



# Impact of the COVID-19 pandemic on health and socio-economic inequalities in North Tyneside

October 2021



North Tyneside Council

# Contents

	<b>Page</b>
Foreword	3
Executive Summary	5
Introduction	10
1. Direct impacts of the COVID-19 pandemic	14
2. Indirect impacts of the COVID-19 pandemic	16
3. Impact on inequalities across the life course	30
4. Impact on inequalities across our communities	40

# Foreword

The pandemic has affected every one of us, but for some of our residents the impact has been more significant.

Like elsewhere in the country, inequalities have been amplified in education, training, wages, employment and health, and including how they vary by gender, ethnicity and across generations.

However, we are determined in North Tyneside that the inequalities gap does not widen. We will tackle health and prosperity disparities to break the link between people's backgrounds and their prospects for a healthy, thriving and happy life.

No matter who someone is or where they live, we are determined that no-one is left behind.

Through the Our North Tyneside council plan, the local authority is determined that the borough not only recovers from the pandemic but builds backs stronger – a place where local businesses and high streets thrive; our children and young people continue to receive an outstanding education and families flourish; great care is offered to those who need it; and deprivation is tackled and inequalities are reduced.

This report is not intended to be the end of our work by any means, rather a reflection, learning the lessons of what's gone before and implementing strategies for change.

Thank you for your interest in this report and the implications for the residents of North Tyneside.



**Norma Redfearn CBE**  
**Elected Mayor of North Tyneside**



# Executive Summary

**The COVID-19 pandemic has impacted on all aspects of everyone's lives. The direct impacts have been the number of infections, hospitalisations and mortality during the pandemic. In addition, there have also been significant indirect impacts, such as increased demand to the NHS and social care sectors, and the measures put in place to control the virus have impacted on education, household income, job security and social contact.**

Overall, inequalities already in existence across North Tyneside have worsened during the course of the COVID-19 pandemic and, in cases where inequalities overlap, the effect has been more pronounced. The evidence in this report suggests that residents living in the borough who are least able to deal with the impact of the pandemic have been hit the hardest.

The key impacts of the COVID-19 pandemic on health and socio-economic inequalities within North Tyneside are varied and can be summarised under the four themes below.

## 1. Direct impacts of the COVID-19 pandemic

The first confirmed positive case of COVID-19 in North Tyneside was on 5 March 2020. As of 30 June 2021, a total of 15,517 people had tested positive for COVID-19. Overall, more females than males tested positive for COVID-19 and more positive cases have been found in the 20-49 age group, followed by 50-69.

A total of 479 COVID-19 deaths (Office for National Statistics) were registered in North Tyneside between 27 March 2020 and 18 June 2021. Of these, 302 were in a hospital, 157 were in a care home and the remainder were in a private home or hospice.

Between March 2020 and June 2021, there were 4,072 admissions to hospital as a result of COVID-19 across the Newcastle upon Tyne Hospitals NHS Foundation Trust and Northumbria Healthcare NHS Foundation Trust.<sup>1</sup>

Potentially, 3,100 North Tyneside residents could have long-covid based on 1.5% national estimates.

## 2. Indirect impacts of the COVID-19 pandemic

At the beginning of the COVID-19 pandemic, as part of emergency planning procedures, health care services were reprioritised to manage increased demand as a result of COVID-19 infections. This led to an increased waiting time for treatment and treatment activity decreased in some specialities. Residents with long term or pre-existing conditions experienced longer wait times for hospital appointments and less than a third received their usual treatment.

Nationally, treatment decreased more in the most deprived areas (9,162 per 100,000 compared to 6,765 per 100,000 in the least deprived areas). In the Northumberland CCG area, many patients chose to delay planned surgery during the pandemic to reduce the risk of contracting COVID-19 in hospital, but also to reduce the perceived burden on health care services.

Mirroring the national picture, excess deaths in North Tyneside increased throughout the COVID-19 pandemic. Deaths due to other medical conditions, including cancer and heart disease, increased.

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<sup>1</sup> Disaggregated data is not available by Local Authority to show North Tyneside residents admitted to hospital; therefore, hospitalisations are for Newcastle and Northumbria, which both serve the residents of North Tyneside.

## Executive Summary

During 2020, smoking rates in North Tyneside decreased to just under 13%, in line with the national trend. However, a quarter of adults reported that they drank alcohol more often and more units of alcohol during the pandemic. Nationally there was a 20% increase in alcohol-specific deaths due to alcoholic liver disease, mental and behavioural disorders due to alcohol and alcohol poisoning. The North East has the highest rate in the country at approximately 22 per 100,000 population, significantly higher than the UK rate of 14 per 100,000 population.

National lockdowns and social restrictions imposed to control the levels of infection, led to an increase in residents experiencing loneliness. This was particularly prevalent amongst older people, residents identified as being clinically extremely vulnerable and care home residents, who were already prone to experience high levels of social isolation and feelings of loneliness before the COVID-19 pandemic. Due to a higher level of vulnerability if they contracted COVID-19, these residents experienced more restrictions in terms of social interaction.

Throughout the majority of the pandemic, visits to care homes from family and friends were suspended, and many people avoided contact with old or vulnerable family members for fear of unwittingly passing the virus on. Those identified as clinically extremely vulnerable were advised to shield, remain at home and not leave the house to go shopping or pick up prescriptions.

Volunteering significantly increased throughout North Tyneside. VODA's Good Neighbours Scheme had 430 volunteers supporting more than 3,200 clinically extremely vulnerable

residents with access to food and medication. Access to social care services decreased during national lockdown periods, increasing dependence on unpaid carers – 7% of carers reported that they reduced their working hours during the pandemic to manage their caring responsibilities. This doubled to 14% in the 30–49-year-old age group. Most unpaid carers are female.

The lockdown periods introduced to manage infection levels, as well as an increase in people working from home, led to reduced access to a range of external support services. Domestic abuse reporting increased each time lockdown measures were eased through the COVID-19 pandemic and there was a significant increase in the number of high-risk cases reported. In North Tyneside, almost half of all domestic abuse cases reported involved households with children.

Children and young people experienced significant disruption to school-based learning throughout the pandemic. Schools were closed during the first lockdown from March to September 2020, with the exception of vulnerable pupils and children of keyworkers.

During the 2020/21 academic year, children and young people experienced frequent periods of disruption at school. 'Bubbles' had to self-isolate and stay home from school if a positive case was identified. Across the North East, the learning loss for primary school pupils throughout the year was 2.8 months, which increased to 3.3 months for secondary school pupils. Nationally, pupils in schools with high take up of free school meals experienced the largest learning loss, which has likely widened the attainment gap.

### 3. Impact on inequalities across the life course

The COVID-19 pandemic has impacted on inequalities in different ways across the life course, from pregnancy and maternity through to old age.

Access to pregnancy and maternity services and support reduced significantly during the COVID-19 pandemic, adding to mental strain and social isolation. Women had to attend maternity appointments alone and partners had to leave after the birth of the child. This guidance did change in December 2020, to allow for one person to accompany the mother to all appointments. The national lockdown periods also reduced the practical and emotional support new parents could receive from their family and friends. In addition, Mother and Baby Groups, where many new parents can receive peer support and build relationships, were unable to take place physically.

Children and young people have been disproportionately impacted in terms of education and social interaction. Before the COVID-19 pandemic, there was already a significant gap in educational attainment between children living in deprived areas and their peers within North Tyneside. Many children experienced digital exclusion and were unable to access remote learning as families did not have laptops or internet access. The disruption to school-based learning during the pandemic is thought to have further widened that gap.

In North Tyneside, there has been a significant increase in the volume of contacts and referrals to Children's Social Care have increased, as has the number of Children in Need and the number of children on Child Protection Plans.

Young working age adults (aged 16-24 years) in North Tyneside have experienced a significant rise in unemployment, as well as being more likely to be in an employment that has been furloughed. Working class females are more likely to have been furloughed than males, whilst home schooling and caring roles have also had a disproportionate effect on working females.

The risk of mortality has been higher among certain job types, specifically jobs in process plants and caring and personal services. People with Black, Asian, and other ethnic minority backgrounds are also disproportionately more likely to have died from the virus; working in jobs with a high exposure risk and higher use of public transport is thought to have contributed to this. Nationally, there are 3.2 million workers in high-risk roles (e.g. health and social care, education, childcare, etc.) and 78% are female, increasing the risk of exposure to the virus and mental stress.

Older people have suffered more in terms of mortality risk, especially care home residents. Nationally, over-75-year-olds account for three-quarters (74%) of COVID-19 registered deaths. Social isolation and loneliness have further increased amongst older people as a result of national lockdown periods and reduced social interaction.

# Executive Summary

## 4. Impact on inequalities across our communities

In North Tyneside, a fifth of residents live in the 20% most deprived areas in England. Deprivation is closely linked to poor health outcomes and educational attainment. There is an 11-year gap in average life expectancy in North Tyneside between the most and least deprived areas. During the course of the COVID-19 pandemic, infection and mortality rates have been higher in 'deprived' areas. The vaccination take-up rate is lower in 'deprived areas'.

As a result of the COVID-19 pandemic, the United Kingdom has seen its economy retract. From December 2020 to February 2021, unemployment across the country was at its highest level since 2016 and this is expected to rise by the end of 2021. Throughout the pandemic, North Tyneside has also seen unemployment rates rise, with 24-year-olds being disproportionately affected. Unemployment benefit claims for the working age population in North Tyneside almost doubled from March 2020 to March 2021, rising from 3.8% to 6.3%, suggesting people are struggling financially throughout the COVID-19 pandemic.

It is the borough's more deprived wards, such as Riverside, Chirton, Howdon and Wallsend that have experienced higher levels of unemployment benefit claims over the past 12 months.

There has also been a 90% increase in Universal Credit claimants and, as of April 2021, there are 19,401 claimants in North

Tyneside, compared to 8,182 in September 2019. The number of those claiming Universal Credit increased sharply in April 2020 and has continued to rise gradually.

Employments furloughed on the government's Job Retention Scheme peaked in July 2020, at 28,000 employments, mostly in hospitality, construction, arts, entertainment and recreation. Residents under the age of 30 and those with a household income of less than £10,000 were more likely to be furloughed than other residents.

Food poverty in North Tyneside was becoming an increasing issue before the pandemic, with 8% of residents struggling to afford food, but in the southern area of the borough this increased to 14% of residents.

Since the start of the pandemic, the number of pupils accessing free school meals increased to over 7,000 children, but reports from local charities state that families just below the qualifying threshold for free school meals are also struggling.

Before the COVID-19 pandemic, child poverty had shown a significant increase and is likely to increase further. Children living in relative low-income families in North Tyneside increased to 22% in 2019/20, increasing year on year from 14% in 2014/15, while children living in absolute low-income families had increased to 19% in 2019/20, from 15% in 2014/15.

Subsequently, a Joint Health and Wellbeing Strategy and a long-term recovery action plan are needed to focus on addressing health inequalities.



# Introduction

## **The COVID-19 pandemic has had a profound impact internationally and nationally.**

Locally in North Tyneside, it has affected the daily lives of every resident in our borough. Many families have suffered significant loss and there has been widespread disruption to services and our economy.

There have been multiple impacts on our communities, both direct from the burden of disease and mortality and the indirect effects of the response to the pandemic, as well as the control measures that have been put in place to mitigate the rising infection rate.

The COVID-19 pandemic has further exacerbated existing inequalities at both national and local level. These inequalities include socio-economic position, occupation, deprivation levels, geography, vulnerable groups and the protected equality characteristics as defined by the Equality Act 2010. Due to their nature, these inequalities can often overlap and their effect becomes more pronounced, not only on the people who are affected by them, but on society as a whole.

**'Inequalities are unfair and avoidable differences in health or socio-economic circumstances across the population, and between different groups within society. Health inequalities arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and how we think, feel and act, and this shapes our mental health, physical health and wellbeing.'**  
(Source: NHS England. Definition of Health Inequalities).

Given the associations between deprivation, ethnicity and mortality from COVID-19, it is important that programmes help to reduce the risk of infection and mortality, and vaccine uptake is encouraged universally, but with proportionately more effort in those areas and specific communities where risk is highest. These interventions will also help reduce inequalities in health more broadly. Without this focus on inequalities, COVID-19 risks becoming entrenched among more deprived and certain ethnic minority communities.

Across the country the impact of the pandemic has not been felt equally, with the greatest impacts falling on the most economically deprived in our communities.

Mortality rates during the first wave (March to July 2020) were higher in the Northern Powerhouse area (made up of the city regions of Liverpool, Manchester, Leeds, Sheffield, Hull and the North East) than the rest of England (Source: COVID-19 and the Northern Powerhouse – Tackling Inequalities for UK health and productivity).

Area deprivation and health inequalities are likely to increase because of the economic impacts of the pandemic and the probable lower national funding allocations to local government and public services.

Economic outcomes, particularly unemployment rates, were hardest hit in the Northern Powerhouse area (Liverpool, Manchester, Leeds, Sheffield, Hull, and the North East) (Source: COVID-19 and the Northern Powerhouse – Tackling Inequalities for UK health and productivity).

Before the COVID-19 pandemic, there were already signs that the health of the people in North Tyneside was falling behind the rest of the country.

- Our Joint Strategic Needs Assessment (JSNA) shows a lower life expectancy and healthy life expectancy and slower improvements when compared to the figures for England.
- The 'Marmot Review 10 Years On', published in February 2020, highlighted that not enough progress has been made over the past decade to address unjust and avoidable differences in people's health and wellbeing across the country.

The COVID-19 pandemic and the wider governmental and societal response has further exposed the inequalities in our borough. Deprivation is a known determinant of health and people who live in more socially deprived areas tend to experience worse health outcomes and a greater prevalence of behavioural risk factors.

Within North Tyneside, 20% of our lower super output areas (LSOA) are ranked as being in the most 20% deprived in England (Source: Index of Multiple Deprivation 2019). Nine per-cent of our lower super output areas are ranked as being in the most 10% deprived in England, which has increased since the 2015 Indices of Multiple Deprivation (IMD).

Average life expectancy in North Tyneside has gradually increased and stands at 80-years-old (78 years for males and 82 years for females), however a child born today in the most deprived part of the borough can expect to live on average 11 years less than a child born in the least deprived part (11.7 years for males and 10.6

years for females), which remains unchanged over the last five years (Source: Public Health Outcomes Framework).

Healthy life expectancy at birth (the years someone can expect to live in good health, rather than with a disability or in poor health) in North Tyneside stands at 60-years-old (60 years for males and 59 for females), below the state pension age. It is, however, estimated that the onset of ill health begins around 15 years earlier in our most deprived communities compared to those that are least deprived.

Deaths due to cancer, cardiovascular (heart disease) and respiratory disease are declining but remain the leading causes of premature death in North Tyneside. People are also dying from liver disease at a younger age compared with the rest of England. Much of this premature mortality is preventable; however, social factors, exposure to risk factors (such as smoking, harmful levels of alcohol consumption, poor diet and low levels of physical activity), as well as late presentation, diagnosis and treatment, are all key contributors to early death from these diseases in North Tyneside.

Alcohol-related admissions to hospital are higher in North Tyneside compared to the North East and England as a whole and a third of the adult population drinks at levels that risk damaging their health. One in seven adults in North Tyneside smoke, which increases to one in six adults in the most deprived areas of the borough.

Two-thirds of adults across the borough are overweight or obese, which is above the national average but below the regional average. Being overweight or obese is the main factor for developing type 2 diabetes.



It is predicted that there are nearly 13,000 people aged 65 years and over who are obese, and this is expected to rise by 30.8% by 2035.

Currently, it is estimated that 7.8% of the population (aged over 16) in North Tyneside are diagnosed with diabetes, which is known to precipitate other chronic conditions such as cardiovascular disease, kidney disease, depression and blindness. It is estimated that a further 11.6% of the population has non-diabetic hyperglycaemia (pre-diabetes). Identification of this cohort provides an opportunity to prevent many adults going on to develop type 2 diabetes.

Being overweight or obese is also a concern among children and young people. Data from 2019/20 shows that the rate of obese children across North Tyneside doubles between the age of 4-5 (one in ten) and age 10-11 (two in ten), with a higher propensity for obesity to occur in areas of deprivation. Obese children are likely to stay obese into adulthood and are more likely to develop non-communicable diseases such as type 2 diabetes and cardiovascular diseases at a younger age.

In North Tyneside, the number of children (aged under 16) living in relative and absolute low-income families is increasing year on year, particularly in already deprived areas. Provisional figures for 2019/20 show 8,259 children (22%) are living in relative low-income families<sup>2</sup> and 7,015 children (19%) are living in absolute low-income families<sup>3</sup> (Source: Department for Work and Pensions – DWP children in low-income families: local area statistics).

There are 3.66% of school pupils with social, emotional, and mental health needs in North Tyneside, which is significantly worse than North East and England averages.

Early deaths in adults with serious mental illness are higher in North Tyneside than they are for the rest of England.

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<sup>2</sup> Relative low income is defined as a family in low income Before Housing Costs (BHC) in the reference year. A family must have claimed one or more of Universal Credit, Tax Credits or Housing Benefit at any point to be classed as low income.

<sup>3</sup> Absolute low income is defined as a family in low income Before Housing Costs (BHC) in the reference year in comparison with incomes in 2010/11. A family must have claimed one or more of Universal Credit, Tax Credits or Housing Benefit at any point in the year to be classed as low income.



# 1. Direct impacts of the COVID-19 pandemic

**The first confirmed positive case of COVID-19 in North Tyneside was recorded on 5 March 2021. Up to 30 June 2021 a total of 737,777 people had been tested, with 15,517 positive cases. More females than males have tested positive for COVID-19 and more positive cases have been found in working age residents in the 20-49 age group, followed by the 50-69 age group.**

Between 27 March 2020 and 18 June 2021, there were 479 COVID-19 deaths (Source: Office for National Statistics) across North Tyneside. Of these, 302 were in hospital, 157 were in a care home and the remainder were in a private home or hospice. For 70% of the time during this period, excess deaths have been above the five-year average in North Tyneside. As well as this, during the period for March 2020 to June 2021, there were 4,072 admissions to hospital as a result of COVID-19 across the Newcastle Upon Tyne Hospital NHS Foundation and Northumbria Healthcare NHS Foundation Trusts areas.<sup>4</sup>

On average, the rates of mortality attributable to COVID-19 in the first wave (March to July 2020) were higher in the Northern Powerhouse area (covering Liverpool, Manchester, Leeds, Sheffield, Hull, and the North East) than in the rest of the country, with 12.4 more people per 100,000 dying of COVID-19 in the Northern Powerhouse area compared to the rest of England, including London (Source: COVID-19 and the Northern Powerhouse – Tackling Inequalities for UK health and productivity).

<sup>4</sup> Disaggregated data is not available by Local Authority to show North Tyneside residents admitted to hospital; therefore, hospitalisations are for Newcastle and Northumbria, which both serve the residents of North Tyneside.



Within North Tyneside, the period of August 2020 to June 2021 has seen outbreaks of COVID-19 being more prevalent in schools (83), workplaces (71) and care homes (41).

Throughout the United Kingdom, Office for National Statistics (ONS) estimates that as of June 2021, 962,000 people in private households have reported experiencing long COVID symptoms (1.5% of the UK population). Of those reporting long COVID, 40% said they had first had COVID-19 at least one year previously and 18.5% reported that their ability to undertake day to day activities was “limited a lot” (ONS, 2021).

The prevalence of long COVID has been reported most (as a proportion of the UK population) in 35-69 year olds, females, those living in the most deprived areas, health or social care workers and those with another activity-limiting health condition or disability (ONS, 2021). Based on an estimated UK long Covid prevalence of 1.5%, approximately 3,134 residents of North Tyneside could potentially be suffering from long COVID in June 2021 (based on 2020 mid-year population estimates).

Long COVID rehabilitation was being provided to patients who had been hospitalised due to COVID-19 as part of their ongoing treatment. In November 2020, national guidance was issued to establish long COVID rehabilitation clinics to also include people who were in the community or care home who had, or were suspected to have had, COVID-19. Commissioners and providers worked together across North Tyneside, Northumberland, and Newcastle Gateshead to develop existing services at Northumbria Healthcare Trust and Newcastle Hospitals Trust and, in the case of Gateshead Foundation Trust, to establish the service.

Since the beginning of March 2021, 278 people were referred to long COVID rehabilitation services at Northumbria Health Care Trust and Newcastle Hospitals to aid their recovery from the disease.<sup>5</sup>

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<sup>5</sup> Please note that Northumbria and Newcastle include the numbers for North Tyneside.



## 2. Indirect impacts of the COVID-19 pandemic

**The response to the pandemic, including the demand upon NHS and social care services, together with measures taken to control the spread of coronavirus (including the social distancing and lockdown measures, school closures and the cancellation or delay of routine healthcare), have had wide ranging impacts on education, household incomes, job security and social contact.**

The conditions in which we are born, grow, live, work and age have a significant impact upon us. The control measures have therefore had their own important consequences for people's lives, in addition to the direct impacts of the disease itself on health and wellbeing.

### 2.1 Social factors

Loneliness has become a real issue for some of the population over the course of the pandemic. This is due in part to the several national lockdowns that have occurred across the United Kingdom to combat rising COVID infections rates and has seen certain groups of people suffer more from social isolation than others, in particular older people, residents identified as being clinically extremely vulnerable and care home residents.

COVID-19 has seen a need for people to work from home to help stop the spread of the disease. However, working from home, coupled with lockdowns, has reduced access to a range of external support services. As a consequence, calls to the National Domestic Abuse Helpline went up by 80% when the first lockdown eased

in June 2020. Locally, data for North Tyneside reflects this, as domestic abuse reporting increased every time lockdown eased, with almost half (46%) of all domestic abuse cases in the borough involving households with children.

Throughout the pandemic, residents of North Tyneside have stepped up to help their communities. The VODA Good Neighbours Project had 430 Good Neighbour volunteers who supported 3,200+ residents with access to food and medication. VODA established community health champions that involved 150+ North Tyneside residents ensuring up to date, trusted health messages were shared with people they knew. These are just two of many examples of the increased volunteering that has been undertaken over the last 18 months.

### 2.2 Disruption to school-based learning

The disruption to school-based learning during the COVID-19 pandemic has had a significant impact on children and young people. During the first lockdown, between March and September 2020, schools were closed to pupils, with the exception of vulnerable pupils and children of keyworkers. At the start of the 2020/21 academic year in September 2020, pupils returned to school, but have experienced further frequent periods of disruption as a result of school 'bubbles' having to self-isolate when a pupil or staff member tested positive for COVID-19.

In North Tyneside, between September 2020 and July 2021, 1,441 pupils tested positive for COVID-19. Of these, 540 were in primary

schools, 860 were in secondary schools and 41 were in special education schools.

In the same period, the number of instances of a pupil having to self-isolate as a result of a positive COVID-19 case in their school was 26,545<sup>[1]</sup>. (There are circa 30,000 pupils in North Tyneside). 14,180 pupils self-isolating were in primary school, 11,658 in secondary school and 707 were in special needs schools. This disruption has led to missed school-based education and social contact.

Children being unable to attend school due to self-isolation has negatively impacted on many parents. Many have been forced to take unpaid leave in order to take care of their children with some fearing for their jobs. Additionally, the mental health of parents has been affected with parents needing to stay home to supervise isolating children without access to usual support networks.

30% of parents said home schooling in Spring 2020 was negatively affecting their job, with 34% of women and 20% of men saying it was negatively affecting their wellbeing (ONS, 2020).

The digital exclusion may have also been uncondusive to home schooling with primary school children in Wallsend surveyed in May 2020 saying they felt cold at home either “some days” (44%) or “every day” (20%) (Wallsend Children’s Community, 2021). These same children were also feeling the social impact of home schooling with 45% saying they felt lonely at home “some days” and 18% “every day” (Wallsend Children’s Community, 2021). 70% of the parents of these children were worried about their child’s social and emotional development (Wallsend Children’s Community, 2021).

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<sup>[1]</sup> Please note that as these figures are cumulative, they do include pupils or staff who have been impacted on more than one occasion, and as such the figures do not represent unique individuals

## 2.3 Benefits and unemployment

As a result of the COVID-19 pandemic, the United Kingdom has seen its economy retract. From December 2020 to February 2021, unemployment across the country was at its highest level since 2016, with this expected to rise by the end of 2021. Throughout the pandemic, North Tyneside has also seen unemployment rates rise, with 24-year-olds being disproportionately affected.

Unemployment benefit claims for the working age population in North Tyneside almost doubled since March 2020 to March 2021, rising from 3.8% to 6.3%, suggesting people are struggling financially throughout the COVID-19 pandemic.

There has also been a 90% increase in Universal Credit claimants and, as of April 2021, there are 19,401 claimants in North Tyneside compared to 8,182 in September 2019. The number of those claiming Universal Credit increased sharply in April 2020 by 4,373 new claimants and has continued to rise gradually. It is the borough’s more deprived wards, such as Riverside, Chirton, Howdon and Wallsend that have experienced higher levels of unemployment benefits over the past 12 months.

## 2.4 Household income

The economic impact of the pandemic has seen the population’s incomes affected in various ways. According to the Office for National Statistics (ONS), as of January 2021 the impacts of the pandemic have seen:

- People aged under 30 years and those with household incomes under £10,000 being 35% and 60%, respectively, more likely to be furloughed than the general population

- Of those people who have not been able to work (either because of being on furlough or for another reason), half (52%) being in the top income quintile continuing to be paid in full, while this was the case for only 28% of those in the lowest income quintile
- People with a job or seeking work being more likely to have decreased income during the pandemic, and particularly the poorest 20%, while others such as retired people out of the labour market were more protected
- Employed parents being twice as likely to report a reduction in income than the general employed population, although this gap gradually narrowed throughout 2020 as schools reopened
- Employed parents being less likely to be furloughed since the beginning of 2021, unlike in the first phase of lockdown, but were still more likely to report reduced income than non-parents
- Self-employed people being more likely to report reduced working hours and reduced income, even if they had received support from the Self-Employment Income Support Scheme (SEISS)
- Those groups that were financially impacted at the start of the COVID-19 pandemic still being worse off up to mid-April 2021; such as the self-employed, who were three times as likely to report reduced income and twice as likely to use savings to cover living costs compared with employees
- By December 2020, nearly nine million people having to borrow more money because of the pandemic; the proportion borrowing £1,000 or more also increased from 35% to 45% since June 2020
- The impacts on household spending being felt differently across groups, with parents less able to afford either a holiday or an unexpected but necessary expense than non-parents; they were also roughly 50% more likely to have difficulty meeting their usual expenses
- Those aged under 30 years consistently more likely to report that their income had been reduced (15%) than those over 60 years (5%); however, a higher proportion of those under 30 years reported being able to save for the year ahead (50%) than older age groups (39%)

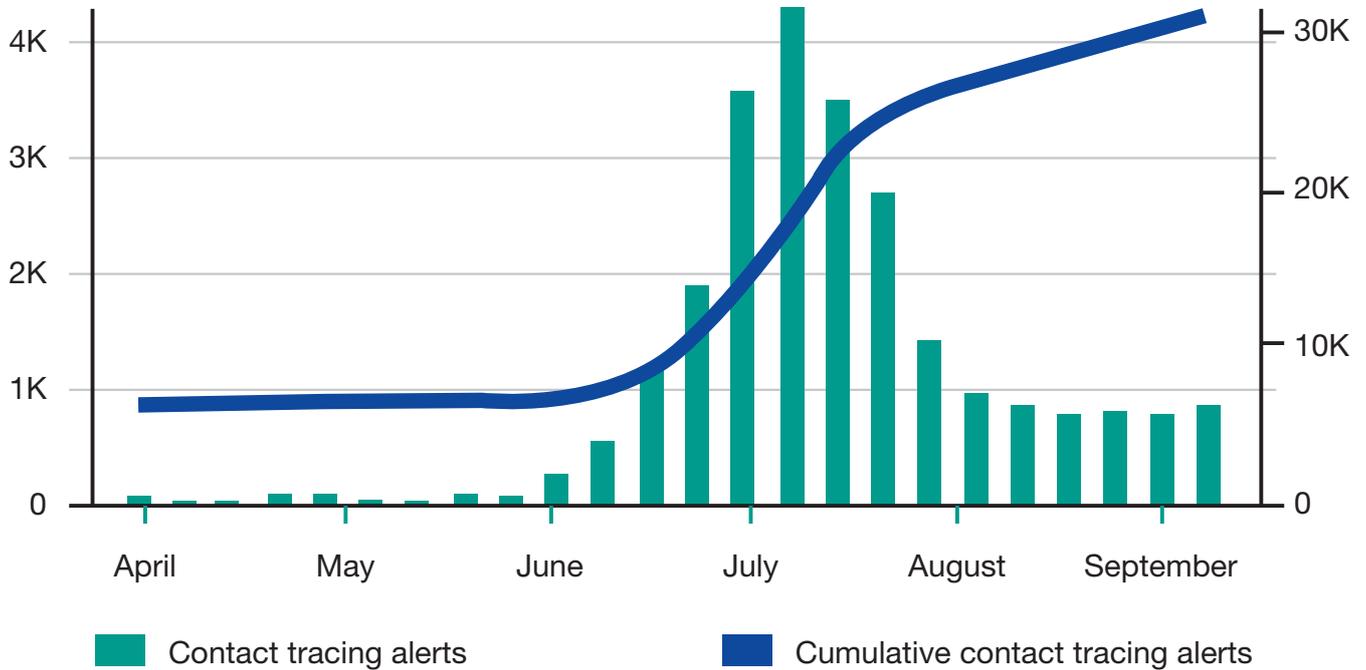
The number of employments in North Tyneside placed on the government's job retention scheme peaked at 28,000 employments in July 2020. The sectors most affected by this were hospitality, construction, arts, entertainment, and recreation. However, since July 2020, there has been a steady decrease among those residents placed on the job retention scheme and, as of 31st May 2021, there were 6,000 employments furloughed.

During July 2021, a combination of an increasing number of people being required to self-isolate due to rising infection levels and parents and carers needing to take time off work to care for isolating children led to a number of businesses struggling to operate, with some having to reduce hours of operation or close due to staff shortages.

## Chart 1. Number of contact tracing alerts sent by NHS COVID-19 App weekly in North Tyneside

Number of contact tracing alerts sent (North Tyneside)

Source: NHS COVID-19 App statistics



Estimates from October 2020 to January 2021 suggest only the equivalent of 1.5% of the people told to isolate by contact tracers received the self-isolation payment. When also including those told to isolate by the test and trace app, this percentage is likely to be lower (Source: NHS COVID-19 App statistics). This is reducing income for many households. In North Tyneside, up to July 2021, 867 payments have been made as part of the government scheme and 314 discretionary payments.

The financial impact was also felt by parents who missed work due to their child self-isolating from school with no financial support available.

One government study showed that the fear of losing income has led to only 17% of people who are showing symptoms getting tested (Source: BMJ, 2021). Additionally, one report suggests only 20.2% are adhering to self-isolation, with a need to work one of the

most common reasons for breaking isolation (Source: The Health Foundation, 2021).

### 2.5 Homelessness

At the start of the pandemic, government funding as part of the 'Everyone In' initiative enabled North Tyneside Council to place rough sleepers in emergency accommodation and provide welfare packs and support, including access to a freephone number.

During 2020/21, homelessness presentations reduced to 1,783, compared to the 2,355 made in 2019/20. The number of priority homeless acceptances increased to 72 in 2020/21, compared to 56 during 2019/20, but this included placing rough sleepers in accommodation. The reduction in presentations was due to notices being deferred from two months to six months, other services (such as alcohol and drug support, mental health services

and GPs) not being open or easily accessible to provide support to applicants and the wider implications of lockdown. However, presentations are expected to increase once the courts reopen in late June 2021 and evictions and mortgage possessions resume.

## 2.6 Transport

The impact of COVID-19 on transport has been mixed. A positive impact has seen cycling become a more popular way of getting around and within North Tyneside cycling trips have increased by 59% in the past year, which is more than was seen throughout Tyne and Wear as a whole (32%). Cycling levels were boosted in North Tyneside between July and November 2020 by the 'pop up' cycle lane introduced along the coastline to support safe walking and cycling journeys as an alternative while public transport capacity was reduced and leisure facilities were closed.

Alongside this, air quality across North Tyneside has also been confirmed as compliant with legal standards. Indeed, there has been a decrease in NO<sub>2</sub> (Nitrogen Dioxide) across North Tyneside during the 2020 period (the latest available data period) when compared to 2019. When monitoring the levels of air quality for North Tyneside, 2020 shows an 18% decrease on NO<sub>2</sub> when compared to 2019, which is considered to be the direct result of reduced car usage and traffic on the road network.

However, the impact of the COVID-19 pandemic on modes of travel means that securing a shift away from car use (due to the early risks of infection associated with public transport) has been difficult in the short term, and overall motor traffic volumes in April and May 2021 for Tyne and Wear and North Tyneside were slightly greater than pre-COVID levels. Public transport use across the region, although still well

pre-COVID levels, is showing a recovering trend, with Metro usage returning to between 60-70% of pre-pandemic levels by July 2021 (Source: Nexus, 2021).

## 2.7 Access to food

Issues around food poverty in the borough have been exacerbated by the pandemic. Pre-pandemic, 8% of residents were unable to afford food, increasing to 14% of people in the southern area of North Tyneside, the area where the borough's most deprived wards are located (Source: Poverty Intervention Fund). Since the onset of the pandemic, the demand for emergency food provision has dramatically increased and continues to do so.

In North Tyneside, in January 2021, 2.7% of residents said they were hungry, 6% struggling for food and 9.8% worried about getting food (Source: Food Foundation 2021).

Demand for food parcels had been increasing before the pandemic, with the number of food parcels distributed by The Bay Food Bank more than doubling between 2015 and 2019. Since the start of the pandemic, demand has continued to increase – with 3,155 parcels distributed in the first five months of 2021.

Within the last year alone, The Bay Food Bank has provided 350,000 meals to North Tyneside residents. This food insecurity has also been borne out with the number of pupils entitled to free school meals increasing by a thousand pupils, to over 7,000 pupils claiming free school meals in May 2021.

In addition, reports from local charities also suggest that families slightly above the eligibility threshold for free school meals are also struggling in North Tyneside. A survey in Wallsend in February 2021 found that 10% of

primary aged pupils and 13% of secondary aged pupils said “there are times when there’s nothing to eat at home” (Source: Wallsend Children’s Community, 2021).

## 2.8 Access to green spaces

The Google Mobility trend report<sup>6</sup> for the Tyne and Wear region indicates that throughout the pandemic more residents and visitors have accessed green spaces. Visits have been significantly higher than baseline levels.

## 2.9 Access to health and social care

Access to social care services has declined, despite increasing need. This will have longer-term effects on the health and wellbeing of those needing care and exacerbate the growing pre-pandemic responsibilities of unpaid carers.

Analysis by the Health Foundation has found that despite an increase in care needs during the pandemic, fewer people have accessed local authority-funded long-term care than before the pandemic. In September 2020, 800 fewer younger adults and 12,150 fewer older people were supported in residential and nursing care than in March, a decrease of 2.6% and 10.5% respectively. This unmet need for care is occurring at the same time as an increase in unpaid care.

## 2.10 Unpaid carers

Eight percent of the United Kingdom’s population indicate that their caring responsibilities have been affected by the pandemic, with caring responsibilities increasing for 30% of these (Source: ONS 2020).

However, half say they cannot provide the amount of care needed. This has been compounded by a reduction in the paid support

available (Source: ONS 2020) and a number of other factors, such as the additional strains created at the start of the COVID-19 pandemic when healthcare services were re-prioritised to manage expected demand, families fearing using existing care services, restrictions in movement and the need to self-isolate.

In addition, 77% of people have avoided contact with someone who is old or vulnerable, with 11% of these having caring responsibilities for those they were avoiding (Source: ONS 2020).

More than half of all young carers across the United Kingdom have said increased caring responsibilities have affected their education, while 66% have reported increased stress and 40% have experienced mental health issues (Source: Carers.org 2020).

Among adult carers, the pandemic has resulted in a negative impact on both paid and unpaid carers, most of whom are female (Source: Gov.uk 2020). In addition, 7% of those whose working hours reduced during the pandemic, did so for caring reasons, with this rate doubling in the 30–49-year-old age group (Source: University of Essex 2020).

Nationally, safeguarding issues have increased during the pandemic due to family and caring pressures caused by it and lack of access to support services. Between 2019/20 and 2020/21, North Tyneside experienced a 12% increase in safeguarding contacts per 100,000 head of population and a 17% increase in those cases that needed to be managed under section 42 of the Care Act (which requires a local authority to make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect).

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<sup>6</sup> <https://www.google.com/covid19/mobility/>



## 2.11 Disability and long-term health conditions

Nationally, the COVID-19 pandemic has had a number of negative effects on individuals with long-term or pre-existing conditions, including the waiting times for hospital appointments to manage their conditions.

For instance, diabetic individuals reported decreased confidence in managing their condition (April-August 20), indicating that the pandemic has had a negative effect on their mental wellbeing. In addition to this:

- 37% indicated their physical activity levels had been affected
- 32% indicated their eating patterns had been affected
- 29.6% indicated their ability to maintain a healthy weight had been affected (Source: The Health Foundation, 2021).

One-third of young epilepsy sufferers reported an increase in seizures between the start of the pandemic and June 2020 with a deterioration in sleep, mood and levels of physical activity (Source: The Health Foundation, 2021), while 83% of adults with an eating disorder reported worsening symptoms between June and July 2020 (Source: The Health Foundation, 2021).

Data from the Office for National Statistics (ONS) also shows that disabled people have been affected by the COVID-19 pandemic disproportionately when compared to the rest of the population. For instance, disabled people have reported higher levels of loneliness (42%), worsening mental health (46%), feeling isolated (36%) feeling a burden on others (25%) or having no one to talk to about worries (17%). These proportions are all considerably higher than those for non-disabled people (Source; ONS 2020).

Locally, 15,000 (7.2% of the population) people in North Tyneside were identified as being clinically extremely vulnerable during the pandemic, while 28,440 people (aged 16-64) were identified as being clinically vulnerable across the borough. This includes those who are diabetic, those with heart conditions, those who are asthmatic and those with Parkinson's. These groups of individuals were deemed to be at higher risk of poorer health outcomes if they contracted COVID-19 and were therefore prioritised for support and vaccination throughout the pandemic.

National data from ONS reveals that clinically extremely vulnerable people who were of working age struggled to afford to shield during the pandemic, as statutory sick pay at £98.85 per week is significantly lower than the national weekly earnings of £576 per week (ONS). Universal Credit claimants are currently in receipt of an extra £20 per week on top of their benefits, however this 'top up' was not extended to claimants in receipt of other legacy benefits such as job seekers allowance and employment and support allowance.

Across England there has been a 134% increase in deaths of people with learning disabilities during the pandemic (Source: CQC 2020). The rate of death as a result of COVID-19 among individuals with learning disabilities between February and June 2020 was 2.3-3.1 times the rate in the general population. However, this is believed to be an under-estimate, with the actual rate standing at 3.6-4 times. (Source: Public Health England 2020).

In terms of service delivery, only 34% of people with a disability or long-term health conditions have received the treatment they usually would have had throughout the pandemic (Source: ONS 2020). In addition, the use of face coverings and personal protective equipment

(PPE) has made it difficult for people with certain conditions, such as autism, Alzheimer's, dementia, and learning disabilities, to navigate their way through everyday life during COVID.

Children under voluntary care orders, due to their disability, could not go home for family visits during the pandemic (Source: Children's Commissioner 2020). Similarly, the cessation of visits to residential special schools in March 2020 prevented contact with families (Source: Children's Commissioner 2020). This was to the detriment of these children and their families, something exacerbated by digital communication being unsuitable for very young children or those with cognitive difficulties (Source: Children's Commissioner 2020).

The pandemic also had a severe impact on children's mental health wards, with three-quarters suspending family visits; while reduced face-to-face contact with professionals such as advocates and therapists, cancellation of activities and visits, and a delay in patient discharges, exacerbated problems for children's social care and community mental health teams (Source: Children's Commissioner 2020).

Overall, 8 out of 10 young people with mental health problems pre-pandemic say the pandemic has made their conditions worse, and 4 out of 10 said their conditions were much worse. (Source: Children's Commissioner 2020). Indeed, nationally there was a 41% reduction in children referred to mental health services in April 2020 (Source: CQC 2020). This was in part due to schools being closed, but shows that children may not have been getting, or were delayed in receiving the help they needed. (Source: CQC 2020).

## 2.12 NHS and waiting times

During the pandemic, health care services for non-COVID-19 conditions were reprioritised to manage increased demand from COVID-19. When services reverted back to their specialisms, high volume clinics were particularly affected. This was due to COVID-safe measures being put in place as it took longer to see patients in clinics, due to social distancing measures, therefore clinics had less capacity which impacted their ability to meet the demand.

In April 2020, 98% of people nationally with a long-term condition who needed prescription medications were still able to obtain them, 73% who needed treatment via a GP still received the services they needed and 65% were able to see a pharmacist.

Health Foundation analysis shows that all regions across England saw a 30% drop in GP consultations per patient between March and May 2020. It is not known what proportion of the missing consultations is a direct result of a reduction in need because of the pandemic; for example, fewer treatments following car accidents or a reduction in the prevalence of non-COVID-19 communicable disease.

During 2020, treatment activity fell in some specialties more than others. The largest impact was in trauma and orthopaedics, oral surgery and ear, nose, and throat (ENT), with respective falls of 38%, 37% and 37% compared with 2019.

In England, there were regional differences, with the largest fall in the north west (31%) and the smallest reduction in the south west (24%). The fall was greater in the most deprived areas (9,162 per 100,000 compared with 6,765 per 100,000 in the least deprived areas).

In the North Tyneside CCG area, as of February 2021, there were 1,138 patients who had waited more than 52 weeks for treatment. Out of the 1,138 patients waiting more than 52 weeks for treatment, 185 patients were waiting for treatment at Newcastle Foundation Trust and 162 at Northumbria Foundation Trust. The main specialities awaiting treatment were Ophthalmology and Dermatology.

In the North Tyneside CCG area, as of February 2021, there were 13,584 patients waiting less than 18 weeks on an incomplete pathway out of 18,539 patients. 4,955 patients on an incomplete pathway have waited over 18 weeks for treatment, which represents 26.7% of patients. However, the proportion of over 18-week-waiters has steadily been reducing since October 2020. Northumberland CCG reported that many patients were choosing to delay their surgery during the pandemic. Analysis by Northumbria Healthcare suggested they had no evidence of health inequalities within waiting times.

Visits to Accident and Emergency Departments began to fall two weeks before lockdown in March 2020 in England, falling to 48% compared with the same week in 2019 by the end of March. This recovered slightly to reach 64% of 2019 levels by mid-May. The fall in visits was greater for injury (54%) than for illness (32%). This is likely due to a combination of changes in NHS operations, in patient behaviour and in prevalence of conditions.

The number of patients seen for suspected cancer by a specialist dropped by 60% in April 2020 in England compared with 2019. Similarly, 37% fewer patients started treatment for cancer in May 2020. These numbers improved over the summer, narrowing to 8% and 10% respectively by October 2020.

## 2.13 Health screening

Within North Tyneside, all health screening programmes have been impacted by the pandemic, with the exception of the Antenatal and New-born screening programmes. As of August 2020, there were an estimated 42,000 missing cancer diagnosis in England, with urgent referrals 11% behind 2019 levels and the start of first treatment levels 18% behind 2019. With the backlog increasing every month, referrals/treatments are below pre-pandemic levels (Source: Macmillan, 2020).

As of February 2021, in the North Tyneside CCG area, 81% of patients were seen within two weeks of an urgent GP referral for suspected cancer, compared to the 93% threshold. For breast symptoms, 80.5% patients were seen within two weeks of an urgent referral, compared to the 93% threshold.

Generally, coverage of the cancer screening programmes (as shown in table 1) is comparable with the national standards. There is variation at a GP level, which reflects the social gradient, with GP practices serving more deprived areas having a lower population coverage rate. This highlights the inequalities present within many screening programmes, which also have the possibility for a further widening on inequalities due to COVID-19. The impact of the mitigation measures that included national lockdowns and improved infection control practices, will have had an impact on screening programmes and other infectious diseases.

**Table 1 - Cancer Screening Programme Coverage 2019/2020**

Screening Programme	Standard		% Coverage (2019/20)		North Tyneside Range	
	Acceptable	Achievable	England	North Tyneside	Highest GP	Lowest GP
Cervical Cancer (25-64 years) 3.5-year coverage	75%	80%	70.4%	77.5%	84.7%	70.4%
Breast Cancer (50-70 years) screened for breast cancer within 6 months of invitation	70%	80%	71.5%	70.1%	81.7%	25.0%
Bowel Cancer (60-74 years) screened for bowel cancer within 6 months of invitation	55%	60%	65.8%	68.2%	73.2%	61.6%

Source: Public Health England

## 2.14 Excess deaths

As a result of the pandemic there has also been an increase in deaths due to other medical conditions, including cancer and heart disease, with a fear of further deaths to come due to delays in diagnosis and treatment. For 70% of the time during 2020/21, excess deaths have been above the five-year average in North Tyneside.

In England, 5,800 excess deaths from heart disease and stroke occurred in the first year of the pandemic, with 130,000 fewer heart procedures taking place in the first 13 months of the pandemic – a 26% drop (Source: BHF, 2021). Delays in diagnosis have occurred due to a number of reasons, including screening programmes being paused, reluctance to seek medical attention and delays in accessing investigatory medical treatment. This is likely to result in an increase in adverse outcomes for those patients once they receive a diagnosis/treatment.

As of July 2021, the backlog of NHS patients in England is 5.3 million, with estimates that it could reach up to 13 million (Source: BBC, 2021) and it remains unclear how many excess deaths this will result in.

## 2.15 Vaccinations and immunisations

The closure of schools in March 2020 had a significant impact on the uptake of the school-based vaccination programme, however, North Tyneside childhood immunisation rates are among the highest in England, with rates above the English average for most vaccinations.

North Tyneside also has higher coverage than the England average for seasonal flu vaccinations, with the exception of the under-two-years age group (64.1% nationally, 55.2% locally).

For adult vaccination programmes, the North Tyneside rate is similar to England's for Pneumococcal vaccinations, but falls below the England average for the Shingles vaccination (49.1% nationally compared to 46.9% locally).

## 2.16 Health-related behaviour

Evidence from across England suggests smoking decreased during the first lockdown, with smoking rates dropping from 15.4% in 2019 to 14.8% in 2020, before rising again to 15.1% in 2021 (Source: UCL, 2021). There has been an increase in the percentage of people stopping smoking within the last 12 months throughout the pandemic, from 4.3% in 2019 rising to 8% in 2020, and rising again to 9.5% in 2021. There has also been an increase in those attempting to stop smoking in the last 12 months over the period of the pandemic, with an increase from 29.1% attempting to stop in 2019 to 36.2% attempting in 2021, with success rates rising to 25% in 2021 from a pre-pandemic success level of 14.2% (Source: UCL, 2021). The data however does suggest that, although many have been successful in stopping smoking throughout the pandemic, a significant number have also started smoking or returned to smoking, particularly in 2021.

Data from 2020 shows rates of smoking in North Tyneside were decreasing, with the number of residents smoking down to 12.8%, which was below the English rate of 14.3% (Source: PHE, 2020). If national trends are reflected locally this would suggest smoking rates in North Tyneside have also increased in 2021, although to levels still below the national average.

However, 27% of adults living in North Tyneside now drink more often than they did before the pandemic; 24% less often and 49% no change. In the borough, 23% of adults drink more units

of alcohol than pre-pandemic, 19% drink fewer units and 58% no change (Source: Balance, North East Perceptions Research 2020, issued January 2021). This has been at a time when lockdowns and self-isolation have resulted in pubs and clubs being closed and there has been reduced access to physical support groups and services. On a weekly basis, 32% of North Tyneside residents consume 6-8+ units, 3% daily.

Within the North East, one in three under-18s drink alcohol at least monthly, with 29% increasing their alcohol consumption during the pandemic and 33% decreasing it (Source: Balance North East, 2021). Worryingly, two in three under-18s who drink weekly have increased their consumption during the pandemic, "to cope with stress" given as one reason for drinking more (Source: Balance North East, 2021).

During 2020, nationally there was a 20% increase in alcohol-specific deaths due to alcoholic liver disease, mental and behavioural disorders due to alcohol and alcohol poisoning. The upward trend has continued, with a 42.9% increase in alcohol-specific deaths in March 2021 compared to the baseline (Source: PHE, 2021). This is particularly concerning, as the North East has the highest rate in the country – peaking in July 2020 at approximately 28 deaths per 100,000 and remaining the highest in the country in March 2021 at approximately 22 per 100,000. The highest peak for the UK was 14 per 100,000 (Source: PHE, 2021).

Nationally, COVID-19 has caused a drop in the activity levels of both adults and children, due to a lack of both opportunity and motivation (Source: Sport England 2021). During May to July 2020, physical activity in children and young people dropped by 2.3%, with the

recommended level of activity being met by around 100,000 fewer children than in the same period 12 months earlier (Source: Sport England, 2021).

The greatest drops in physical activity levels were seen in boys and in children from Black and Mixed backgrounds (Source: Sport England, 2021). However, 41% of adults have now reported that the vaccine rollout will increase their likelihood of participating in sport and physical activity over the coming months (Source: Sport England 2021).

Gambling is a major cause of harm to individuals, their families and many communities in the United Kingdom and this reflects the experience in North Tyneside. The pandemic has made it even more difficult for people who are at risk or are already affected by the impact on their mental health, relationships and finances. People are spending more time at home and in isolation and are more likely to be experiencing economic and personal stress, which will increase the risks from gambling activities.

For people who seek help, some gambling support services have made the transition to providing support online in response to the pandemic, but it is difficult for them to reach everyone and even more problematic for them to reach those people who have dropped out and had a relapse in their recovery during the course of the COVID-19 pandemic.

## 2.17 Obesity levels

Being overweight or obese is associated with an increased risk of testing positive, requiring hospital treatment (including advanced treatment) and dying from COVID-19 (Source: PHE, 2020). The risk increases with an increasing Body Mass Index (BMI) above a healthy weight range and is particularly concerning for North Tyneside, where during 2019/20, 65.7% of all adults in the borough were reported to be either overweight or obese (Source: Public Health Outcomes Framework).

In one study comparing habits pre-pandemic (Feb 2020) and during the pandemic (July-September 2020), 34% of participants reported gaining weight in the first few months of the pandemic, with 18% reporting increased snacking and 25.2% decreased levels of physical activity (Source: Covid Symptom Study, 2021).

However, this seems to have been matched by 32% losing weight, 22% decreasing snacking and 26.5% increasing physical activity (Source: Covid Symptom Study, 2021).

Therefore, it will remain unclear the effect the pandemic has had on obesity levels until we establish if the weight changes have moved people into or out of healthy weight ranges. Anecdotal evidence does suggest however that obesity levels in children have increased during the pandemic in North Tyneside and concerns have been raised nationally that, with school closures, some children will have not been receiving nutritious food due to parents lacking the skills, knowledge and resources to prepare it (Source: PHE, 2020).



# 3. Impact on inequalities across the life course

## 3.1 Age and sex

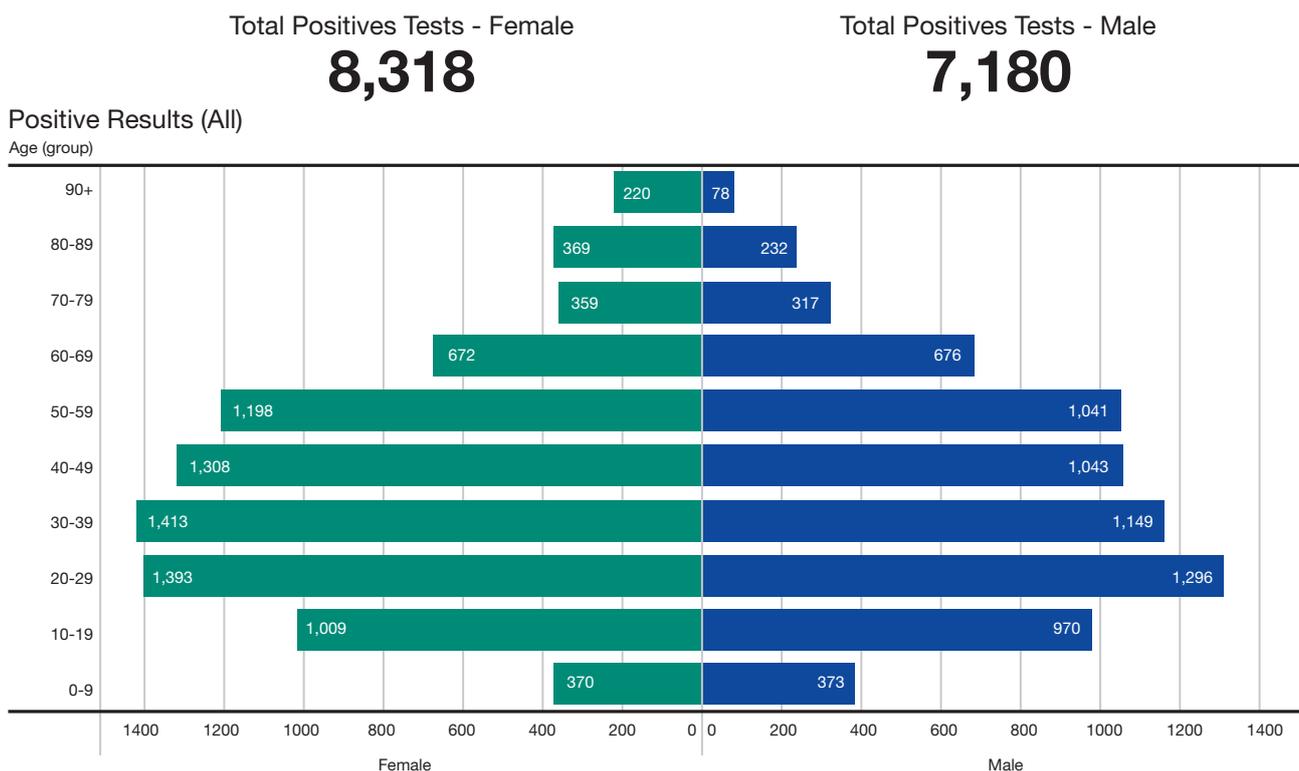
Inequalities in North Tyneside have widened as a result of the pandemic. This section identifies where the effect of the direct and indirect impacts has been felt the most.

In terms of the direct impacts, there are well documented disparities in risk of COVID-19 and associated with poor outcomes. The biggest disparity found is age. Among people already diagnosed with COVID-19, people who were aged 80 or older were 70 times more likely to die than those aged under 40. Older people are also more likely to have underlying conditions which place them more at risk of dying.

In North Tyneside, Chart 2 below shows that in every age group from age 10 years upwards more females than males have tested positive for COVID-19 during the pandemic. However, the risk of dying among those diagnosed with COVID-19 was higher in males than females. The risk of dying after contracting COVID-19 was also higher amongst those living in the more deprived areas than those living in the least deprived; and higher in those in Black, Asian and Minority Ethnic (BAME) groups than in White ethnic groups.

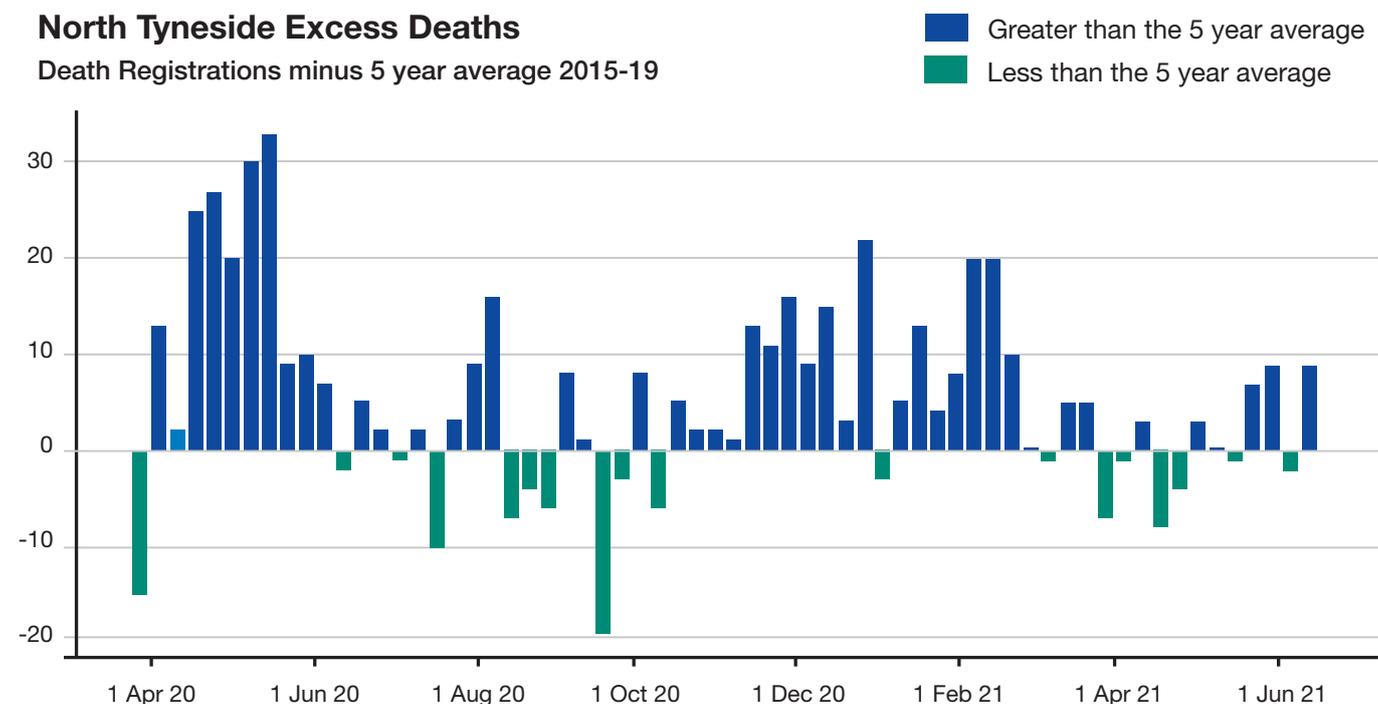
**Chart 2: All positive COVID-19 Results for North Tyneside by Sex and Age**

**All - Positive Results - North Tyneside by Sex and Age**  
(to latest Specimen Date: 30 June 2021)



During 2020/21, the number of excess deaths (deaths greater than the five-year average) in North Tyneside was higher most weeks, which corresponds to national data from the Office for National Statistics that suggests the over-75 age group has accounted for three-quarters (74%) of COVID-19 deaths across the country since the start of the pandemic.

### Chart 3: Excess Deaths in North Tyneside



Source: North Tyneside Council

The indirect impacts have also not been experienced equally across our communities. Social isolation as a result of COVID-19 has disproportionately impacted older residents, care home residents, clinically extremely vulnerable residents and those with mental health illness or disabilities compared to the rest of the population. Older residents were already prone for social isolation. There are estimated to be just under 14,000 residents aged 65 years and over who are living alone in North Tyneside.

Children and young people have been disproportionately impacted in terms of missed education and social interaction amongst peers during lockdown periods and periods of

self-isolation. It is thought that the attainment gap has widened between children living in deprived areas and their peers.

### 3.2 Pregnancy and maternity

Access to pregnancy and maternity services and support significantly reduced during the COVID-19 pandemic. During the first lockdown, women had to attend maternity appointments alone and partners had to leave hospital after the birth of the child. However, guidance did change in December 2020 (updated March 2021) to allow for one person to accompany an expectant mother 'at all stages of her maternity journey'.

Nationally, new parents received less support during the COVID-19 pandemic (Source: Children's Commissioner 2020). As a result of lockdown periods and restrictions on household mixing, new parents were unable to receive practical support from family members, adding to mental strain and social isolation. Mother and baby groups, where new parents usually benefit from the support of peers and build relationships, were also unable to take place physically.

In North Tyneside, healthy child clinics were suspended – on NHS England advice – and the 0-19 Children's Public Health Service moved to supporting families via telephone and Microsoft Teams, in addition to hosting virtual infant feeding sessions.

Between April and October 2020, serious incident notifications about babies increased by a fifth compared to the same period the previous year (Source: amanda-spielman-at-ncasc-2020).

Nationally, in pregnancy, Black women were eight-times and Asian women four-times more likely to be admitted to hospital with COVID (Source: Care Quality Commission 2020). Data from the Care Quality Commission 2020 also suggests that, during the COVID pandemic, disparities between BAME and White neonatal and maternal mortality were exacerbated.

Maternity and paternity leave has also been impacted by employment changes as a result of the pandemic (Source: gov.uk March 2021), while some self-employed women were unable to claim the Self-Employed Income Support Scheme financial support due to having taken maternity leave between 2016 and 2019 (Source: BBC News January 2021). At the start of the COVID-19 pandemic, some pregnant employees were incorrectly placed on statutory sick leave and told to 'shield' for 12 weeks, which made them ineligible for furlough.

### 3.3 Early years, children and young people

Whilst children are less likely to experience serious illness as a result of contracting COVID-19, they have been disproportionately impacted by the social restrictions, school closures and periods of self-isolating.

Ofsted found that over half of early years providers felt that children's personal, social, and emotional development had fallen behind during the first lockdown.

The disruption of the pandemic has been greater for some children than others. During lockdown periods, school-aged children who were eligible for free school meals, had lower-educated parents, or were from single-parent families spent less time on home learning than peers. In secondary education, nationally, schools with high rates of eligibility for free school meals had higher levels of learning loss than schools with lower rates (2.2 months vs 1.5 months) by autumn 2020.

Data from the Marmot report Build Back Fairer suggests that the attainment gap between disadvantaged pupils and their peers has widened during the pandemic. This is in part due to a lack of digital resources both in terms of equipment and teacher skill, and partly as a result of the set up at home and its conduciveness to learning.

Those in the highest quintiles spent more hours per week during the first lockdown on education (online classes, other schoolwork, or with a private tutor) than those in the lower quintiles, with 30% more time spent on home learning in high income families compared to low-income families. This has increased inequalities in learning time that were present before the pandemic (Source: Marmot Review, 2020).

According to the Children's Commissioner's 2020 report *Childhood in the Time of COVID*, two in five (40%) children in low-income families had insufficient desk space at home to undertake their schoolwork during the first national lockdown of the pandemic, while between 1.14 – 1.78 million children had no access to a computer or tablet.

Evidence from *Childhood in the time of COVID* suggests that, nationally, 70-80% of parents whose children had an Educational Health and Care Plan (EHCP) said their mental health had declined and 54% said their physical health had declined during the pandemic.

The number of EHCPs maintained by North Tyneside Council continues to increase and is much higher than would be expected for a local authority of its size. The latest published data (January 2020) indicates that North Tyneside has 29 EHCPs per 1,000 heads of population aged 0-24 (inclusive), compared to 23 nationally and 24 regionally. In North Tyneside, requests for a needs assessment that may result in an EHCP have remained high throughout the pandemic, with the current monthly average for 2021 being higher than that for 2020 (34 compared to 29). This is placing increased demand not only on places in schools and settings, but also on other services to support these children and young people.

Despite school closures there has not been a reduction in requests, with most requests coming from schools and settings. However, there has also been a noticeable increase in North Tyneside in the proportion of requests coming from parents.

Like nationally and regionally, North Tyneside has seen a decrease in physical activity among young people during the pandemic, raising

concerns around both physical and mental health, which is consistent with data from the Children's Commissioner's 2020 report *Childhood in the Time of COVID*, which indicates eight in ten young people with mental health problems in the United Kingdom have said their problems have worsened due to lockdown restrictions.

According to data from Gov.uk (April 2021), all demographic groups examined (age, sex, race, income) experienced increases in distress after the onset of the pandemic, followed by decreases. However, the change was larger for younger adults (aged 18 to 30), females, those identifying as 'non-white' and those with higher income (over £50,000). The proportion of people experiencing sleep problems also increased from 16% before the pandemic to 25% in April 2020 (Source: Gov.uk April 2021).

Concerns around children and young people's mental health nationally has been echoed locally. Before the pandemic, the number of young people presenting with mental health issues was increasing, with the number supported at a statutory level increasing by 36% in the period 2016-2019, and further increasing by 47% over the year to January 2020 (Source: *Embedding the Whole School Approach through a universal Mental Health First Aid programme*).

Similarly, in a survey of North Tyneside schools (60% response rate), 96% of schools believed the mental health of their pupils had been detrimentally affected by the pandemic. (Source: *An overview of Children and Young People's Mental health: report to Children, Education and Skills Sub-Committee meeting 25 March 2021*), suggesting that mental health has become a real issue for young people in North Tyneside during the COVID-19 pandemic.

Children from low socio-economic backgrounds experienced elevated emotional difficulties during the first lockdown compared to those from higher income households (Source: Children's Commissioner 2020).

It is also estimated that 2.2 million children in England live in households affected by domestic abuse, parental drug and/or alcohol dependency or severe parental mental health issues, with the majority not having a social worker (Source: Children's Commissioner 2020).

### 3.4 Safeguarding

In North Tyneside, there has been a significant increase in the volume of contacts and referrals to Children's Social Care. The number of contacts dealt with by the Early Help Team increased to 2,795 between April and June 2021, compared to 2,369 in 2020. There was a spike of 1,097 contacts in June 2021, which had risen from 787 in May.

As a result, the number of cases progressing from contact to referral also increased, to 460 referrals, compared to 390 in the same period in 2020. The number of Children in Need was also higher, with 1,717 Children in Need in June 2021 compared to 1,514 the previous year. Since January 2021, there has been a steady increase in the number of children on Child Protection Plans, from 168 to 186 at the end of June 2021.

### 3.5 Children in care and care leavers

Nationally, the first lockdown resulted in children in care being cut off from family and professionals for months (Source: Children's Commissioner 2020). Changes to the legal protections of children in care also meant children could not be sure they would see social workers and other professionals as regularly (Source: Children's

Commissioner 2020). However, while statutory visits in North Tyneside continued during this period, video calls were used as the first-choice option to allow visits to take place, with face-to-face meetings taking place when needed.

The risk of isolation and loneliness (nationally, 86% of care leavers said they felt more lonely and anxious) and insufficient support (43% of care said they had less contact with their personal advisor) increased for care leavers during the first lockdown (Source: Children's Commissioner 2020). Nevertheless, the levels of contact with personal advisers among care leavers in North Tyneside has remained high throughout the pandemic, while just under half (46%) of care leavers had not felt lonely – a higher proportion of care leavers than elsewhere (33%) (Source: Your Life Beyond Care, 2020).

In North Tyneside, there were 300 Children in Care at the end of June 2021. At 72 per 10,000 under-18 population, this is above the March 2020 England average of 67 per 10,000, but lower than the North East average of 108 per 10,000 and our statistical neighbours of 102.8. During 2020/21, fewer children entered care because of abuse or neglect, but there was an increase in those entering care because of family dysfunction. Also, fewer children left care and returned home (as part of their care plan), but there was an increase in those moving to independent living.

### 3.6 Working age adults

Through the course of the COVID-19 pandemic, national data (the Office for National Statistics Labour Force Survey) suggests that people aged between 16-24 years have seen the highest increase in unemployment. Data for North Tyneside (the Office for National Statistics Annual Population Survey) also suggests a significant rise in unemployment for this age group.

Unsurprisingly, the risk of mortality as a result of COVID-19 has been seen among certain job types. For instance, those working in process plants and caring and personal services have had higher death rates involving COVID when compared to other occupational groups (Source: ONS).

People with Black, Asian and other ethnic minority backgrounds are also disproportionately more likely to have died from the virus (Source: Gov.uk 2020); working in jobs with a high exposure risk and higher use of public transport is thought to have contributed to this (Source: Public Health England 2020).

National data suggests there are 3.2 million workers in high risk roles (e.g. health and social care, education, childcare, etc.) with 2.5 million (or 78%) being female (Source: Warwick University Press Release October 2020). Indeed, more than half of all key workers are female, which increases their risk of exposure to the virus and with this, their mental stress.

People working in social care had a significantly higher rate of death compared with those working in healthcare by December 2020. For men, the death rate in healthcare was 44.9 per 100,000 people, rising to 79.1 per 100,000 for nurses, compared with 109.9 per 100,000 in social care. For women, the death rate in healthcare was 17.3 per 100,000, rising to 24.5 for nurses and compared with 47.1 in social care.

Data for England shows that females are also more likely to be disproportionately affected by the indirect impacts of the pandemic. For example, working class females are more likely to have been furloughed than males, whilst home schooling and caring roles have also had a disproportionate effect on working females

(Source: Warwick University Press Release October 2020).

However, across England, 57% of COVID deaths were among males (Source: ONS March 2021) and males represented 70% of all patients in critical care (Source: Public Health England August 2020), yet males were more likely to be in job roles that were not furloughed. The data also indicates, however, that females have had higher infection rates than men.

Available national evidence indicates that self-reported mental health and wellbeing worsened during the first national lockdown of the COVID-19 pandemic. Psychological distress, anxiety and depressive symptoms appeared to peak in April 2020, showed some recovery by July, and were sustained until September 2020 (Source: ONS 2020).

In North Tyneside, 11.6% of people reported feeling lonely “often or always” between 14 October 2020 and 22 February 2021 (Source: ONS, 2021).

However, national data is now signalling that self-reported mental health and wellbeing may have worsened again between October 2020 and January 2021. For example, in the week up to 4 October 2020, average anxiety scores for adults across the United Kingdom were worse than they were pre-pandemic, with the percentage of adults reporting high anxiety levels increasing to 36%, which rose to 43% for those with a pre-existing health condition (Source: ONS 2020).

While 26% of all adults across the North East reported feeling lonely, this rose to 70% among single people (Source: ONS 2020).

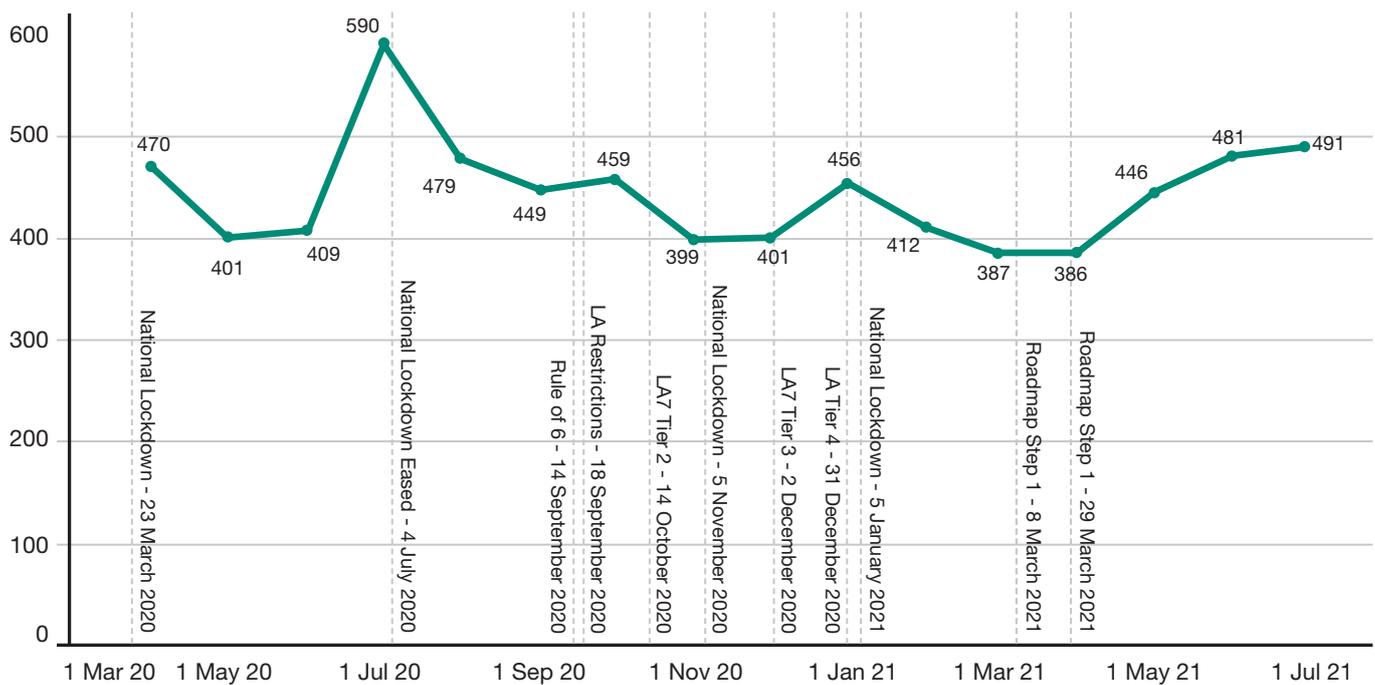
Working from home and lockdown reduced the accessibility of support for many people. As a consequence, calls to the National Domestic Abuse Helpline went up by 80% when the first lockdown eased in June 2020. Locally, data for North Tyneside reflects this, as domestic abuse reporting increased every time lockdown eased, with almost half (46%) of all domestic abuse cases in the borough involving households with children.

In North Tyneside, the number of domestic abuse incidents reported to the police increased by 10% during 2020/21 compared to the previous year. There was a significant increase in the number of reports made during July 2020, which coincided with the easing of the first national lockdown. The primary abuse types reported are incidents of assault, stalking and harassment.

### Chart 4: Reports of Domestic Abuse in North Tyneside

#### Domestic Abuse Incidents per month during 2020/21

Source: Northumbria Police



Source: North Tyneside Council



### 3.7 Older people

Older people have suffered more than others in terms of mortality, especially those residing in care homes. National data from the Office for National Statistic (ONS) suggests that the over-75-year-old age group has accounted for three-quarters (74%) of COVID-19 deaths across the country since the start of the pandemic.

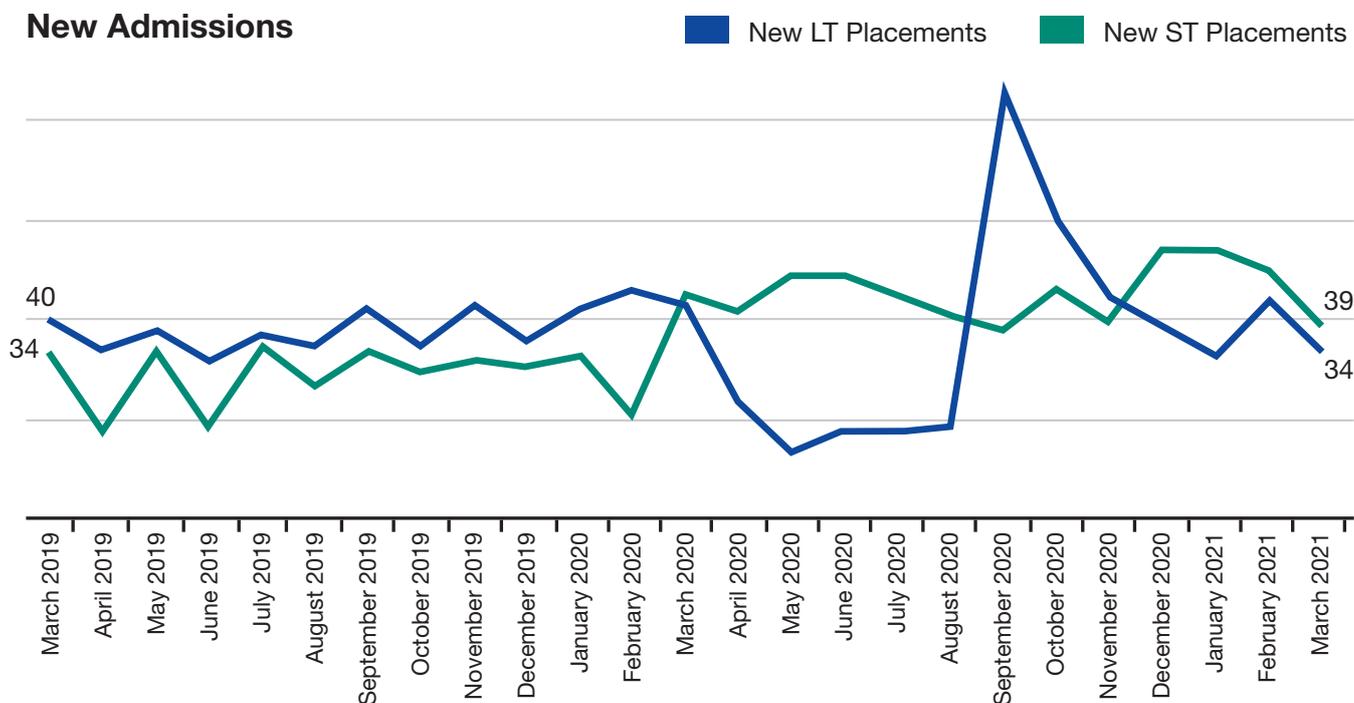
Prior to the COVID-19 pandemic, loneliness and social isolation were already prevalent amongst older people, however this was exacerbated by national lockdowns and the social distancing measures put in place. Due to the increased vulnerability to COVID-19, many older people were anxious about leaving the house, particularly those with long-term conditions. Clinically Extremely Vulnerable residents were advised to ‘shield’ for extended periods and not

leave the house to socialise, take physical exercise or go shopping. Care homes stopped family and friends visiting residents to reduce the risk of infection and potential outbreaks occurring, but this also increased the levels of loneliness and social isolation experienced by residents.

Older residents are more likely to be digitally excluded, reducing the opportunities to keep in contact with family and friends.

Throughout the pandemic, North Tyneside Council has continued to support care homes and there now appears to be a ‘levelling off’ of people moving into both short-term and long-term care. However, while this appears true, there is not yet clear empirical data to indicate the reasons as to why this could be.

**Chart 5: New Care Home Admissions**



Source: North Tyneside Council

As a result of the pandemic, physical activity levels in adults have dropped (Source: Sport England, 2021), which is an important tool for preventing and delaying the onset of frailty and for the management of frailty in older age (Source: Silva et al, 2017). For instance, when compared to those who are not frail, very severely frail individuals who contract COVID-19 are three times more likely to die (Source: NCL, 2021).

In addition, delays in diagnosis and treatment for individuals with long-term conditions will lead to increased morbidity and mortality going forward (Source: BMJ, 2020). Many of these individuals will be older members of our community.



# 4. Impact on inequalities across our communities

## 4.1 Income and deprivation

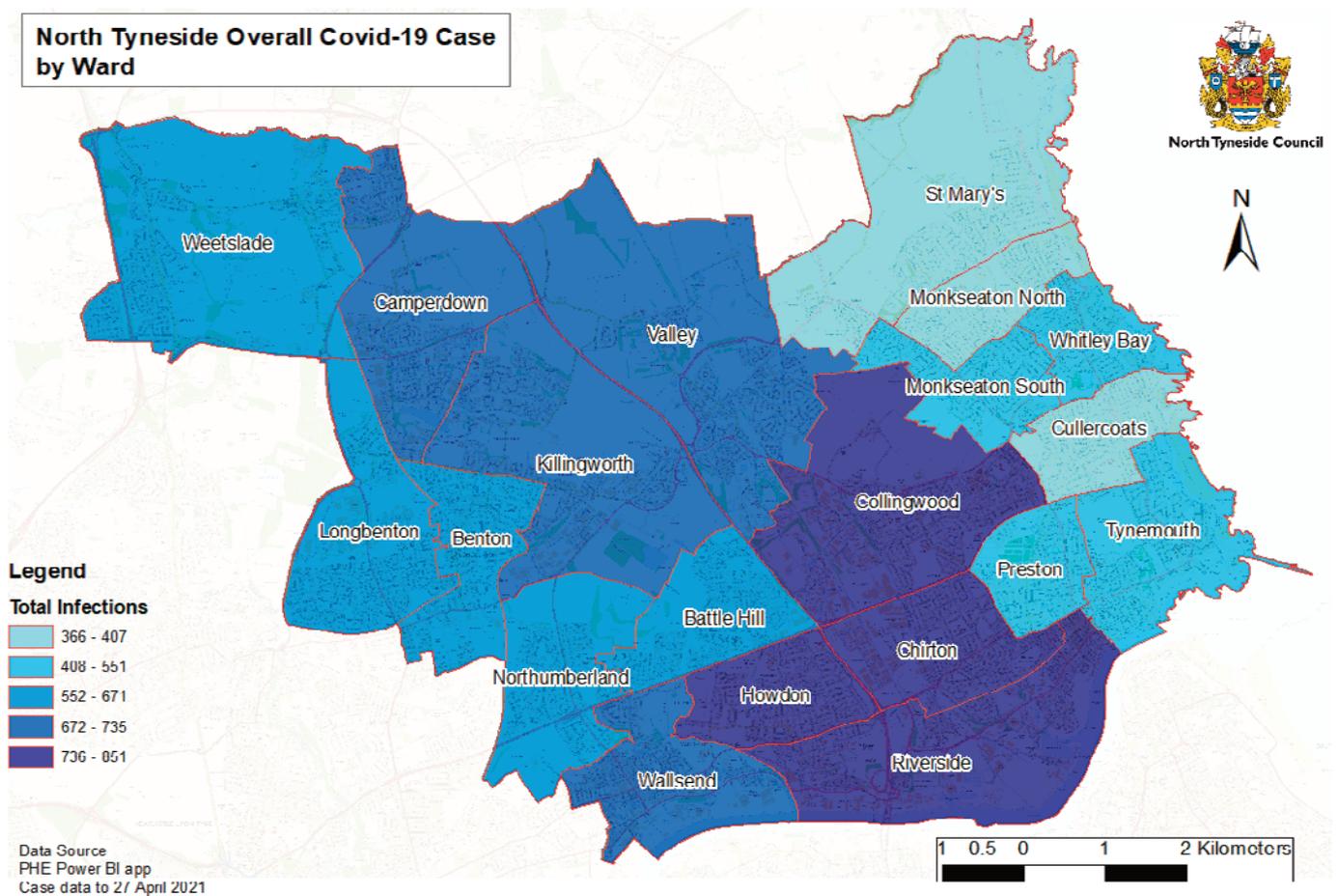
Deprivation is a known determinant of health. People who live in more socially deprived areas tend to experience worse health outcomes and a greater prevalence of behavioural risk factors.

In North Tyneside, 21.15% of residents live in areas considered to be the most deprived in England, however comparatively North Tyneside is one of the least deprived areas in the North East region. In North Tyneside, there is a gap of 11 years on average life expectancy between

residents living in the most deprived areas of the borough compared to residents in the least deprived areas.

Across the United Kingdom, those living in the most deprived communities have been disproportionately affected by higher levels of COVID-19 infection rates compared with those in the least deprived communities. The same appears to be true for North Tyneside, with the highest proportion of cases by population being in Riverside, Chirton, Howdon and Collingwood – see Map 1 below.

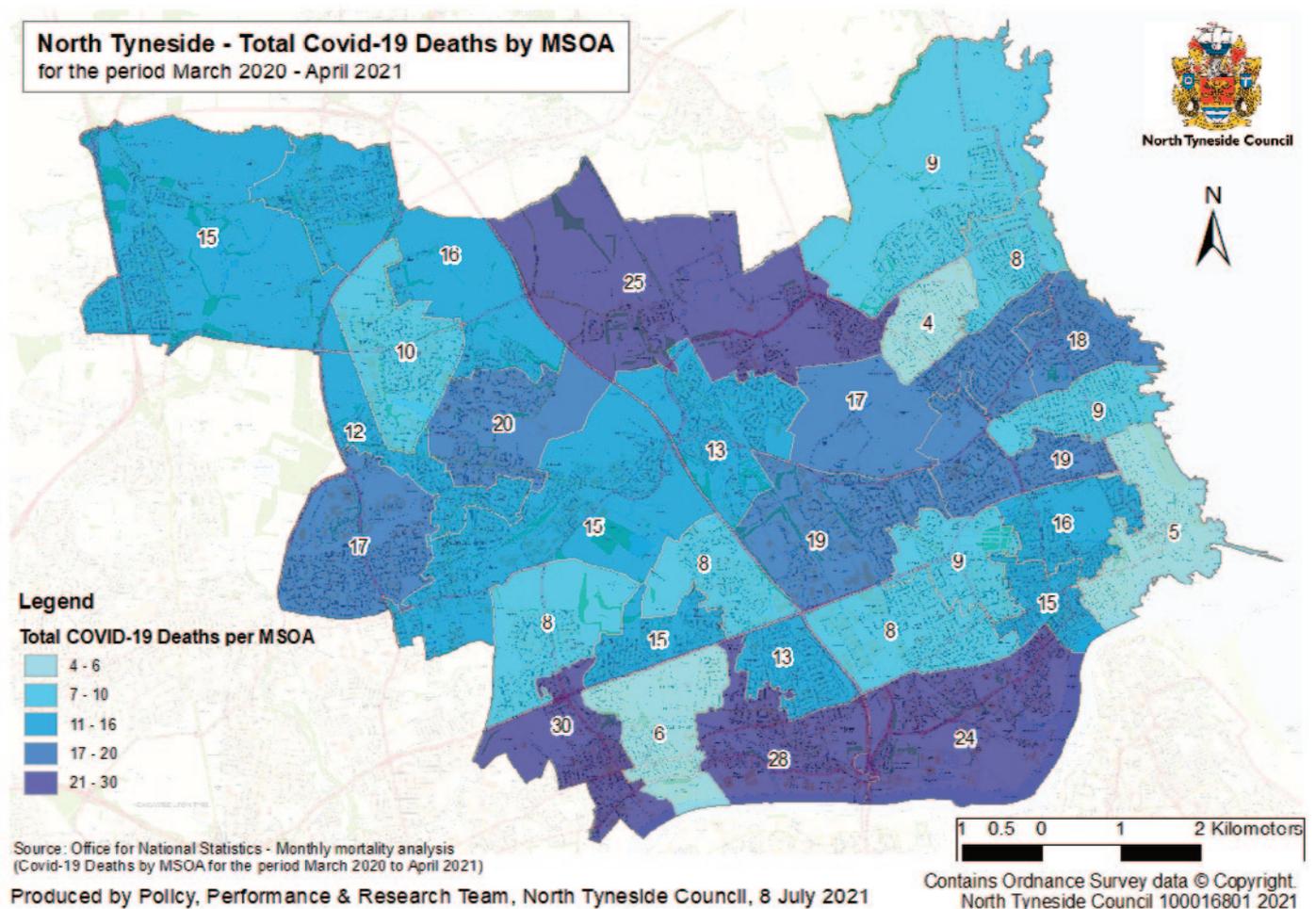
**Map 1: Overall COVID-19 Cases by Ward**





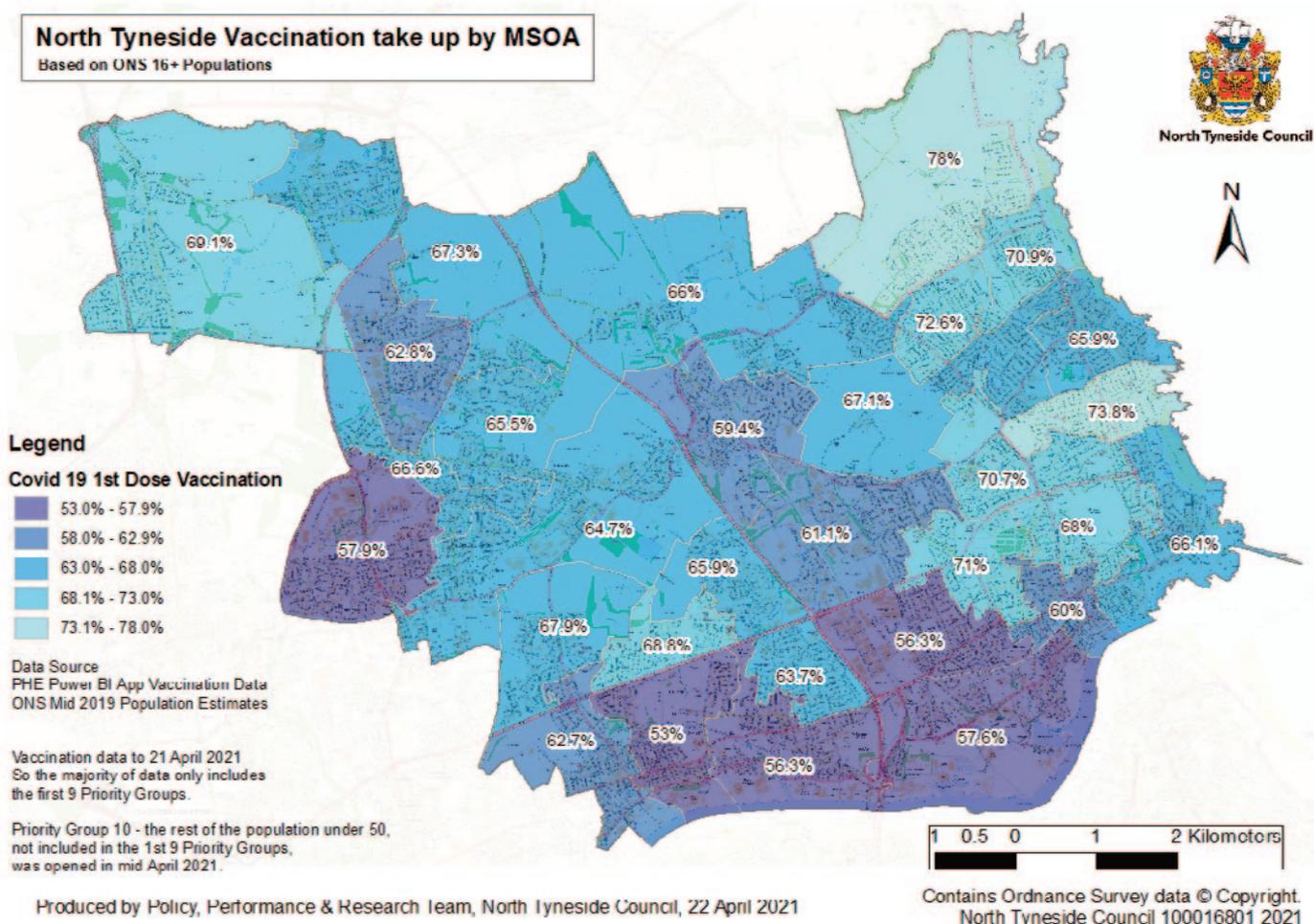
Mortality rates across North Tyneside are also higher in some of the borough's more deprived communities, with data from the Office for National Statistics (ONS) showing the number of deaths from COVID-19 being higher in Wallsend West, Willington Quay and Percy Main, along with Shiremoor North and South Wellfield.

### Map 1: Overall COVID-19 Cases by Ward



Data from North Tyneside Council also suggests that within the borough there has been a lower-than-average take-up of vaccines in deprived areas. As Map 3 below shows, it is those areas in the southern area of the borough – which consist of the borough’s most deprived areas – that tend to have lower vaccine take-up rates. This is consistent with trends nationally (Source: ONS,2021).

### Map 3: Vaccination take-up in North Tyneside



Source: North Tyneside Council

During the COVID pandemic, North Tyneside has seen a 90% increase in Universal Credit claimants (January 2020 to March 2021) and there are now 19,097 claimants in North Tyneside, compared to 8,182 in June 2019 (Source: DWP Universal Credit statistics).

Although this is an absolute increase in the proportion of people claiming Universal Credit across North Tyneside, some of the increase is likely to be as a result of the widening of eligibility for people across the borough, as the spike in

claimants appears to coincide with the outbreak of the pandemic, as highlighted in Chart 6 below. Universal Credit claimants have increased steadily since full service roll out was implemented in North Tyneside in May 2018. As of December 2020 to February 2021, unemployment in the United Kingdom was at its highest level since 2016 (Source: ONS Employment in the UK April 2021 (Labour Force Survey)), with 4.9% of the economically active population unemployed and expected to rise to 6.3% by the end of 2021 (Source: HM Treasury Forecasts for the UK Economy April 2021).

Unemployment benefit claimants in North Tyneside have also increased to 6.3% of residents aged 16-64 in March 2021, compared to 3.8% a year earlier (Source: ONS Claimant Count data, via Nomis). There appears to be a higher proportion of claimants in the southern area of North Tyneside, as shown in Map 4 below.

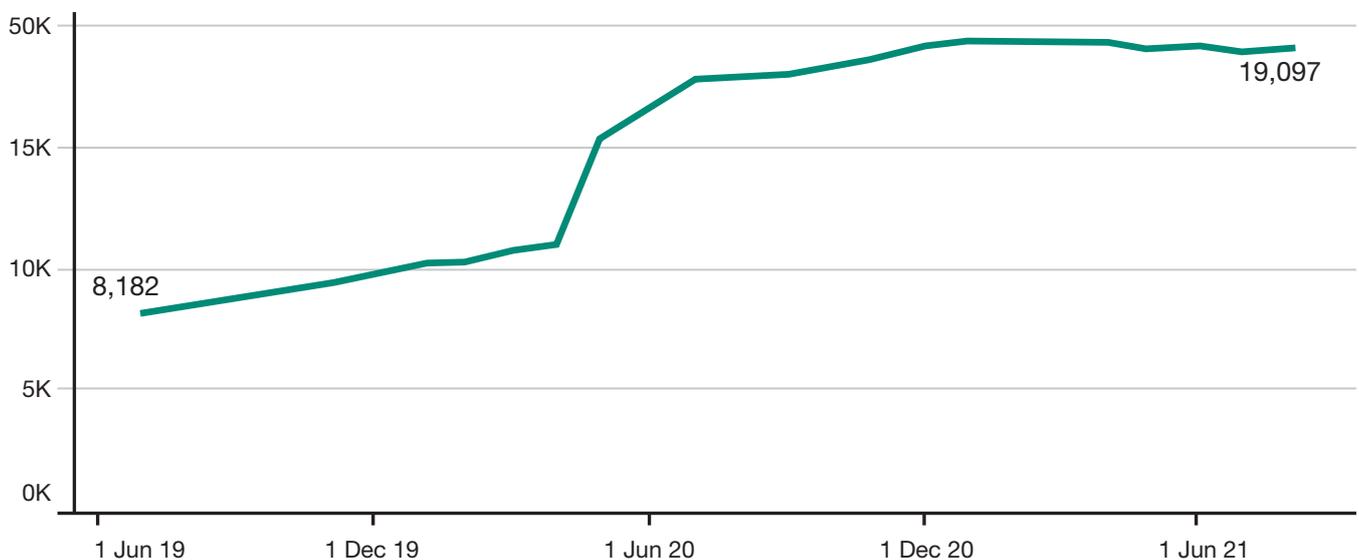
It is estimated that over the past year there have been 4,700 claims valued at £12million made under the Self-Employment Income Support Scheme (3rd grant), which equates to a take-up of 67% in North Tyneside (Source: HMRC self-employment support scheme statistics).

In February 2021, 12,100 employees were furloughed. Around 45% of these were in the wholesale and retail, repair of motor vehicles and accommodation and food services sectors. (Source: HMRC job retention scheme statistics).

### Chart 6: Universal Credit Rate in North Tyneside

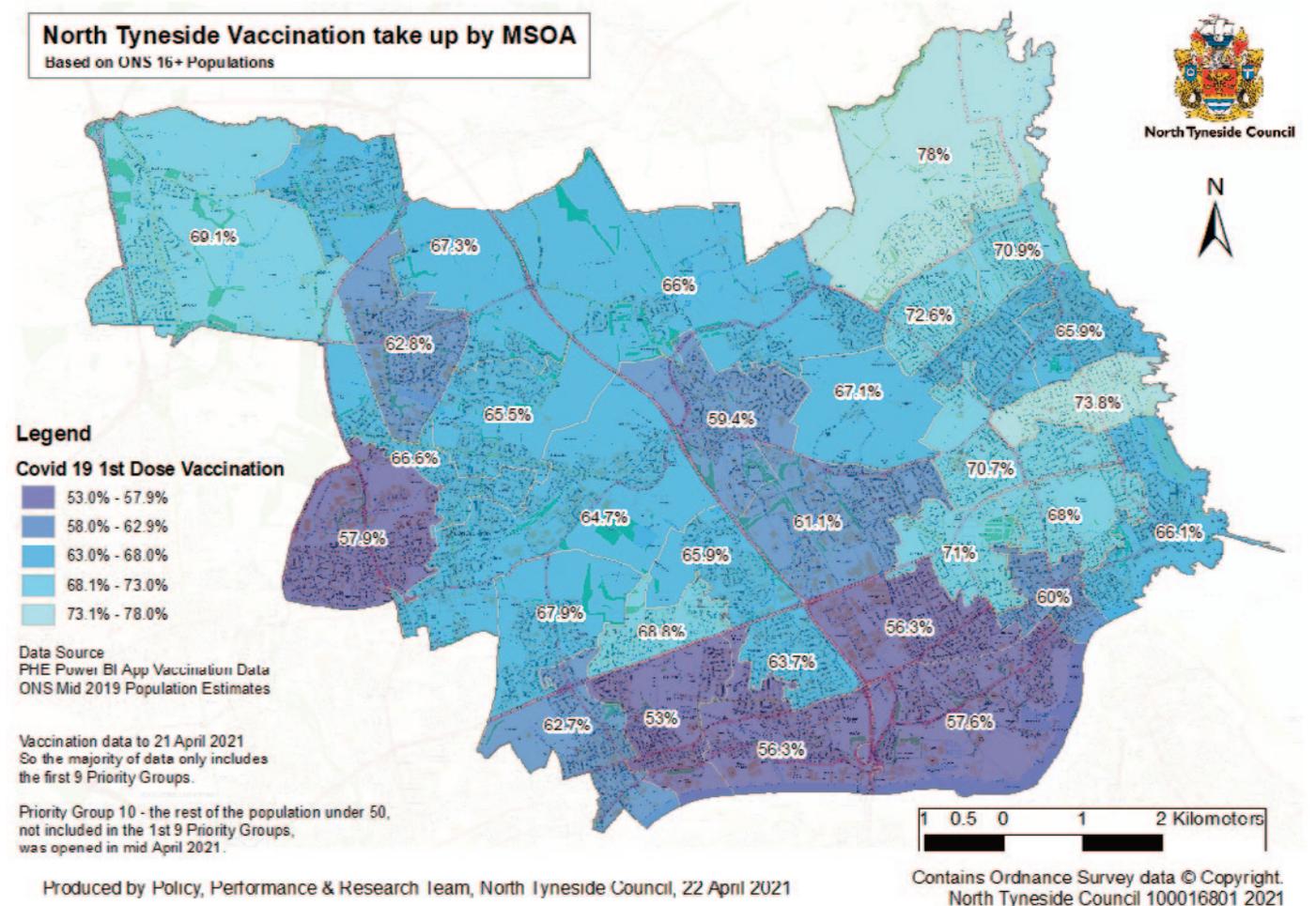
#### People on Universal Credit in North Tyneside

Source: Department for Works and Pensions



Source: North Tyneside Council

## Map 4: North Tyneside Claimant Count



Source: North Tyneside Council

Those people living with low income during the pandemic and particularly those below the poverty line were likely to experience a negative impact on their health and wellbeing; and in particular are more likely to have suffered more loneliness than other groups. Evidence demonstrates that COVID-19 has resulted in the greatest increase in loneliness amongst these groups (Source: Social Metrics Commission 2020). Indeed, people living in areas covered by the Northern Powerhouse were more likely to have experienced loneliness than the rest of England (Source: COVID-19 and the Northern Powerhouse – Tackling Inequalities for UK health and productivity).

### 4.2 Food poverty

Food poverty has also become an issue of increasing concern since the start of COVID-19, with many families facing difficulties in affording food. Before the pandemic families were already struggling, with 8% of people not able to afford food and this increased to 14% in the southern area of the borough (Source: Poverty Intervention Fund). The pandemic has worsened this situation, with referrals to charities offering emergency food provisions increasing rapidly.

Demand for food parcels had been increasing before the pandemic, with the number of food parcels distributed by The Bay Food Bank more than doubling between 2015 and 2019.

Since the start of the pandemic, demand has continued to increase, with 3,155 parcels distributed in the first five months of 2021. Within the last year alone, The Bay Food Bank has provided 350,000 meals to North Tyneside residents.

In North Tyneside, there has been a significant increase over the last year in the number of families suffering from food insecurity and the number of pupils entitled to free school meals has increased by a thousand pupils to over 7,000 as of May 2021.

As well as this, reports from local charities suggest that families slightly above the eligibility threshold for free school meals are also struggling in North Tyneside.

Before the outbreak of COVID-19, child poverty in North Tyneside had begun to increase. For instance, children in relative low-income families in North Tyneside increased to 22% in the financial year ending 2020 – up from 14% in 2015, while children in absolute low-income households had increased to 19% in 2020, from 15% in 2015.

While these two measures of child poverty use different definitions, they are very much complementary and both suggest an increase in child poverty since the start of the COVID pandemic.

### 4.3 Housing and environment

The Coronavirus Act 2020 gave social and private tenants more protection from eviction from 29 August 2020. Landlords must now provide at least six months' notice to their tenants when seeking possession of their property, with the exception of the most serious such as cases of anti-social behaviour, certain cases of domestic abuse and an accrual of more than six months' rent.

Protections for renters concluded at the end of September 2021 and tenants with rent arrears could be given just two weeks' notice to evict a property. As a result, there is a concern that there will be an increase in residents presenting as homeless.

The level of council housing rent arrears has now increased to £3.4million, compared to £3million pre-COVID. However, the level of rent arrears has gradually increased since the full service roll out of Universal Credit in May 2018.

In North Tyneside, 4,677 tenants were claiming Universal Credit as of 30 April 2021 and 3,592 (73%) of these tenants are in rent arrears (although 85% of those tenants on UC were already in arrears when they transferred to UC).

With regards to the level of crime in North Tyneside since the start of the COVID-19 pandemic, this has decreased significantly during 2020/21, reflecting the national picture. There have been significant reductions in most crime types, particularly theft offences, criminal damage, violence against the person and public order offences.

However, the level of anti-social behaviour has increased across the borough, although this is largely due to a reporting issue, whereby suspected breaches of COVID legislation reported to the police have been recorded as anti-social behaviour.

## 4.4 Communities and groups

### 4.4.1 Sexual orientation and gender reassignment

Thirty per-cent of lesbian, gay, bisexual and transgender (LGBT) people lived alone during the pandemic, (compared to around 12% of the population overall), with this figure rising to over 40% among the over 50s (Source: LGBT Foundation 2020).

Already more prone to loneliness prior to the pandemic, with lower life satisfaction (Source: ONS, 2019), the impact of lockdowns may have had a disproportionate effect on these groups throughout the course of the COVID-19 pandemic. Reports of depression (very often or every day) in 18-24 year old LGBT individuals has more than doubled during the pandemic to 49% (Source: Marmot Review, 2020).

In addition to these pressures, the LGBT Foundation has reported a 450% increase in calls about biphobia, a 100% increase regarding transphobia and 525 more calls about homophobia since the start of the pandemic (Source: LGBT Foundation 2020).

In common with the rest of the population, access to non-COVID health treatment across the UK has also been affected, which includes gender reassignment treatment that has been harder to access and has been delayed for many (Source: LGBT Foundation 2020).

LGBT people were similarly prone to loneliness during the pandemic, with 30% living alone and rising to 40% of LGBT people aged 50+ (Source: LGBT Foundation), while people with pre-existing mental health conditions were more likely to report higher levels of loneliness during the first national lockdown (Source: Public Health England 2020).

Nationally, 18% of LGBT people are concerned that the pandemic will result in them experiencing substance or alcohol abuse. This figure increases to 22% of trans people and 24% of non-binary people (Source: LGBT Foundation 2020).

### 4.4.2 Race

People from Black, Asian, and other ethnic minority backgrounds are at greater risk of COVID-19 infection than people of White UK background (Source: University of Essex 2020). People from Black, Asian and other ethnic minority backgrounds are also disproportionately more likely to have died from the virus (Source: Gov.uk 2020), been working in jobs with a higher exposure risk and greater use of public transport is thought to have contributed to this (Source: Public Health England 2020).

Other factors contributing to people of Black, Asian and other ethnic minority backgrounds being at greater risk of COVID-19 are having been born abroad (which is associated with increased barriers to accessing services (e.g. cultural and language differences) and an increased likelihood of living in urban and/or deprived areas (Source: Public Health England 2020).

In terms of indirect impacts, home schooling has been more challenging for pupils or parents whose first language is not English. In North Tyneside, the Citizens Advice Bureau has seen more clients from these communities than prior to the pandemic and believe this is due to their being more disadvantaged and impacted by the pandemic.

National data shows that, prior to the pandemic, households headed by someone of Black African or Other Black ethnicity were significantly

less likely to have enough formal financial assets to cover a drop in employment income than those from most other ethnic groups after adjustments (Source: ONS 2020).

In April 2020, 27% of those from Black, African, Caribbean or Black British ethnic groups reported finding it very or quite difficult to get by financially, significantly more than those from White Irish (6%), Other White (7%), Indian (8%) and Pakistani or Bangladeshi (13%) ethnic groups (Source: ONS 2020).

Most ethnic groups in the United Kingdom have experienced a worsening of their self-reported mental health between 2019 and April 2020. However, it is the Indian ethnic group that has reported both greater difficulty with sleep due to worry between 2019 and the initial period of lockdown (April 2020) and revealing higher scores than other groups on a measure of self-reported mental health difficulties (Source: ONS 2020).

#### 4.4.3 Religion or belief

Members of these communities have experienced a range of indirect impacts due to the pandemic. This has included closure of places of worship during lockdowns, bans or restrictions on religious events and reduced family and community support, all of which have had a negative impact on mental health, wellbeing and loneliness.





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