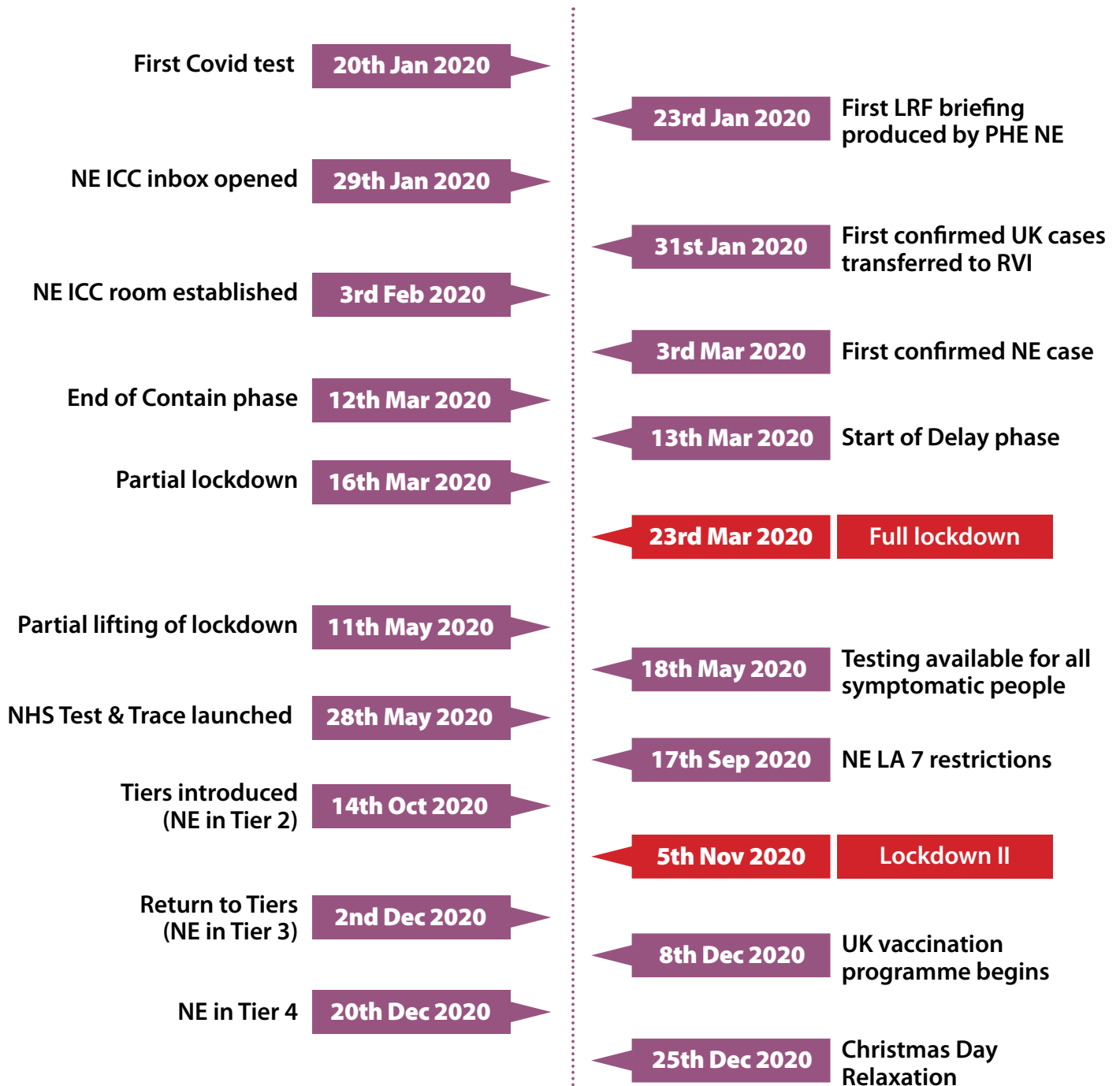
Whilst our progress has been hampered by the onset of the pandemic, they continue to underpin our approach to tackling the wider determinants of health and have become essential part of our recovery.

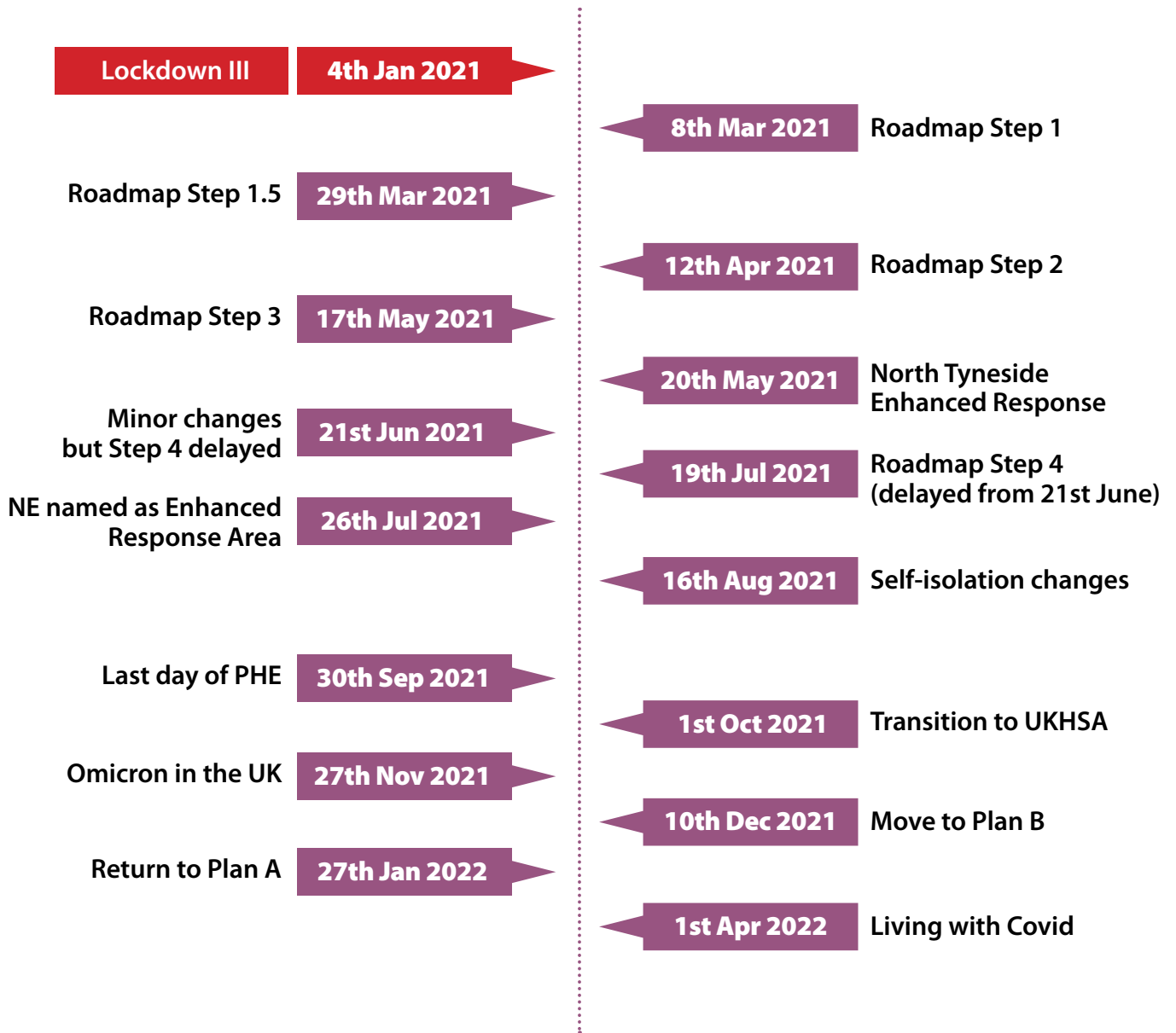
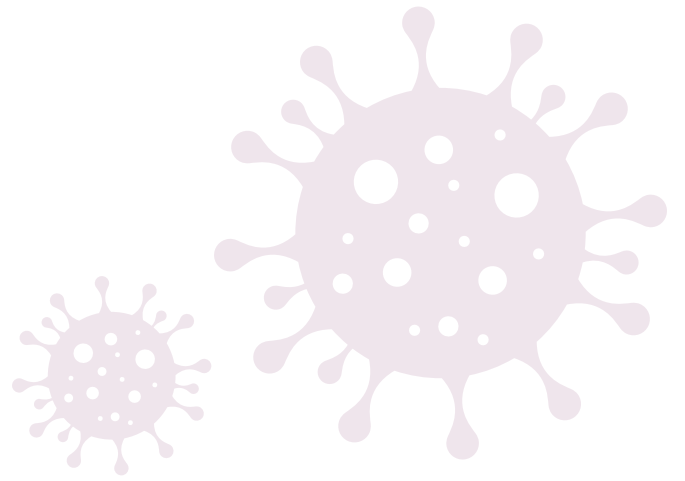
In this section, we review the 2019 recommendations and reviewed our progress to date.

<p>1. For all decision makers to adopt a health in all policies approach to any planning and policy changes to ensure health and wellbeing is considered from the start of any initiatives and to support the undertaking of a health impact assessment where necessary.</p>	<ul style="list-style-type: none"> • Public health and teams in the Regeneration and Environment directorate continue to work together to ensure current and future developments can have a positive influence on the health of people living and working in the borough. • The requirement to conduct a Health Impact Assessment as part of the planning process is being consulted on as part of the Local Plan.
<p>Employment and welfare</p> <p>2. Focussed on addressing the impact of welfare reform and supporting the most vulnerable back into work and taking a more strategic approach to health in the workplace.</p> <p>a. Take action to address the impact of welfare reform on the most vulnerable</p> <p>b. Take action to support the number of people with long-term conditions or serious mental illness back into work</p> <p>c. To develop a strategic work and health plan for South Tyneside</p> <p>d. To continue to promote the Better Health at Work Award (BHAWA) - South Tyneside Council should lead by example and achieve the gold award.</p>	<ul style="list-style-type: none"> • Public and private sector organisations in the borough have signed up to the South Tyneside Pledge, committing to do everything they can to spend, recruit and support the local area to help residents and businesses. • South Tyneside Works, an employment and skills hub, is now fully operational. It is targeted at young people (17-24) and the newly unemployed to provide a wide range of practical support to help residents into new careers or training opportunities. • South Tyneside Council Employee Wellbeing Strategy published. • South Tyneside Council moved up from a silver level to achieve Gold in the North East Better Health at Work awards and new businesses part of the scheme.

<p>Housing</p> <p>3. To embedding health and wellbeing into any housing strategy or housing provider with a specific focus on fuel poverty, excess winter deaths and social isolation.</p> <ol style="list-style-type: none"> Health and Wellbeing to be a priority for South Tyneside Homes and other housing providers Tackle issues of fuel poverty and excess winter deaths Tackle issues of social isolation Support those with mental health needs 	<ul style="list-style-type: none"> • South Tyneside’s Fuel Poverty Strategy currently out for consultation. • Public health and primary care are working with the Planning Team on the Local Plan, with an enhanced emphasis on health and wellbeing. • Tackling social isolation by tying together the range of interventions currently in place to better identify and target those most in need and highlight gaps to ensure more accessible options available. This approach will link to wider work around Age Friendly Communities, tackling poverty, creating Healthy Homes and developing physical activity and mental wellbeing interventions for our priority populations.
<p>Environment</p> <p>4. Our recommendations focused on empowering communities to take pride in South Tyneside to explore opportunities to grow food and develop green spaces. To provide access to energy and environmentally friendly initiatives across the Borough.</p> <ol style="list-style-type: none"> To continue to promote community action to take pride in South Tyneside To implement the Sustainable South Tyneside Action Plan including to invest in renewable energy and district heating. To support communities with opportunities to grow food and develop green spaces 	<ul style="list-style-type: none"> • Energy investments – Viking Energy Centre, Mine water, solar improvements • South Tyneside’s #ProudtoSupport celebrated the work of special people and brought communities together by recognising their support for others and sharing their stories on the #LoveSouthTyneside social media platform, the media and in wider communications. The campaigns have achieved four gold and silver awards in the North East CIPR Pride awards. • South Tyneside is developing a Sustainable Food Action plan to promote community food initiatives. • The newly published South Tyneside Cultural Strategy has health and wellbeing as one of its main priorities.
<p>Transport</p> <p>5. Our recommendations promoted active travel such as developing our cycling and walking networks to reduce traffic congestion, improve air quality, promote physical activity, and reduce carbon impact as set out in our physical activity and climate change strategies.</p> <ol style="list-style-type: none"> To promote walk to school initiatives where possible To promote exclusion zones around schools as part of the air quality strategy To continue to increase walking cycling across the Borough as part of the physical activity strategy To ensure the borough’s Local Plan adopts the health in all policies approach by setting out a broad range of spatial policies that seek to make a demonstrably positive impact on Health and Wellbeing. Move towards minimising carbon impact 	<ul style="list-style-type: none"> • Our Local Cycling and Walking Infrastructure Plan 2021-2036 has been agreed. The plan encourages the use of active travel to improve health inactivity and social isolation as well as help improve air quality and progress towards carbon neutral South Tyneside by 2050. • Work ongoing with the Transport Team to explore options to implement School Streets and Play Streets pilot initiatives. • Sustainable South Tyneside 2020-2025 has been published which aims to provide a coordinated approach towards climate change mitigation and adaption requirements across the Council.

Timeline of Key Events





Acknowledgements

Responding to the pandemic was truly a team effort. The resilience and compassion shown by individuals and organisations has been second to none. I would like to thank the following organisations, and their staff, for their dedication and commitment to the people and communities of South Tyneside. I would also like to thank the people and communities of South Tyneside for their actions, behaviours and solidarity during this unprecedented time.

South Tyneside Council: Environmental Health, Business and Community Support Officers, Public Health, Joint Commissioning Unit, Facilities Management, Asset Management, Community Protection, Procurement, Communications, Events, Adult Social Care, Environment Health Team, Leisure and Libraries, Digital and ICT, School Meals/Catering, Strategic and Performance, 0-19 Team, Business, Marketing, Press

Department for Health and Social Care

Health and Safety Executive

North of Engagement Commissioning Support

Northumbria Police

South Tyneside Adult Recovery Service (STARS)

South Tyneside Businesses and Companies

South Tyneside Community Pharmacists and Health services

South Tyneside Clinical Commissioning Group

South Tyneside COVID-19 Champions

South Tyneside Homes

South Tyneside Nurseries, Schools and Colleges

South Tyneside Nursing, Residential and Specialist Care Homes

Sexual Health Outreach Team, South Tyneside and Sunderland NHS Foundation Trust

Trades Union Congress

Voluntary, Community and Social Enterprise organisations including ACTS, Apna Ghar, Crest, First Contact Clinical, Humankind, Inspire South Tyneside, Living Waters Church, STARCH, Young Carers, Your Voice Counts





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