

## HEALTH SELECT COMMISSION

**Date and Time :-** Thursday 7 April 2022 at 5.00 p.m.  
**Venue:-** Town Hall, Moorgate Street, Rotherham.  
**Membership:-** Councillors Yasseen (Chair), Baum-Dixon (Vice-Chair), Andrews, Atkin, Aveyard, Barley, Bird, A Carter, Elliott, Griffin, Haleem, Havard, Hoddinott, Keenan, Miro, Thompson and Wooding.

**Co-opted Member – Robert Parkin, Rotherham Speak Up**

This meeting will be webcast live and will be available to view [via the Council's website](#). The items which will be discussed are described on the agenda below and there are reports attached which give more details.

Rotherham Council advocates openness and transparency as part of its democratic processes. Anyone wishing to record (film or audio) the public parts of the meeting should inform the Chair or Governance Advisor of their intentions prior to the meeting.

### AGENDA

**1. Apologies for Absence**

To receive the apologies of any Member who is unable to attend the meeting.

**2. Minutes of the previous meeting held on 24 February 2022 (Pages 3 - 7)**

To consider and approve the minutes of the previous meeting held on 24 February 2022 as a true and correct record of the proceedings.

**3. Declarations of Interest**

To receive declarations of interest from Members in respect of items listed on the agenda.

**4. Questions from members of the public and the press**

To receive questions relating to items of business on the agenda from members of the public or press who are present at the meeting.

**5. Exclusion of the Press and Public**

To consider whether the press and public should be excluded from the meeting during consideration of any part of the agenda.

**6. Autism Strategy and Pathway Update (Pages 9 - 30)**

To provide an update on the delivery of Rotherham's All Age Autism Strategy and Implementation Plan 2020 -2023, waiting times for diagnosis, the post-diagnostic offer and to consider the local position in light of the publication of the National Autism Plan

**7. Rotherham Healthwatch**

To consider a verbal update from Rotherham Healthwatch

**8. Annual Report of the Director of Public Health (Pages 31 - 76)**

To consider the 2022 annual report of the Director of Public Health

**9. Work Programme (Pages 77 - 84)**

To consider and approve the updated scrutiny schedule of work

**10. Urgent Business**

To consider any item(s) which the Chair is of the opinion should be considered as a matter of urgency.

**11. Date and time of next meeting**

The next meeting of the Health Select Commission will be held on 19 May 2022 commencing at 5.00 p.m. in Rotherham Town Hall.



SHARON KEMP,  
Chief Executive.

**HEALTH SELECT COMMISSION**  
**Thursday 24 February 2022**

Present:- Councillors Yasseen (Chair) Andrews, Atkin, Aveyard, Barley, Bird, A Carter, Elliott, Griffin, Havard, Keenan, Miro, Thompson and Wooding.

Apologies for absence:- Apologies were received from Councillors Baum-Dixon, Baker-Rogers, Haleem, Whomersley and from Mr. Robert Parkin.

The webcast of the Council Meeting can be viewed online:-  
<https://rotherham.public-i.tv/core/portal/home>

**62. MINUTES OF THE PREVIOUS MEETING HELD ON 03 FEBRUARY 2022**

**Resolved:-**

1. That the minutes of the meeting held on 03 February 2022 be approved as a true and correct record of the proceedings.

**63. DECLARATIONS OF INTEREST**

Cllr Miro declared a disclosable pecuniary interest in respect of items 7 and 8 as an employee of Rotherham NHS Foundation Trust.

Cllr A Carter declared a personal interest in respect of item 7, as a close family member was a current service user.

**64. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS**

The Chair confirmed there were no questions from members of the public or press in respect of any items of business on the agenda.

**65. EXCLUSION OF THE PRESS AND PUBLIC**

The Chair confirmed there was no reason to exclude members of the public or press from observing any matters of business on the agenda.

**66. ROTHERHAM HEALTHWATCH**

Consideration was given to a verbal update presented by the Manager of Healthwatch in respect of recent trends and inquiries from members of the public.

**Resolved:-**

1. That the update be noted.

**67. ROTHERHAM MATERNITY SERVICES**

Consideration was given to an update in respect of maternity services presented by the Deputy COO and the Head of Nursing and Midwifery of The Rotherham NHS Foundation Trust (TRFT). The update explained the recent journey and new approaches undertaken by the service in respect of continuity of care, as well as challenges, risks, and future goals for the service.

In discussion, Members requested clarification of the difference between numbers of women who book into the service versus those who give birth with the service. The response from the Head of Nursing and Midwifery was that many women book in because of the neighbouring catchments, and roughly one tenth may lose an early pregnancy. It was noted that efforts were made to market the success of the maternity unit to be able to make women feel more comfortable birthing in Rotherham. If births do go up at the unit, midwives will need to increase as well.

Further details were requested in respect of the six actions recommended by the CQC upon the recent inspection. The response described each of the recommended actions, indicating which were “must do” and which were “should do.” Timescales and progress in respect of each were described as well as which had been completed and signed off. Comparison with other similar units suggests these were not bad results at all.

Clarification around benchmarking of continuity of care operations as also requested. Targets and what would be required as far as midwife resource were described. It is estimated that in the region 100 midwives are needed, which is a lot of midwives. The model could not be run if maternity units were not safely staffed.

Further clarification was also requested around “complexity” of cases. It was acknowledged that it is known to practitioners which cases needed to be referred elsewhere, but many ambitions and workstreams had to be placed on hold during the pandemic, which was responsible for the percentages reflected in the report.

Assurances were requested around instances of particular conditions and risks associated with childbirth, as well as vital scores for babies immediately after birth. Details were provided in respect of how the unit performs in respect of each type of condition and assurances were given that the unit is not an outlier for infant brain injury.

Further assurances were requested around the wellbeing and retention of staff. Details were provided in respect of the involvement with the Professional Midwifery Advocates and the designation of leads in each service area of the unit who provide support for staff and safeguarding supervision. The continuity of care model would allow flexibility of scheduling for midwives which was believed to be attractive to the

workforce in terms of fatigue. Working patterns were currently being examined with a view to getting the two models working well together.

Members requested further information around recruitment strategies. Student placements had been increased, and the model whereby trainee nurses are paid is returning. This is not an immediate solution for the workforce. A big impact had been felt as a result of staff sickness. Staff turnover occasionally had had an effect, but there had been recent consultant recruitment to urgent care. The staff wellbeing and fatigue had been a concern following on from the pandemic.

Further details were requested around feedback from service users in respect of post-natal care. It was noted in response that women surveyed have indicated high satisfaction with the post-natal care they received. Details of post-natal care timescales and areas for improvement were cited, specifically, developing models through which those best positioned to provide that support are the ones providing the post-natal care, tailored to target those who are more vulnerable or at risk.

Additional assurances were requested around the provision of maternity services to teenagers. Details of dedicated staff leads and approaches to support were described in response, as well as challenges around collection of feedback, which is especially important for this specialised area of service.

Assurances were requested in respect of the service's response to the MBRRACE report in provision of maternity services to women of ethnic minority backgrounds. Assurances were provided that the reports had informed the transformation of the services to ensure those communities were being served well and outcomes were improving for BAME women. Work with partners such as Rotherham Ethnic Minority Association (REMA) had been undertaken to understand the perspective of service users. The service's rates of risk assessments were at 100%, which reflects the service's efforts to ensure that women at risk are identified so that they can receive targeted care. The Trust had also recruited an Access and Inclusion Lead and had commissioned a task and finish group to focus on health inequalities, particularly around elective access.

**Resolved:-**

1. That the report be noted.
2. That the improvement journey of maternity services in Rotherham be commended.
3. That the service liaise with Rotherham Healthwatch on inclusive future consultation work.

**68. PLACE RESPONSE - DISCHARGE PLANNING**

Consideration was given to a presentation in respect of the response of Place Partners to discharge planning. The Deputy COO of The Rotherham NHS Foundation Trust (TRFT) and the Acting Strategic Director of Adult Care, Housing, and Public Health presented information around discharge policy and practice during the pandemic, entering the recovery phase and up to the time of reporting. The presentation described recent decision-making, milestones, challenges, risks and goals.

In discussion, Members expressed hopes that refinements could be made to the policy around To Take Out (TTO) prescriptions which have created delays at times for discharged patients who would otherwise be ready to leave the hospital. The response from the TRFT noted the current options and noted the potential for further refinement. This is an area that can be challenging for Trusts nationally. Various models had been considered and implemented to try to expedite TTOs. Future scrutiny on this topic was invited.

Members also expressed interest in efforts to prevent deconditioning of patients whilst in hospital, with a view to enabling them to go back to their own homes without requiring a higher level of care. The response from the TRFT representative described the work that had been done in this area and cited specialist innovations in reablement. The response was supplemented by the Acting Strategic Director, who described the approach to prioritisation of patients and the combined wraparound approach which has yielded improvements despite a challenging period in the last two years. The work with specialists had added considerable value within care homes.

Members requested further information around the availability of beds. The clarification was offered by the Acting Strategic Director, who illustrated that the beds were already in existence and the capacity that had always been there – the question to be established regarding capacity is who pays.

Members requested assurances that care could be delivered to patients without land lines in their homes. The response noted the analog to digital switchover had meant that there were not barriers associated with having or not having land lines.

Members further inquired around the provision for elective patients to help reduce their time in hospital. The response from presenters identified initiatives in place and offered further detail outside the meeting.

Members also expressed interest in the planning for when the time-limited funding stops. The response noted that the funding eased the pressures associated with the pandemic but the pressure would now return to baseline.

**Resolved:-**

1. That the report be noted.

**69. WORK PROGRAMME**

**Resolved:-**

1. That the updated work programme be approved.
2. That authority be delegated to the Governance Advisor in consultation with the Chair and Vice-chair to make changes to the schedule of work as appropriate between meetings, reporting any changes back to the next meeting for endorsement.

**70. URGENT BUSINESS**

The Chair confirmed there were no urgent matters requiring a decision at the meeting.

**71. DATE AND TIME OF NEXT MEETING**

The Chair announced that the next scheduled meeting of Health Select Commission would take place on 7 April 2022, commencing at 5.00 pm in Rotherham Town Hall.

This page is intentionally left blank



Public Report  
Health Select Commission

---

**Committee Name and Date of Committee Meeting**

Health Select Commission – 07 April 2022

**Report Title**

Autism Strategy and Pathway Update

**Is this a Key Decision and has it been included on the Forward Plan?**

No

**Strategic Director Approving Submission of the Report**

Ian Spicer, Strategic Director of Adult Care, Housing and Public Health

**Report Author(s)**

Garry Parvin - Joint Head of Learning Disability, Autism, and Transition Commissioning, Strategic Commissioning, Adult Care, Housing and Public Health

Email: [garry.parvin@rotherham.gov.uk](mailto:garry.parvin@rotherham.gov.uk)

Telephone: 01709 255952

Helen Sweaton - Joint Assistant Director Commissioning, Quality and Performance, CYPS

E-mail: [helen.sweaton@rotherham.gov.uk](mailto:helen.sweaton@rotherham.gov.uk)

**Ward(s) Affected**

Borough-Wide

**Report Summary**

This report updates the Health Select Commission on:

- Progress on delivering Rotherham's All Age Autism Strategy and Implementation Plan 2020 -2023.
- Waiting Times for Diagnosis across Rotherham's All Age Neurodevelopmental Pathway.
- Rotherham's post-diagnostic offer.
- Review of Rotherham's Autism Strategy considering the publication of the National Autism Plan

The report looks ahead to reviewing options for Rotherham's Autism Strategy after 2023.

**Recommendations**

The Health Select Commission is asked to:

- Note the content and comment on the update and the intended actions to address issues raised.

### Background Papers:

- Rotherham's All Age Autism Strategy and Implementation Plan 2020 -2023: <https://www.rotherham.gov.uk/health-social-care/rotherham%E2%80%99s-age-autism-strategy-2020-2023/8>
- Autism Strategy and Pathway: Update to Health Select Commission: <http://modgov-p-db/documents/s130888/Autism%20Strategy%20and%20Pathway%20Update.pdf>
- Children's Neuro-developmental Pathway - Rotherham Health Select Commission (Thursday 10<sup>th</sup> December 2020) <http://modgov-p-db/documents/s128895/Health%20Select%20Neurodevelopmental%20Update%20Dec%202020.pdf>
- Ofsted/ Care Quality Commission SEND Local Area Inspection – Written Statement of Action inclusive of an update on SEND Sufficiency Phase 3, Improving Lives Select Commission – 08 March 2022: <http://modgov-p-db/documents/s135062/Report.pdf>
- Rotherham Safeguarding Children Partnership – Annual Report 2020 – 2021, Improving Lives Select Commission – 08 March 2022: <http://modgov-p-db/documents/s135078/ILSC%20Report%20RSCP%20Annual%20Report%2020%20-%202021.pdf>
- National Development Team for inclusion Preparing for Adulthood Minimum Standards (see <https://www.preparingforadulthood.org.uk/SiteAssets/Downloads/miap3csp637789722528041215.pdf>).
- Working Win scheme: South Yorkshire Mayoral Combined Authority (see: [Working Win - South Yorkshire MCA \(southyorkshire-ca.gov.uk\)](http://WorkingWin-SouthYorkshireMCA.southyorkshire-ca.gov.uk))
- Rotherham Works newsletter article: <https://content.govdelivery.com/accounts/UKRMBC/bulletins/2e40ec7>
- *National Strategy for autistic children, young people, and adults: 2021 to 2026* (see [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1004528/the-national-strategy-for-autistic-children-young-people-and-adults-2021-to-2026.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1004528/the-national-strategy-for-autistic-children-young-people-and-adults-2021-to-2026.pdf))
- RotherHive series of accessible self-help leaflets which cover a range of topics from alcohol problems to stress. Copies of the guides can be found at: <http://www.selfhelpguides.ntw.nhs.uk/rotherhamccg/>
- Voluntary Action Rotherham has produced a list of useful resources for autistic people living in Rotherham. This can be found: <https://www.varotherham.org.uk/news/a-really-helpful-list-of-autism-resources/>
- Rotherham SEND resource kit (see: <https://sendcorotherham.co.uk/>)

### Council Approval Required

No

### Exempt from the Press and Public

No

## Autism Strategy and Pathway Update

### 1. Background

- 1.1 The purpose of this paper is to update the Health Select Commission on the progress being made on Rotherham's All Age Autism Strategy and Implementation Plan 2020 -2023, which was approved in June 2020.
- 1.2 The strategy was grounded in the vision and passion expressed in the Council Plan and Rotherham's Integrated Health and Social Care Place Plan - based on the values of ensuring collaboration and co-production.
- 1.3 The strategy supported the outcomes outlined in the Integrated Health and Social Care Place Plan and the Council's Housing Strategy.
- 1.4 The Health Select Commission has received regular progress updates on Rotherham's All Age Autism Strategy and Implementation Plan 2020 - 2023.

### 2 Key Issues

- 2.1 This section updates the Health Select Commission on:
  - Progress on delivering Rotherham's All-Age Strategy.
  - Waiting Times for Diagnosis across Rotherham's All Age Neurodevelopmental Pathway.
  - Rotherham's post-diagnostic offer for all ages.
  - Review of Rotherham's Autism Strategy considering the publication of the National Autism Plan
- 2.2 **Update on Rotherham's All-Age Autism Strategy:**  
 Rotherham Council approved its 3-year all-age strategy in June 2020. The Strategy was published online (see: Rotherham's All Age Autism Strategy 2020 - 2023 – Rotherham Metropolitan Borough Council) and in easy word / read versions. Rotherham adopted a 'whole life approach' which is used in the Rotherham Health and Wellbeing Strategy. The strategy is based on a clear co-produced vision and identifies key activities focused on 5 areas. These are:
  1. Starting Well: All Rotherham's autistic children and young people are healthy and safe from harm.
  2. Developing Well: All Rotherham's autistic children and young people start school ready to learn for life.
  3. Moving on well to independence: Rotherham's autistic children and young people are provided with the same opportunities to thrive going into adulthood.
  4. Living well: Autistic adults living in Rotherham will get the right support when needed.
  5. Ageing well: Autistic adults living in Rotherham will be better supported as they grow old.
- 2.2.1 COVID-19 has made an impact on the delivery timeline (as published in 2020) and this was reported to the Health Select Committee in 2020 and 2021. Despite the pandemic, progress has been made.

2.2.2 Starting Well:

Most of the objectives have been completed or are on target to be completed (please see **appendix 1**). Work is still required to ensure 'visibility' of the pathways to autistic children, young people, and their families. This is being addressed through the Local Offer work being completed as part of the Written Statement of Action (WSOA) to support the Ofsted SEND inspection outcome response (see background papers for context and detail). During the COVID-19 lockdowns in 2020 and 2021, the trailblazer offered remote consultations and interventions in schools.

2.2.3 Developing Well:

Work is continuing to ensure that Rotherham's most vulnerable autistic children are being seen and supported elsewhere in the system – (see update provided to Improving Lives Select commission in background papers). Work is commencing to developing Rotherham's public health plan to ensure that autistic young people can access activities or programs which promote health. An example of this can be seen with KOOOTH. KOOOTH is a digital mental health counselling service for young people aged 11 – 25 jointly commissioned by Rotherham MBC and Rotherham CCG and went live in October 2021.

2.2.4 Kooth.com is an award-winning and innovative online counselling and support service that is now available to all young people and young adults across Rotherham aged 11-25. It is a safe, confidential, and anonymous way for young people and young adults to access emotional wellbeing and early intervention mental health support. Offering personalised support with short waiting lists and no thresholds.

2.2.5 Rotherham will be the world's first Children's Capital of Culture in 2025. 365 days of arts and culture, devised, developed and delivered in partnership with children and young people from across the borough and beyond. Large-scale, high profile commissions and partnerships between local arts organisations, venues and national partners. It will have Exhibitions, events, performances, festivals, artworks, murals and more, all curated and created with a range of children and young people from a range of backgrounds. A key aim is Empowering children and young people to not only participate in culture but to create it in their own image on their own terms. Rotherham's autistic children and young people as well as participating, will play an important part in shaping this important event. In the launch event, autistic children and young shared what autism means to them in the Truth to Power Café.

2.2.6 Moving on well to independence:

The workstreams have been embedded into the Preparing for Adulthood workstream of the Written Statement of Action. This work is overseen by the Preparing for Adulthood Board and the SEND Board. A new framework based on the National Development Team for inclusion minimum standards has been drafted (see background papers for link). NTDi are commissioned by Department for Education to support areas in

developing their preparing for adulthood offers if flagged as an area for development following an OFSTED/ CQC inspection.

- 2.2.7 A key success has been the expansion of the Rotherham Parents Carers Forum post-diagnostic offer to build support for autistic young people moving into adulthood. This offer will include peer support, counselling and activities designed to allow the autistic young person to explore what becoming adult means to them.
- 2.2.8 Employment support in Rotherham can be accessed through the government's Access to work scheme which "provides practical advice and support to disabled people and their employers to help them overcome work-related obstacles resulting from disability. This can include assessments and costs to cover reasonable adjustments under the Equality Act 2010. Autism Plus offer support for adults to enter into employment, apprenticeships and volunteering. They can also work with employers to offer training and advice. A similar offer is also available through the autism Centre based in Sheffield.
- 2.2.9 There is local support on offer through the Working Win scheme supported by the South Yorkshire Mayoral Combined Authority (see background papers for link) that supports people to find, stay and thrive in employment.
- 2.2.10 In terms of promoting employment for autistic young people has success has been the creation of the Rotherham Opportunities College Project Search Supported Internship model and pilot linkup to Gullivers Theme Park. Students graduated from the 2021 cohort. 2022 cohort is underway, with recruitment taking place for the 2023 cohort. Staff support young people are trained and experienced. Employer Engagement Event planned June 2022 in partnership with Integrated Care Services (Employment is for Everyone) and Gullivers, to showcase good practice.
- 2.2.11 Rotherham Invest Development Office (RIDO), part of the Council is leading by example by offering a Supported Internship to a young person from Landmarks Opportunities College. See Rotherham Works newsletter article (link in background papers)
- 2.2.12 Living well:  
Work here has focused on the creation of all age pathways. All Age Pathways acknowledges that there are differences between being an autistic child / young person or adult but works to ensure that there is greater coordination as the young person becomes an adult. Work is ongoing to raise awareness of autism in the criminal justice system and will connect to the investment and timelines put forward in the *National Strategy for autistic children, young people, and adults: 2021 to 2026* (see link in background papers)
- 2.2.13 The launch of RotherHive also included a series of accessible self-help leaflets which cover a range of topics from alcohol problems to stress. A link to the guides can be found in the background papers.

- 2.2.14 RDASH have been completing a Mental Health and Autism audit by April 2022. The aim of this project was to identify how many Autistic adults were accessing their secondary mental health services, gather peoples experiences of using their services and asking staff working in those services about any training needs they have. It is hoped that outcomes from the audit will help shape further transformation discussions and service developments.
- 2.2.15 With end of year funding RDASH have also been trialling specialist Autism weekly drop in supervision sessions for staff working in secondary mental health services this started in January 2022 and will end in March 2022. Staff have really valued this space to reflect and develop their clinical skills to improve health outcomes for Autistic adults accessing their services.
- 2.2.16 Aging Well:  
Work is ongoing to develop Rotherham's older people offer to include the needs of autistic people. This includes Rotherham's voluntary sector being supported to access autism awareness training. Voluntary Action Rotherham has produced a list of useful resources for autistic people living in Rotherham (a link can be found in background papers). Age UK and Rotherham libraries are working to challenge mental and physical deconditioning due to COVID-19, which has impacted disproportionately on older people. The project will also work to be accessible to autistic older people
- 2.2.17 Research suggests that 10% of Autistic individuals will go on to develop dementia. In January 2022, RDASH conducted an audit identifying how many autistic people were accessing secondary care mental health services found that only one person had an official diagnosis of Autism although this number is very low, it is acknowledged that autism awareness and assessments were not available back in people's working-age lives. However, now due to more awareness and developments into autism clinical assessment tools, more adults than ever are receiving an Autism diagnosis, and adults will age and transition into older people's services. There need to equip our older adult services with further autism awareness training and awareness, this work has already started in RDASH.

### 2.3 **Waiting times for Diagnosis:**

- 2.3.1 Children and Young People element of the All-Age Neurodevelopmental Pathway:
- 2.3.2 Investment:  
Since 2020, Rotherham CCG has invested approx. £500k / annum to address issues pertaining to access for diagnosis.  
In 2022 Rotherham CCG has worked with RDASH to develop a mobilisation plan to address the waiting list sustainably over the next three years. This is being monitored monthly and is currently on track to ensure a maximum waiting time of 18 weeks by 2025

2.3.3 Pathway Update:

In November 2021 94% of the children on the waiting list had waited longer than 18 weeks. This had already reduced to 86% at the beginning of February 2022. 35% of these children wait less than a year. 64% of children wait less than 2 years. 2% of children have waited longer than 3 and a half years.

2.3.4 Rotherham CCG is aware of the waiting times for the CAMHS neuro-developmental pathway, which provides diagnosis for Autism Spectrum Disorder and Attention, Deficit, and Hyperactivity Disorder.

2.3.5 Since October 2018 it is has been apparent that the diagnostic capacity was not sufficient to meet demand. Identifying sufficient capacity to meet demands for Autism diagnosis is a national issue due to increasing awareness, demand, and a challenging workforce position.

2.3.6 The creation of the Rotherham SEND resource kit (see background papers for link) was to provide easy access to consistent, high-quality information, practical ideas, and resources for school staff in Rotherham who are supporting children with special educational needs and disabilities (SEND. This enables a proactive response rather than waiting for the formal diagnostic system before providing support and appropriate interventions.

2.3.7 Stakeholders from education, early help, social care and health, and the voluntary and community sector have worked closely with the RDaSH CAMHS service to understand the demand and capacity issues across the system.

2.3.8 As reported in January 2020 and March 2021, the pathway has been designed to ensure that the needs of children who present with neuro-developmental differences are met, regardless of whether they have a diagnosis of autism. This is now embedded and currently can deliver 40 – 50 assessments a month.

2.3.9 Rotherham CCG commissioned 220 Children and Young People (CYP) Autism Assessments from Healios during 2021/22. Since the partnership with Healios was established in late 2019 a total of 509 CYP Assessments have been undertaken through the CCG's contract with Healios. Over and above this RDaSH has also established a trust-wide subcontract with Healios that has enabled a further cohort of CYP to be assessed.

2.3.10 A whole system training based on the licensed Autism Education Trust model (further exploration underway with ADHD Foundation) is in place. This is supported by a structured and consistent resource pack to support the workforce in schools is in place.

- 2.3.11 A rolling program of evidence-based training modules that parents can access to support for challenging issues (regardless of whether their child has a diagnosis)
- 2.3.12 South Yorkshire ICS Keyworker Pilot:
- 2.3.13 The South Yorkshire Transforming Care Partnership successfully submitted an Expression of Interest, which was pulled together with all key stakeholders including CCG's, LA's, NHS Trusts, VCR's, PCF's and individuals with LD and Autism to become one of the pilot sites for the development of the CYP keyworker pilot. The pilot aims to support young people, their families, and professionals to prevent/reduce admissions into hospital
- 2.3.14 Rotherham now has two keyworkers embedded into Rotherham's CAMHs service and the CYP Rotherham Council service. The key workers are working across health, education, and care services to ensure that autistic children, young people, and their families are better supported to prevent crises.
- 2.3.15 Adult element of the All Age Neurodevelopmental Pathway:
- 2.3.16 Investment:  
Rotherham CCG invested approx. £400k during 2021/22 into the adult element (diagnostic -RDaSH and post-diagnostic elements -RANSS) of Rotherham's All Age Neurodevelopmental Pathway. These investments will increase to £458k in 2022/23. This is being supported by additional investment from the South Yorkshire ICS to support the expansion of Rotherham's post-diagnostic offer – **see 2.4.14.**
- 2.3.17 Pathway Update:  
  
The adult element of the All Age Neurodevelopmental Pathway has seen sustained demand for adult diagnosis (14 referrals per week), the reasons for this demand are complex. The outcome is that there has been an increase in the waiting times that adults wait before diagnosis commences (currently 9.5 mths). RDaSH has commissioned a digital provider to create a similar offer seen in the CYP side of the All Age Neurodevelopmental Pathway. 40 people have accepted this offer, and this will reduce the wait by 8 weeks.
- 2.4 **All-Age Post Diagnostic Pathway:**
- 2.4.1 Autistica - UK's national autism research charity published a Plan in November 2021. The plan outlined the importance of post-diagnostic support following a diagnosis of autism. It highlighted that too many autistic people feel abandoned after diagnosis with zero effective support and the need that personalised support to be offered from day one to ensure autistic people and their families receive the help they need when they need it. Rotherham as part of its post-diagnostic pathway has taken great strides to meet this ambition.



2.4.2 Post Diagnostic Support Children and Young People:

2.4.3 Rotherham Parent Carer Forum Parent peer support, also commonly called family peer support or family support services, offers hope, guidance, advocacy, and camaraderie for parents and caregivers of children and youth receiving services from mental health, and related service systems.

2.4.4 Parent support providers deliver peer support through face-to-face support groups, phone calls, or individual meetings. They bring expertise based on their own experience parenting children or youth with social, emotional, behavioural, or additional needs and challenges, as well as specialised training, to support other parents and caregivers.

2.4.5 Rotherham Autism Information and Advice Service: Offer training in a range of areas that are designed to increase knowledge, build confidence, and increase resilience through practical strategies, guided learning, and shared experiences.

2.4.6 Training is for parents and carers of young people 0 - 25 who are on the neuro pathway or have an autism diagnosis. The child or young person will also need to be registered with a Rotherham GP Practice. This year an additional investment of £140k (2021/22 and 2022/23) is being made from South Yorkshire ICS monies allocated from NHSE/I investment.

2.4.7 This will expand the pathway to include young people who are in Rotherham's Preparing for Adulthood cohort. This is being done as a 2 year pilot (2021 -23). The pilot will extend the remit of the RANSS service to this group of young people: what the RANSS service does see - 2.4.5 and 2.4.11 and 2.4.12

2.4.8 Post Diagnostic Support – Adults:

There are two elements to the adult post-diagnostic support pathway. The first is specialist support. This is provided by RDaSH through its Rotherham Adult Autism Diagnostic Service (RAADS). This part of the service is led by occupational therapists and is person-centred and goals are collaboratively identified with the service user. The most frequently provided areas of support in the first 12 months of the Service were sensory processing, employment and reasonable adjustments, relationships, executive functioning difficulties, learning support at College or University and promoting positive self-esteem and identity adjustment. The service has received the following comments from people who have highlighting the impact this service has had in people's lives:

2.4.9 *"I'll be able to say to anyone in my situation if they've been referred that they've been referred to a wonderful service"*

*"Its helped me identify areas I struggled with and helped me identify ways of managing them"*

*"Its helped me make sense of how my senses can affect me and its given me some ways to calm down around how when I'm overstimulated"*

- 2.4.10 September 2020 saw the launch of the Rotherham Adult Neurodiversity Support Service (RANSS):
- 2.4.11 The Service provides a wider offer of support for people with a historic (over 12 months ago) diagnosis, currently in or awaiting an assessment or self-questioning. The wider offer is accessible via a self-referral and consists of:
- Meet-ups (virtual or face-to-face)
  - Signposting
  - Access to other training opportunities
- 2.4.12 The Service also provides a personalised post-diagnostic support offer for people who have recently received an Autism ADHD diagnosis which can include all or some of the following:
- Group workshops
  - Peer support and/or counselling coming to terms of coming terms of with that persons diagnosis.
- 2.4.13 There is no waiting list for this element of the pathway. There is strong partnership ethos between the RDaSH and Rotherham Parent Carers Forum (RPCF) to ensure that once people have been diagnosed and don't require additional clinical post-diagnostic support can access support earlier.
- 2.4.14 Additional funding from NHSE and South Yorkshire ICS has been received (£70k) to expand the Rotherham Adult Neurodiversity Support Service (RANSS) to ensure that autistic adults without a learning disability have been historically diagnosed can benefit from this service.
- 2.4.15 RPCF /RANSS have representatives both on northern regional workstreams and at a national level with NHS England and partners on behalf of Yorkshire and Humber parent carer forums.
- 2.4.16 This active involvement locally, regionally and nationally ensures the lived experience of the Rotherham autistic community who they reach, CYP and their families and newly diagnosed adults is included in shaping policy and informing provision developments alongside national partners.
- 2.4.17 The value that this service brings to autistic residents in Rotherham can be seen in the case studies included in **Appendix 2**. These case studies show the diversity of the issues that RANSS supports autistic people with. The case studies also highlight the importance of diagnosis and enabling autistic people to be less isolated and connected to their community, live their lives, and challenge any loneliness.

- 2.5 **Review of Rotherham's Autism Strategy considering the publication of the National Autism Plan**
- 2.5.1 In July 2021, the Government released its new strategy setting out the steps it plans to take to improve provision for autistic people<sup>1</sup> across England.
- 2.5.2 The Autism Act (2009) states that this guidance "is to be treated as if it were general guidance of the Secretary of State under section 7 of the Local Authority Social Services Act 1970 (c. 42)".
- 2.5.3 The vision set out in the strategy was:
- 'We want to create a society that truly understands and includes autistic people in all aspects of life; one in which autistic people of all ages, backgrounds and across the country have equal opportunities to play a full part in their communities and to have better access to the services they need throughout their lives. This is our vision to make life fundamentally better for autistic people, their families, and carers by 2026, and we are determined to make it happen.'*
- 2.5.4 The strategy builds on and replaces the preceding adult autism strategy; Think Autism, which was published in April 2014.
- 2.5.5 The new strategy is structured around 6 priority areas. Over the next 5 years, under the headlines of these 6 priority areas, the Government has committed to:
- a. Improving understanding and acceptance of autism within society
  - b. Improving autistic children and young people's access to education and supporting positive transitions into adulthood.
  - c. Supporting more autistic people into employment
  - d. Tackling health and care inequalities for autistic people
  - e. Building the right support in the community and supporting people in inpatient care
  - f. Improving support within the criminal and youth justice systems
- 2.5.6 Rotherham's Autism Strategy is largely coterminous with the National Strategy in that:
- Rotherham's strategy is 'all age' in approach – reflecting Rotherham's current Autism Partnership Board.
  - Rotherham's strategy adopts the 'identity first' language.
  - A focus on delivery and action.
- 2.5.7 There are differences between Rotherham's local plan and the National Autism Plan. The gaps that Rotherham and South Yorkshire partners need to consider are:

---

<sup>1</sup> A note on terminology: research has found that all groups like the terms 'on the autism spectrum' and 'Asperger syndrome'. Autistic adults prefer the identity-first terms 'autistic' and 'Aspie', whereas families didn't like 'Aspie'. Practitioners also like the term 'autism spectrum disorder (ASD) or conditions (ASC)'. To reflect the findings of this research, the strategy adopted to use the term 'autistic' – particularly when talking about children and to adults who identify themselves in this way.

- The areas of reform for public transport. Next steps: The Rotherham Autism Partnership Board are currently approaching South Yorkshire Passenger Executive and Sheffield City Region is proposed to consider how the National Strategy will be adopted about Rotherham's public transport network.
- STOMP<sup>2</sup> / STAMP<sup>3</sup>. The focus of reducing the use of antipsychotics has been on children, young people, and adults with a learning disability and/or autism. Next Steps: The expansion of STOMP/ STAMP for autistic children and adults needs to be considered in the local place. Local discussions are currently progressing with RDaSH about developing a local plan to support the delivery of STOMP/ STAMP.

2.5.8 Proposed national investments being made by the Government in the 2021/22 Implementation Plan

The National Plan appears to make significant financial investments to support the delivery of the National Autism Strategy. The focus of much of the investment proposed will be committed in NHS, CYP- education, and Criminal Justice. There is one element of funding cited in the annual plan for 2021/22 that is available directly to Adult Social Care and that is the commitment to:

- 2.5.10 'Providing £21 million funding to local authorities as part of the £62 million Community Discharge Grant for the second year, to accelerate discharges.'
- 2.5.11 This will be done as part of the Transforming care program.
- 2.5.12 Other 'pots' may be available by bidding through Expressions of Interest.
- 2.5.13 In discussion with planning partners (Rotherham CCG, South Yorkshire TCP, etc.) it remains unclear if:
- There is (in fact) any 'new' investment.
  - Any new investments will be announced in the National Budget announcements.

### 3. Next Steps

- 3.1 Rotherham's All Age Autism Strategy is due to end in 2023. There is a need to review the strategy and its impact. Rotherham's Autism Partnership Board will be asked to review Rotherham's strategy and make recommendations to the Council and partners.

### 4. Recommendations

- 4.1 The Health Select Commission is asked to:

---

<sup>2</sup> stopping over medication of people with a learning disability, autism or both with psychotropic medicine

<sup>3</sup> stop the overuse of psychotropic medications for children and young people with a learning disability, autism or both

- Note the content and comment on this update and the intended actions to address issues raised.

## APPENDIX 1: PROGRESS UPDATE ON KEY WORK PROGRAMS TO DELIVER ROTHERHAM'S AUTISM STRATEGY - MARCH 2022

Please note delivery dates have been revised due to the impact of the COVID-19 pandemic on work programmes:

Objective	Key focus of work	Lead	Completed:	To do
<b>Objective 1: All Rotherham's autistic children and young people are healthy and safe from harm:</b>	Improve the children's pre support, diagnosis and post diagnosis support pathway:	Helen Sweaton	<ul style="list-style-type: none"><li>• Pathway document created</li><li>• All practitioners understand and adhere to pathways protocols</li></ul>	<ul style="list-style-type: none"><li>• Timely diagnosis: Ongoing- to reach agreed national wait times by 2025</li><li>• Young people and families understand pathways and is visible – now aligned to work to overall Rotherham's Local Offer website by <b>30<sup>th</sup> April 2024</b></li></ul>
	Implement a new sensory support offer for children and young people Rotherham		<b>New sensory support offer completed in 2020 / 21</b>	<ul style="list-style-type: none"><li>• Work is ongoing to ensure visibility and will be aligned to the work programme to overall Rotherham's local offer by <b>30<sup>th</sup> April 2024</b></li></ul>
<b>Objective 2: Rotherham's autistic children and young people start school</b>	Assure ourselves that the most vulnerable children are being seen and supported	Helen Sweaton	New developments which include autistic children and young people , include: <ul style="list-style-type: none"><li>• contextual safeguarding in the identification, assessment and response to criminal exploitation and adolescent neglect.</li></ul>	<ul style="list-style-type: none"><li>• Work is continuing to ensure that Rotherham's most vulnerable autistic children are being seen and supported elsewhere in the system – (see <a href="http://modgov-p-db/documents/s135078/ILSC%20Report%20RSCP%20Annual%20Report%202020%20-%202021.pdf">http://modgov-p-db/documents/s135078/ILSC%20Report%20RSCP%20Annual%20Report%202020%20-%202021.pdf</a>. <b>Commenced and Ongoing</b></li></ul>

ready to learn for life	elsewhere in the system		<ul style="list-style-type: none"> <li>Review of the Multi-agency Safeguarding Arrangements and safeguarding business plan</li> <li>Ensuring the voices and lived experiences of children and young people, families and workforce are represented across the activities undertaken by the RSCP.</li> </ul>	
	Addressing Health Inequalities	Alex Hawley / Ruth Fletcher	<ul style="list-style-type: none"> <li>Launch of KOOTH: a digital mental health counselling service for young people aged 11 – 25 jointly commissioned by Rotherham MBC and Rotherham CCG and went live in October 2021</li> </ul>	<ul style="list-style-type: none"> <li>Work is commencing to develop Rotherham's public health plan to ensure activities or programs which promote health are accessible to autistic children and young people. <b>To complete by April 2023</b></li> </ul>
<b>Outcome 3: Rotherham's autistic children and young people are provided with the same opportunities to thrive going into adulthood</b>	Ensure that advanced planning and coordination of care occurs for autistic young people moving into adult social care	Garry Parvin and Helen Fisher	<ul style="list-style-type: none"> <li>A priority for Rotherham's Preparing for Adulthood Board</li> </ul>	<ul style="list-style-type: none"> <li>Good transition framework has been drafted based on the NTDi minimum standards (see: <a href="https://www.preparingforadulthood.org.uk/SiteAssets/Downloads/miap3csp637789722528041215.pdf">https://www.preparingforadulthood.org.uk/SiteAssets/Downloads/miap3csp637789722528041215.pdf</a>) . <b>This is due to be launched by June 2023.</b></li> </ul>
	Raising awareness of	William Shaw	<ul style="list-style-type: none"> <li>NTDi has reviewed the Local Offer from a</li> </ul>	<ul style="list-style-type: none"> <li>To review, check existing information, give suggestions about how the site can be more</li> </ul>

	the options and offers available to autistic young people as they move into adulthood		Preparing for Adulthood perspective and made recommendations for improvement: see new site: <a href="https://www.therhamsendlocaloffer.org.uk/">https://www.therhamsendlocaloffer.org.uk/</a> and see: <a href="https://www.therhamsendlocaloffer.org.uk/site-search/results/?q=autism">https://www.therhamsendlocaloffer.org.uk/site-search/results/?q=autism</a>	accessible, and provide updates on new information. The local offer subgroup are asking people to complete the attached template for updates, changes, and feedback and then send it to <a href="mailto:SendLocalOffer@therham.gov.uk">SendLocalOffer@therham.gov.uk</a> . <b>To complete by 30<sup>th</sup> April 2024</b>
<b>Outcome 4: Autistic Adults living in Rotherham will get the right support when needed</b>	Improve the diagnosis and post-diagnosis support pathway for autistic adults living in Rotherham	Garry Parvin	<ul style="list-style-type: none"> <li>Rotherham CCG invested approx. £400k during 2021/22 into the adult element (diagnostic - RDaSH and post-diagnostic elements - RANSS) of Rotherham's All Age Neurodevelopmental Pathway. These investments will increase to £458k in 2022/23.</li> </ul>	<ul style="list-style-type: none"> <li>Deliver the expansion to extend the Rotherham Adult Neurodiversity Support Service (RANSS) offer to ensure that autistic adults without a learning disability have been historically diagnosed can benefit from this service. To commence in <b>April 2022</b></li> </ul>
	Raising awareness of autism in the public	Garry Parvin/ SYP service	<ul style="list-style-type: none"> <li>Rotherham Council offers in-person and online training offer.</li> <li>SYP has autism awareness training to police officers.</li> </ul>	<ul style="list-style-type: none"> <li>To support the planned national autism awareness campaign: <b>no date has been issued by the National Government.</b></li> </ul>
	Improving health and	Public Health / Ruth	<ul style="list-style-type: none"> <li>Ensure that autistic adults are participating in the 5 ways to wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>To raise awareness of the risk of suicide for autistic people through 'Being the One'. <b>31st November 2022</b></li> </ul>



	wellbeing for autistic adults	Fletcher – mental health	campaign – accessible information and promotion. Accessible leaflets have been created and available <a href="http://www.selfhelpguides.nth.nhs.uk/rotherhamccg/">http://www.selfhelpguides.nth.nhs.uk/rotherhamccg/</a> through the RotherHive website.	
<b>Outcome 5: Autistic Adults living in Rotherham will be better supported as they grow old.</b>	The Council and partners will ensure that the needs of autistic people are included in strategies and plans (health and wellbeing) to meet the needs of older people in Rotherham.	Garry Parvin	<ul style="list-style-type: none"> <li>Voluntary Action Rotherham has produced a list of useful resources for autistic people living in Rotherham. This can be found: <a href="https://www.varotherham.org.uk/news/a-really-helpful-list-of-autism-resources/">https://www.varotherham.org.uk/news/a-really-helpful-list-of-autism-resources/</a></li> </ul>	<ul style="list-style-type: none"> <li>Age UK and Rotherham libraries are working to challenge mental and physical deconditioning due to COVID-19, which has impacted disproportionately on older people. The project will also work to be accessible to autistic older people (see <a href="https://www.rotherham.gov.uk/libraries/online-library/3">https://www.rotherham.gov.uk/libraries/online-library/3</a>).</li> </ul>

## **Appendix 2: Case Studies from Autistic residents who use the Rotherham Adult Neurodiversity Support Service (RANSS):**

The case studies are anonymised and the names used are not the real resident's name

### **Case Study 1 - Melissa**

Melissa (not her real name) is a university student who went for an assessment for autism after it was suggested to her by another mental health service. After doing some research, the traits of autism in women resonated with her and she hoped it might help her to understand her brain better. The whole process of referral to diagnosis took two months for Melissa and although it felt like it answered some questions the diagnosis was still a shock, and she wasn't sure what it would mean for her going forward. "I felt heard, confused, relieved, stressed and angry all at the same time. My own brain started making sense to me and it felt validating almost as if I was finally told someone believed me about my struggles, however, I also felt almost a bit betrayed that no one noticed and didn't try and help me with this sooner."

Melissa was referred to RANSS for post-diagnostic support and opted for one-to-one peer sessions. She was apprehensive about these sessions and didn't know if they would help her. "Even though I was heavily reluctant to seek the peer-to-peer support it was definitely the best thing I could possibly have done. I was helped with the confusion of a new diagnosis, understanding myself more, feeling more comfortable with my diagnosis almost like I could practice getting used to accepting my diagnosis so I could feel more comfortable if it was brought up elsewhere."

Melissa worked with her peer support worker on areas such as sensory sensitivities, executive functioning, education, and more broadly about what ASD is and how it affects her. Having someone that understood what she was struggling with helped her to realise that she was not "broken" and that this label could be helpful to learn more about looking after her needs. "I felt less alien, I found it easier to accept that I am autistic and get rid of ingrained stereotypes which is hard when you're applying them to yourself. It helped me get a better understanding and it helped me get rid of the stress and confusion of a whole new diagnosis that came as a shock. I felt comforted and felt less alone with it."

Since accessing peer support with RANSS, Melissa has found it easier to access the support she needs within the university and with other medical needs. She can communicate these needs easier now she has a better understanding of herself, she is feeling much more comfortable within herself and has a better understanding of ASD as a whole.

When asked about how she feels about her diagnosis now she said, “I feel like now I’m not embarrassed about it which sounds silly why would I be embarrassed by it, but it was something never particularly talked about and very much so portrayed in a negative way and I just feel more explained?? like things make sense and I’m happy with it and have made my peace with it.”

### **Case Study 2 – James**

James (not his real name) is in his early 50’s and moved to Rotherham in 2020 with his wife. James worked in the Information Technology field for many years, but he left his last role around two and a half years ago, after experiencing difficulties with his employer. He applied for several other positions but had what he described as some ‘horrific’ job interviews. Moving to a new area, being unable to find work and well as the impact of the Covid 19 pandemic led to James feeling isolated and depressed.

James spoke to his wife, and his GP to get help with the mental health difficulties he was experiencing. After reflecting on it for some time, he decided that employment was not something to prioritise at that point. Initially, depression was the focus of his discussions with the GP, however, his wife (who works in the health service) had raised the idea that James may be autistic. James mentioned this to his GP, and he was asked to fill in an autism screening tool. As James identified with everything on the questionnaire and scored quite highly, he agreed to a referral to the Rotherham Adult Autism Diagnostic Service. During an appointment, James’ GP had mentioned ‘RANSS’ to him, and James looked up the website for RANSS and read about the wellbeing walks. He decided to give them a try whilst he was waiting for his assessment to start and said “I was really glad I did, as contact with you guys has been a real help through the diagnostic process”.

James also felt that “talking to others attending the walks has been helpful”. He has formed a friendship with another autistic adult who comes along to the walks, and they sometimes visit the café afterward to have a coffee together. This friend has also introduced James to the local leisure centre, and he has started to go swimming regularly. James now talks to some of the other ‘regulars’ who also go to the swimming pool and he said this has been helpful as he is very new to the area.

James said the diagnostic process seemed to happen quite quickly, and he got a diagnosis within a couple of months of starting the assessment process. He had an online appointment, followed by a face-to-face appointment at the clinic. James said “my autism diagnosis explains a lot of what I am about, and some of the things that I think or do. I understand myself a bit better”

“Attending activities and workshops with other neurodiverse adults has made me realise we all have a lot of common experiences”. For example, at a wellbeing walk, someone started a conversation about sensory differences. James said he had not thought about some of the problems he has with wearing certain fabrics until he heard others talking about their individual sensory differences.

James has signed up to volunteer with RANSS and is going to help with the website and social media. He said it gives him “an opportunity to help improve the service, and to give something back”.

“It’s still fairly early on, so I am still accessing help. I hope to move back into work in the future, and volunteering is a step towards that. Who knows what the future holds”

### **Case Study 3 – Jennifer**

Jennifer (not her real name) is a young woman who has recently received a diagnosis of ASD. Jennifer had always felt “different” and came across some research on ASD in women. She continued to read the information on it and felt it could answer some questions she had about herself so sought an assessment. “I just knew in myself that there was something different about me and how I navigated the world.” It took eight months from referral to diagnosis.

Getting the diagnosis was a confusing time for Jennifer, although she had done her research and it made sense to her that she would get a diagnosis, it still came as a shock. “Getting a diagnosis was a mixture of emotions for me as I wasn't necessarily seeking the diagnosis at first it was a bit of a shock, I felt angry at the people in my life for not realising it earlier and that I had to figure it out myself. After I had the chance to come to terms with the diagnosis it definitely explained a lot for me, with how I have always felt out of place and how things have always been more challenging to me. It was validating and helped me realise that I wasn't being difficult or challenging, I was just experiencing things differently to others.”

Jennifer was referred to RANSS for post-diagnostic support straight after her diagnosis and opted for peer support, counselling, and our Autism & Me course. She found the course helpful in understanding what ASD means for her, “This course helped me understand myself and autism so much more than I previously did. Things like sensory issues, special interests and stimming were all new to me and this course helped me learn about them in more detail.”

Counselling sessions were helpful for Jennifer in understanding her diagnosis and coming to terms with it, it wasn't something that she had realised she needed. “Having weekly sessions has been a huge help in giving me a wider understanding of myself and has helped me realise things about myself that I didn't know could be linked to being autistic.”

Along with counselling, Jennifer accessed peer support which helped her to process the diagnosis, “this gave me someone to talk to about whatever I wanted to talk about which helped me when I was feeling overwhelmed and didn't want to speak to my family, as I find it easier to speak to someone out of my inner circle.”

Now she feels more comfortable with her diagnosis she has been attending the wider offer support groups. These groups allow people to meet others with a diagnosis in a social setting to chat, play games and do crafts, “I was in a place where I felt accepted. There was no pressure to speak or take part in things, but the environment was welcoming, and I felt really comfortable taking part. Also hearing from other people and their experiences also helped me learn that everyone has different backgrounds.”

Jennifer is still accessing support from RANSS with her peer support worker, she has been able to help her family understand more about her diagnosis through what she has worked on throughout her support so far. “The support from RANSS has overall been really helpful to me. I learned things about myself that have taught me to be more patient with myself and that I don't have to live up to the social norms that everyone else lives by. It has helped not just me but also my family as my mum and my sister have been able to retrieve information from things like the autism and my course, by being sent the slides after each session they were able to also read them and learn more even though they didn't take part in the actual course.”

Jennifer is still coming to terms with her diagnosis and learning to understand her limits and boundaries more, she is working on understanding her triggers for meltdowns and shutdowns so she can look after her needs better. When asked if things have changed since accessing support from RANSS, Jennifer told us that it “has helped change my mindset towards me and how I go about doing different things. I know that pushing myself in certain situations can lead to me to a meltdown, causing me to be out of commission for a few days. Before receiving the support from RANSS I wasn't aware of things like the term meltdown and how they affected me, so now knowing this has helped me a lot in knowing when I can and cannot push myself.”

#### **Case Study 4 – Jane**

Jane (not her real name) is in her 50s and retired from her job a few years ago. Before her autism diagnosis, Jane was feeling quite low and depressed. She described feeling isolated and had experienced difficulties in her relationships with some family members. Jane had a relative who was autistic, and she noticed some similarities which made her question whether she was autistic too.

After her diagnostic assessment, Jane was referred to RANSS for post-diagnostic support. Jane first attended the Autism & Me 4-week online group workshop. Before the workshop started Jane felt very anxious about attending, but by the end of the first session, she said she felt comfortable with the peer supporters and the other newly diagnosed adults who were attending. After the group workshop ended, Jane began attending the RANSS social activities. These include a weekly ‘wellbeing walk’ in a local park, and a weekly ‘meet up’ session where attendees can meet other neurodiverse adults in a relaxed environment. Jane said “I really enjoy coming on a Friday, I can chat freely or just sit and listen and not feel that I have to say anything. I don't have any close friends so it's good to come away from home and talk to other people”.

After attending the activities for several weeks Jane asked about volunteering opportunities and is now regularly volunteering at the RANSS activity sessions. Jane is really enjoying her volunteering role and is a valued member of the RANSS team. She has a skill in welcoming and including people into the group, particularly those who are new. Jane said that she can empathise with what other new attendees feel, as “I remember what I felt like the first time I attended.”

Jane said that over recent months her mood has lifted a lot, and she feels happy. Her relationships with family members have also improved. Jane said that she wishes she had been diagnosed with autism years ago, as it would have helped her earlier in her life.

### **Case study 5 – Thomas (a man with a historic diagnosis)**

I am only relatively young still - 32 - but have been diagnosed with ASD for well over a decade now. After a huge relapse where I ended up in hospital (primarily due to my OCD), I have been looking to rebuild a healthy weekly schedule. I have had some help with doing this and was basically pointed in the direction of RANSS by somebody who has been helping support me from RDASH. The weekly walk quickly became a regular enjoyable fixture for me and has proved a key foundation in helping me gain the confidence and momentum to move forwards. I must mention that the staff are genuinely a very empathetic, supportive and friendly bunch! Also, a big bonus in particular to come from the walks for me was making a very close friend! We always spend a couple of hours together in the cafe afterwards, are in very regular contact, have been swimming together and have other plans to do things too! So from my own experiences I would, and in fact do, highly recommend the walking group and service as a whole to people it would be appropriate for!

# The impact of COVID-19 in Rotherham





## Contents

Introduction .....	2
Section 1: .....	3
COVID-19 Infection rates: Rotherham and all England .....	5
COVID-19 Vaccination Rates by age .....	6
Inequities and COVID-19 .....	7
Section 2: COVID-19 and the individual .....	10
Mental Health, Loneliness and Social Contact .....	11
Health behaviours: Tobacco, alcohol and substance misuse .....	16
Education .....	18
Access to health care .....	18
Section 3: COVID-19 and our communities .....	26
Community cohesion and support to vulnerable people .....	27
Community safety .....	29
Section 4: The economic impact of COVID-19 .....	31
Business .....	32
Employment .....	34
Income, debt, and poverty .....	37
Section 5: Future priorities: .....	38
Conclusions .....	41
Appendix 1: Update on recommendations from previous annual report .....	43



## Introduction

The COVID-19 pandemic, and restrictions introduced to control infection rates, have caused profound changes to everyday life, health and wellbeing across the world. As our health and social care systems recover from the early stages of the pandemic, and we learn to live safely with COVID-19, we need a shared understanding of its impact.

This year's Director of Public Health Annual Report focuses on the impact of COVID-19 in Rotherham between March 2020 and 31<sup>st</sup> January 2022, during which time nearly 80,000 cases of COVID-19 were recorded locally. Where possible, local data for the full period under review is used to help build a picture of the impact of COVID-19 in Rotherham. National data and figures from within this period are also referenced to highlight broader trends, and review the impact felt at different points during the course of the pandemic.

The first section of the report gives a brief snapshot of the pandemic in Rotherham. In recognition that health and wellbeing is affected by multiple factors, we then examine the impact of COVID-19 on the individual (section 2); our communities (section 3); and on the economy in Rotherham (section 4).

The full extent of the impact of COVID-19 is unlikely to be known for many years. This report will, however, discuss some of the short- and medium-term impacts of the pandemic. It will touch upon measures taken to mitigate some of these impacts and focus on what can be done in the future to improve our resilience.

# Section 1: COVID-19 in Rotherham



The first case of COVID-19 was detected in Rotherham on 2<sup>nd</sup> March 2020, just two days after first case was recorded in the UK. As of January 31<sup>st</sup> 2022, the total number of infections recorded in Rotherham was 79,615 (of which, 3,739 are possible reinfections). The true figure will be much higher with many cases going unrecorded.

Rotherham, like England, has experienced four main COVID-19 waves to the end of January 2022 (see Figure 1). The first (Alpha variant) wave struck in spring 2020 and was significantly underestimated by limited testing availability. The second wave peaked in Rotherham and surrounding areas in October and November 2020, considerably earlier than regions in the south of England. The third wave (Delta variant) arrived in late summer / early autumn 2021, and the fourth (Omicron variant), began in Winter 2021 is ongoing at the time of writing.

Local measures to respond to the pandemic, which have included local surveillance; establishing testing centres; conducting incident management reviews (Box 1); and coordinating mass, phased vaccination, have rapidly evolved in response to national policy and local demands.

#### Box 1: Using Incident Management Team reviews to control the outbreak

Early in the pandemic, it became apparent that COVID-19 could spread quickly and with devastating results in care homes, workplaces, schools and other settings where people are in close contact.

It has therefore been essential to act quickly to recognise outbreaks, investigate their possible origin, and identify measures to control and prevent future outbreaks. To ensure that there is a comprehensive review of all risk factors and buy in to any actions, multidisciplinary incident management team reviews (IMTs) have been used with great effect to investigate and control outbreaks within Rotherham.

As of 31<sup>st</sup> January 2022, approximately:

- 96 IMTs have been held in education settings
- 120 IMTs have been held in adult social care settings
- 9 IMTs have been held in workplaces (commercial, industrial, consumer, social, and institutional settings) – no workplace IMTs were held from September 2021 onwards due to a change in guidance resulting in a focus on pre-emptive / preventative work. (1)



Figure 1: COVID-19 7-day rolling infection rates: Rotherham and all-England (March 2020 – January 2022)

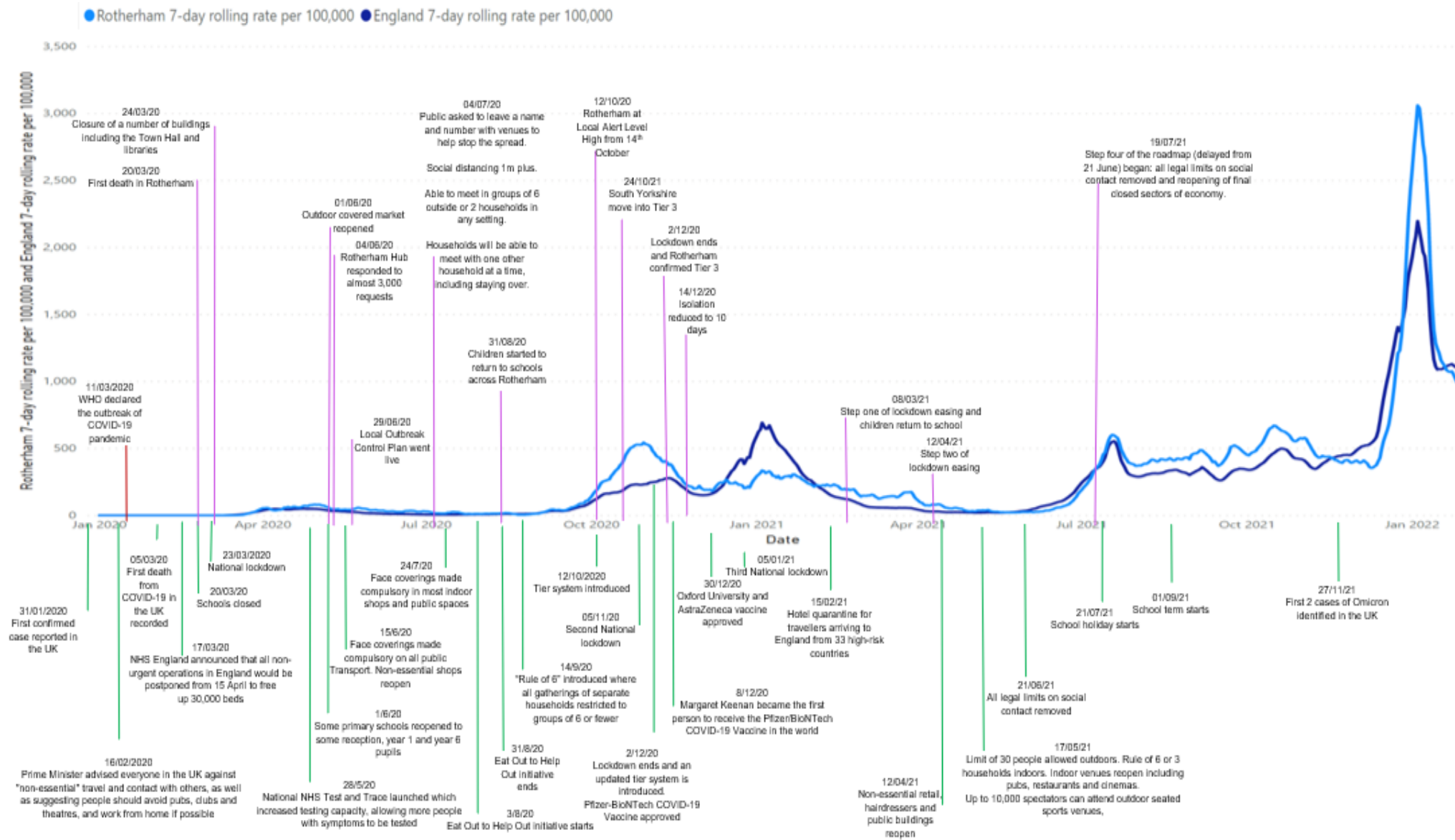
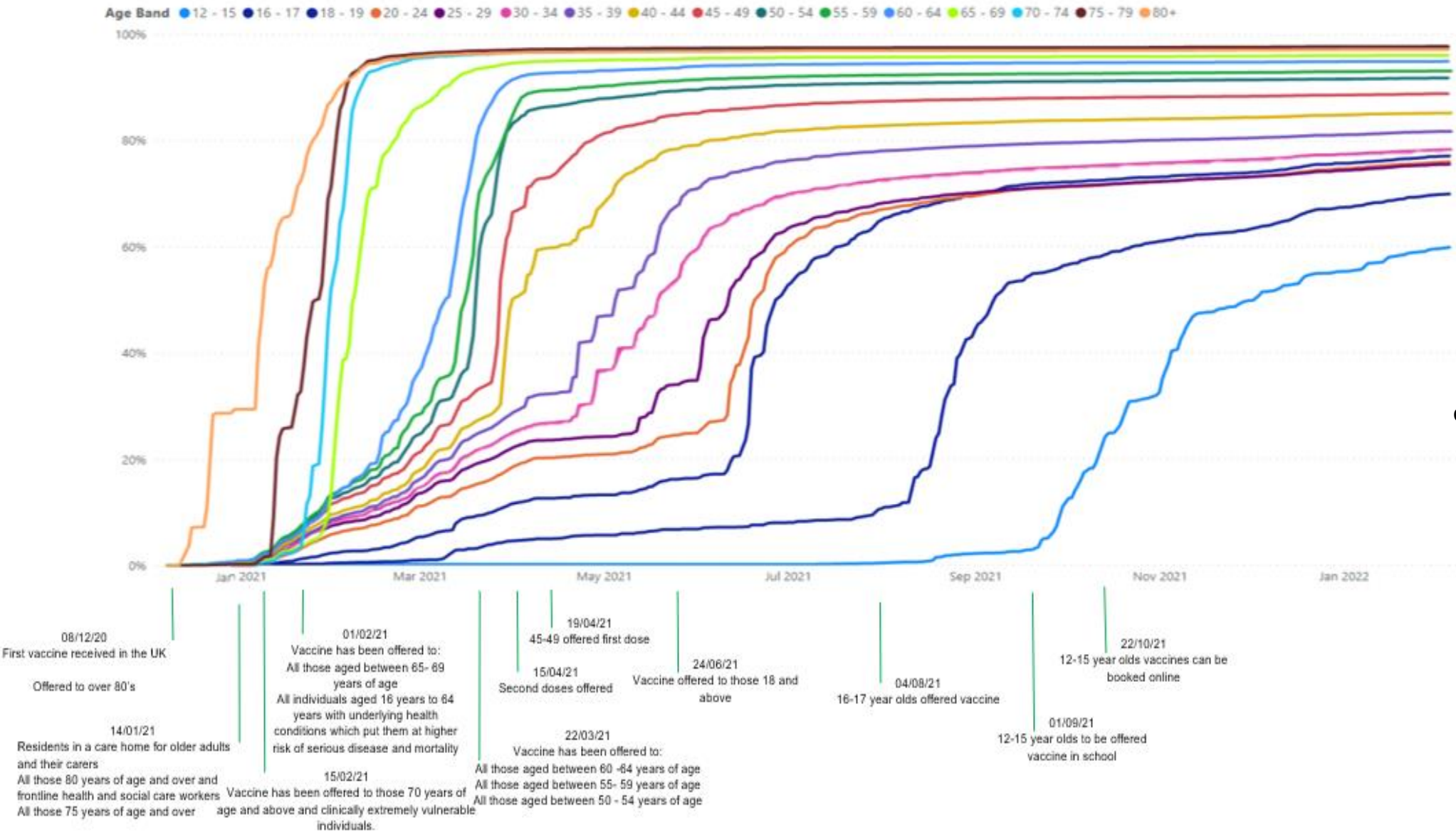


Figure 2: COVID-19 vaccination rates by age in Rotherham



## Inequities and COVID-19

Although COVID-19 has touched the lives of all Rotherham residents, the health risk and the wider impact of the disease has been experienced with different degrees of severity by different populations.

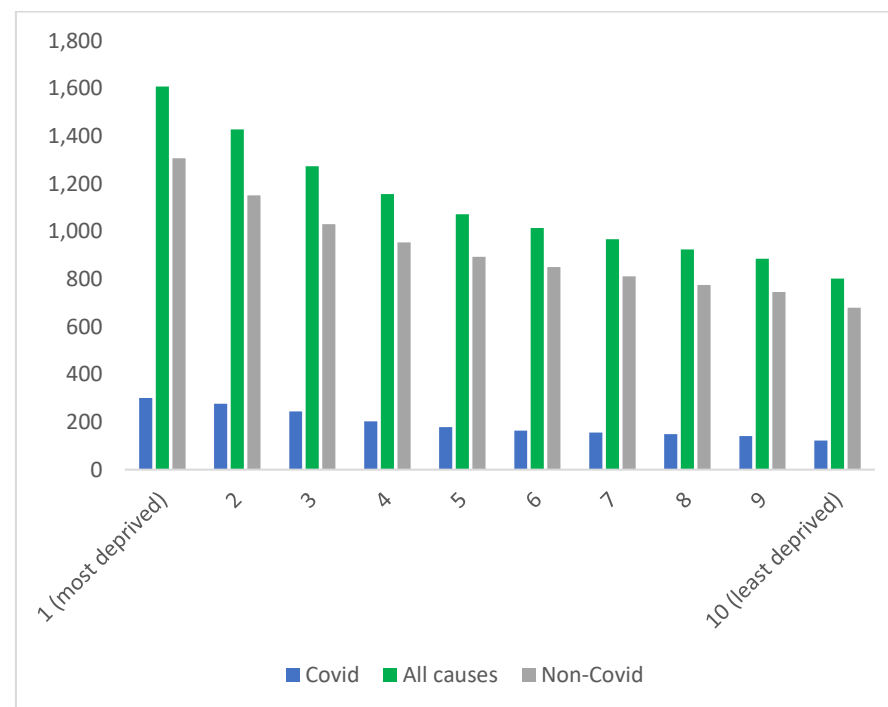
The Public Health England (PHE) report *Disparities in the risk and outcomes of COVID-19* (2) highlights those factors associated with worse health outcomes from COVID-19. Many people in Rotherham experience multiple risks, making them particularly vulnerable.

### Deprivation

Nationally, inequalities in COVID-19 mortality are similar to inequalities in mortality from other causes. The more deprived the area of residence, the greater the risk of mortality from COVID-19. Mortality rates from COVID-19 in England between March 2020 and April 2021 in the most deprived areas were more than double the rate in the least deprived areas (122 deaths and 300 deaths per 100,000 respectively). As shown in Figure 3, there is a clear gradient in mortality rates related to deprivation nationally.

In 2019, Rotherham was ranked 44<sup>th</sup> most deprived authority in England, making the borough amongst the 14% most deprived local authority areas in England. The key drivers of deprivation in Rotherham are health and disability, education and skills, and employment.

**Figure 3: Age standardised mortality rates (per 100,000) by IMD in England (March 2020 to April 2021) (3)**

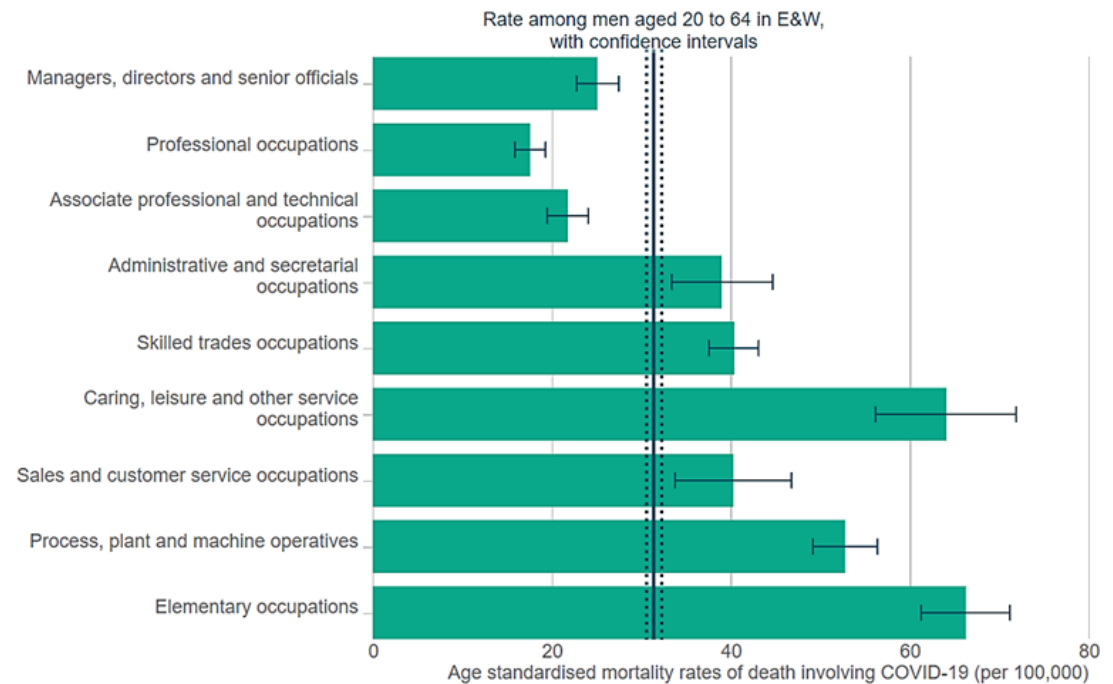


## Employment

Some occupations have particularly high rates of mortality from COVID-19 (see Figure 4). High risk jobs are typically those which cannot be done from home, those that require working in close physical proximity to others, lower grade occupations, jobs with a higher-than-average percent of older workers, and jobs more likely than others to be occupied by those from a Black, Asian and Minority Ethnic (BAME) group.

In Rotherham, the economy is structured such that a relatively high proportion of the population is employed in work that has a high risk of exposure to COVID-19. This may go some way to explaining why Rotherham has experienced consistently higher infection rates since lockdown eased than other parts of the country where people are better able to work remotely or had limited interaction with others.

**Figure 4: Age-standardised mortality rates of death involving COVID-19 in England and Wales, by major occupational group, deaths registered between 9<sup>th</sup> March and 28 December 2020 (4).**



## Ethnicity

Nationally, people from Black ethnic groups were most likely to be diagnosed with COVID-19. Death rates from COVID-19 were highest among people of Black and Asian ethnic groups. This is the opposite of mortality rates in previous years when all-cause mortality rates were lower in Asian and Black ethnic groups than White ethnic groups.

## Pre-existing health conditions

COVID-19 related morbidity and mortality are increased in people with diabetes, hypertensive diseases, chronic kidney disease, chronic obstructive pulmonary disease (COPD), dementia and those who are obese and morbidly obese.

**Table 1: Ethnicity in Rotherham in 2011 Census (6)**

Ethnicity	Rotherham population (2011)
White British	91.90%
White Irish	0.30%
White Gypsy	0.05%
Other White	1.33%
Mixed	0.99%
Indian	0.37%
Pakistani	2.96%
Bangladeshi	0.04%
Chinese	0.23%
Other Asian	0.50%
Black Caribbean	0.11%
Black African	0.65%
Black Other	0.06%
Arab	0.23%
Other ethnic grps	0.28%

As shown in Table 2, the prevalence of many of these conditions in Rotherham is higher than in all-England. This has contributed to the high rates of COVID-19 related mortality and morbidity experienced locally.

**Table 2: Prevalence of comorbidities in Rotherham and all-England (5)**

Comorbidity	Measure	Rotherham	All-England
Diabetes	QOF prevalence of diabetes mellitus (aged 17+) (2019/20)	7.8%	7.1%
Obesity	% of adults (18+) classified as overweight or obese (2019/20)	72.9%	62.8%
Chronic obstructive pulmonary disease	Hospital admissions for COPD (directly standardised rate per 100,000) (2019/20)	561	415
Dementia	Recorded prevalence of dementia (aged 65 yrs and over) (2020)	4.5%	4.0%
Chronic Kidney Disease	QOF prevalence of CKD (18+) (2019/20)	3.9%	4.0%



## Section 2: COVID-19 and the individual





## Mental Health, Loneliness and Social Contact

Good mental health is linked with better physical health and faster recovery rates. Individuals with good mental health are better able to participate and function in school, workplace, community, and home life.

### How has COVID-19 affected mental health, loneliness and social contact locally and nationally?

#### Nationally

Research has shown that mental health distress increased at the beginning of the pandemic due to fear of infection and death, financial concerns, and the impact of isolation.

Measures used to control the spread such as social distancing have subsequently been linked to increases in anxiety, depression, and loneliness in individuals.

Worst affected were BAME groups; older adults, particularly those who had to shield; children and adults with learning disabilities; younger adults; women (who were often providing the care for children and making adjustments for work); people with existing mental health problems; those living with domestic abuse; and those living in more deprived areas.

#### In Rotherham

At the beginning of the pandemic, referrals to mental health services were not as high as expected. However, this gradually changed with local mental health services and community organisations across Rotherham reporting an increase in people presenting with anxiety.

Young people in Rotherham participated in a school-based survey about their mental health three times over a 12-month period during the pandemic, with a total of 11,058 young people sharing their views. Students were asked to think how they felt about their mental health in March/April 2020 and again in June 2021. The findings showed a decline in how well they rated their mental health. The survey also found students to be more anxious, stressed, bored and feeling sad/low in June 2021 than they were at the beginning of the pandemic.

Some parents in Rotherham reported that their children suffered from being in the home for too long leading to increased anger, frustration, loneliness and mental health deterioration.

Reports from some Rotherham carers showed that they felt more anxious, isolated, worried and physically exhausted during the pandemic (surveys conducted by Crossroads).

### ***Suicides***

There were concerns that the pandemic would see a rise in suicides. However, in line with national trends, the latest data shows that Rotherham saw a small decrease in suicides for the period 2018-2020 to 13.3 per 100 000 which is a decrease by 1.4 per 100,000 from 2017- 2019. Rotherham's rate is still significantly higher than the all-England rate of 10.4 per 100,000.

Males still account for most deaths by suicide in Rotherham. The rate for Rotherham in 2017-2019 period was 22.3, and this has now dropped to 19 per 100,000 for 2018-2020. Female deaths for Rotherham for this period have risen by 0.4 to 7.9 per 100,000.

As we emerge from the pandemic and some of the short-term support (financial and services) is removed concerns remain with regard to longer term impacts on suicide rates. January 2022 has seen a rise, with 7 suicides reported, the highest number since 2019.

### ***Bereavement***

Sadly, many people have experienced the death of a loved one during the pandemic, not just for the 992 people who had COVID-19 as a cause of death on their death certificate during the pandemic (data to week ending 28<sup>th</sup> Jan 2022) but to other illnesses too. The restrictions meant that some people

could not be there at the end of the person's life or give their loved one the funeral they would have wanted.

In early 2020 Rotherham Council and RCCG worked with the other councils in South Yorkshire to put in place support for people bereaved during the pandemic (see Box 2).

### ***Loneliness***

Loneliness was a public health concern both nationally and locally prior to the pandemic with all ages experiencing loneliness. The pandemic has heightened this as an issue and referrals for befriending support in Rotherham have reinforced that this is an issue across the life course.

Inequalities in society have meant that experiences and patterns have not been the same. Particularly vulnerable groups include:

- Those living alone
- People living in areas of higher deprivation,
- Those caring for people for someone particularly those with dementia,
- Parents/carers living with a child with SEND needs,
- People recently bereaved or widowed,
- Older people and those who are digitally disadvantaged

The easing of restrictions will have alleviated loneliness for some. However, reports from the voluntary and community

sector indicate that many people continue to experience high levels of anxiety, which makes engaging in social activities difficult.

#### Box 2: Case Study: Listening Ear Service

In the spring of 2020 Rotherham Council and Rotherham Clinical Commissioning Group worked with the other partners in South Yorkshire to put in place support for people bereaved during the pandemic. The Listening Ear service is free to call or email. The helpline is staffed by professional mental health counsellors who provide practical and emotional help to anyone who lost loved ones during the pandemic, whether from the virus or otherwise.

Since the launch of Listening Ear, almost 500 appointments have been accessed by people from across South Yorkshire with overwhelmingly positive feedback.

People can self-refer, or referrals can be made by police, GPs and primary care staff, hospital bereavement services, mortuary staff, funeral directors, coroner's office, crematorium and bereavement services staff and community and faith organisations.

## Physical activity and health weight

Being physically active has significant benefits for health. Not only does being active help people maintain a healthy weight, but it helps prevent and manage diseases and conditions such as heart disease, stroke, diabetes and several cancers, as well as improving mental health and wellbeing and quality of life.

Obesity impacts physical, psychosocial, and emotional health and wellbeing, it can reduce life expectancy, increase the risk of poor health and hospital stays, and many individuals affected are less likely to be in employment. Being obese has also been shown to be a risk factor for poor outcomes from COVID-19 infection. However, obesity is a complex issue, with many factors influencing a person's weight. Being less sedentary, taking part in physical activity or sport, and eating a healthy balanced diet are important for everyone, regardless of current weight, age, or gender.

### Inequities in healthy weight

Nationally and within Rotherham, obesity disproportionately affects disadvantaged communities and is strongly associated with inequalities. Children, people from black, Asian and other minority ethnic backgrounds, people with disabilities, or long-term health conditions, and people living in our most deprived communities are often more affected by the factors

associated with obesity and are much more likely to live in an environment where healthy options and opportunities are not as readily available.

### **High rates of obesity**

Unhealthy weight is a significant public health issue in Rotherham, data for 2019/20 shows that 73% of the adult population, around 27% of children at reception age and 38% of children at year 6 were classed as overweight or obese.

The 2020/21 National Child Measurement Programme shows large increases nationally in the proportions of children in Reception year and Year 6 who are overweight, obese, and severely obese compared to previous years. This suggests the pandemic has had a significant impact on children and their health. The data also shows a further widening of the inequalities gap in obesity between children in the most and least deprived areas in England, and this is most noticeable among children in Reception year.

Whilst there is no available data showing the impact of the pandemic on unhealthy weight for adults locally, national evidence indicates that this issue has been exacerbated for many people, particularly those most vulnerable, due to shielding, reduced income, lack of opportunities to be physically active, poor access to healthy food, and low mental health and wellbeing.

### **Reduced activity levels**

Nationally, the COVID-19 pandemic has had a negative impact on physical activity levels, with a 2.9% rise nationally in people who are 'inactive' (less than 30 mins activity a week), and a 2.4% fall in people classed as 'active' (at least 150 mins a week).

Latest data for Rotherham shows that between May 2020 and May 2021 31.6% of the local adult population was inactive, compared with 27.5% nationally. This is an increase of 2.6% inactive people and a decrease of 3.1% active people since the previous 12-month period pre-COVID-19.

Not all groups or demographics were affected equally by the pandemic; with older people, those with existing long term health conditions, young people, women, people with disabilities and people from minority ethnic backgrounds negatively impacted, and these group were less likely to be active enough to benefit their health pre-COVID-19.

The pandemic also increased sedentary behaviour because of restrictions placed on people, such as shielding, working from home and generally staying at home more often. Being sedentary has its own health risks, independent of people's physical activity levels, and high levels of sedentary behaviour is also seen in similar populations to those who are less likely to be active.

## Deconditioning

The result of this increased sedentary behaviour and inactivity is a 'deconditioning' effect; loss of muscle mass and cardio-respiratory fitness, loss of bone density, increase in body fat, worsening of symptoms of long-term conditions, increased risk of falls and reduced independence, and an increased risk of infection from viruses like COVID-19 and flu. Recent research has even linked physical inactivity to more severe COVID-19 infection and a heightened risk of dying from the disease.

### Case study: Beat the street

Beat the Street is an initiative delivered by Intelligent Health that turns towns into giant games. Local residents are encouraged to earn points, win prizes and discover more about their area by walking, running, scooting or cycling.

In Rotherham, Beat the street saw over 15,000 children and adults walking, cycling, or scooting to and from school or work, around their local communities and in parks and green spaces. Between April and March 2021, over 124,000 miles were travelled by participants across Rotherham, who used Beat the Street cards and fobs to track their progress between contact sensors (beat boxes) which were placed on lamp posts.

The initiative resulted in more people being more active throughout the day, particularly for those who self-reported as less active before the game (doing less than 30 minutes activity a week for adults or less than 30 minutes a day for children). People taking part in the game also reported improved mental wellbeing as a result of being more active.

## Health behaviours: Tobacco, alcohol, and substance misuse

### Tobacco

Smoking is the leading cause of preventable illness and premature death in England and Rotherham. Despite significant reductions over the past 10 years, 17.8% of Rotherham adults smoked in 2019 - significantly more than the all-England rate of 13.9% (5). As smoking prevalence has declined, it has become increasingly concentrated among more disadvantaged communities (7).

The impact of COVID-19 on rates of smoking nationally is not fully understood. It appears that there was a significant increase in successful attempts to quit in 2020/21 as smoking was highlighted as a risk factor for poor COVID-19 outcomes and some data show a significant overall reduction in smoking (5). However, there is some evidence to suggest that there was an increase in smoking prevalence amongst younger adults (18-21 yrs) and older teenagers (8). It is also possible that the pandemic acted to exacerbate inequalities in smoking prevalence between groups along economic lines. More deprived communities experienced higher levels of unemployment during the pandemic and were subject to more economic stress – which has been shown to lead to increases in smoking and alcohol use. Smoking at the time of

delivery rates in Rotherham (which are used to approximate rates of smoking during pregnancy) fell substantially from 16.2% in 2019/20 to 14.0% in 2020/2021, although the absence of carbon monoxide monitoring meant that it has not been possible to verify smoking status throughout the pandemic.

### Alcohol

Sales of alcohol increased in the weeks preceding the announcement of the first national lockdown (March 2020). Initially, it wasn't clear whether people were drinking more alcohol on an average week than they were before lockdown or if they had just 'stocked up' to ensure they had some alcohol at home. Alcohol purchasing remained higher throughout 2020 than the same weeks in 2019 including another increase in sales prior to the second national lockdown (November 2020).

The Alcohol Change Survey (9) found that a third of people surveyed across the UK had reduced their alcohol intake since the pandemic began (either through drinking less often and/or having fewer drinks when they did drink alcohol). Some of this reduction in drinking may be due to people struggling to afford alcohol or because of less availability of alcohol due to pub and restaurant closures. Concerningly, however, some people have increased the amount of alcohol they consume

since lockdown, possibly due to stress or loneliness resulting from COVID-19 restrictions. Analysis of the UK Household Longitudinal Survey suggested that the proportion of people drinking four or more times a week increase from 13.7% pre-lockdown to 22.0% a month into lockdown, with more people also binge drinking (10). This is consistent with the Alcohol Change Survey, which found that 20% of alcohol drinkers had increased their alcohol intake since lockdown (9).

This is worrying because of both the short- and long-term harms associated with alcohol. In the short-term, heavy alcohol drinkers are at risk of accidents, injuries and alcohol poisoning. Longer-term, alcohol can cause liver disease, cancer, pancreatitis, stroke, depression and infertility. According to the Wider Impacts of COVID-19 on Health Monitoring Tool (11), rates of emergency hospital admissions for all alcohol-specific conditions in England were lower in March, April and May 2020 than in the same months at baseline (rates for 2018 and 2019 combined). They then increased above baseline levels for June, July and August 2020 and then fell to be similar to the baseline in September. Mortality rates for alcohol specific conditions were higher for all months from May to November 2020 than in the same months at baseline (11).

Violence associated with alcohol is also a problem. 7% of Alcohol Change survey respondents felt that alcohol had

increased tension in their homes since lockdown begun (9). It is difficult to demonstrate a causative link between alcohol and domestic violence, however previous research has found that 25-50% of perpetrators of domestic abuse have been drinking alcohol at the time of the assault.

### Substance misuse

The impact of COVID-19 on substance misuse is complex and data is still being produced and analysed.

Nationally, preliminary data from the Unlinked Anonymous Monitoring Survey of People Who Inject Drugs (PWID) indicate that the COVID-19 response has affected access to essential services for PWID in England (12). Just over a third (61/166) of PWID participants reported that in 2020 drug and alcohol services were more difficult to access than in 2019, with 22% (30/136) reporting difficulties accessing HIV and/or hepatitis testing and accessing equipment for safely using and/or injecting drugs (29%; 40/137). Treatment changes due to lockdown affected discharge from care and longer-term opiate treatment was required reducing daily monitoring previously in place.



## Education

Educational attainment is strongly linked with health behaviours and outcomes, with better educated individuals less likely to suffer from long term diseases or mental health conditions. Educational qualifications also affect income, housing and access to resources associated with health.

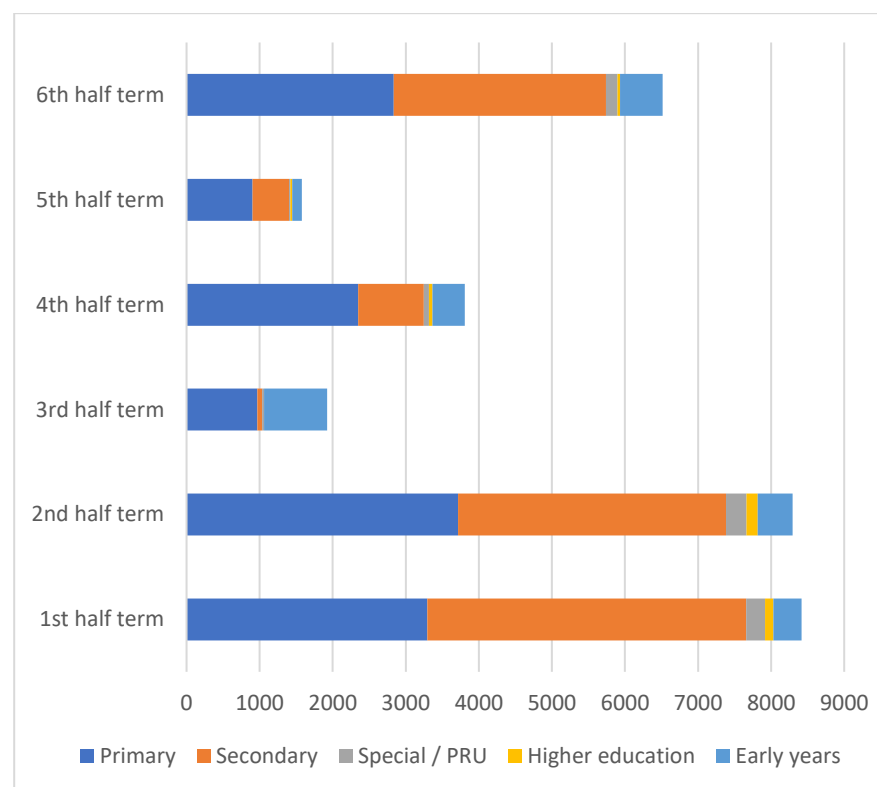
### How has COVID-19 affected education nationally and locally?

National lockdowns have severely disrupted children's access to education. The majority of children in Rotherham were not in school for over five months in 2020. Since then, there have been ongoing disruptions with up to 8,417 students / pupils sent home to isolate per half term in academic year 2020/21 in accordance with national guidance and requirements (see Figure 5) (1). Assuming that a minimum of six days of school were lost per isolation, this equates to 183,198 days of lost education in academic year 2020/21 alone.

The long-term impact of this on education and health is not yet known. However, initial studies conclude that, for most pupils and year groups, learning did suffer to some degree, and this was greater for primary and more disadvantaged students. In academic year 2019/20, average educational

attainment 8 scores (average grade across 8 subjects) at age 16 nationally varied from 54.9 in the least deprived local authorities, to 47.4 in the most deprived authorities (13).

**Figure 5: Number of students/pupils sent home to isolate per half-term (academic year 2020/21) (1)**



## Access to health care

Major shifts in health care access and uptake occurred during 2020 and 2021 as resources were re-focused to provide urgent treatment of COVID-19 cases, and services were rapidly redesigned to minimise infection risk accommodate reduced physical capacity and maximise the use of remote technology.

### GP appointments

As shown in Figure 6, there have been fluctuations in the number of GP appointments available in Rotherham throughout the pandemic. Available GP appointments decreased by 14% in 2020 from 2019, but in 2021 GP available appointments were slightly above 2019 levels.

In 2019, just 9% of GP appointments in Rotherham were undertaken by phone or virtually. This increased to 39% in 2020, before falling slightly to 31% in 2021 as GPs re-introduced face-to-face appointments (Figure 7). Nationally in 2021, 39% of GP appointments were delivered remotely.

As captured in Healthwatch Rotherham's report *Mind, Body and Soul*, Rotherham residents' experiences accessing GP services during the pandemic were varied (see Box 3) (14).

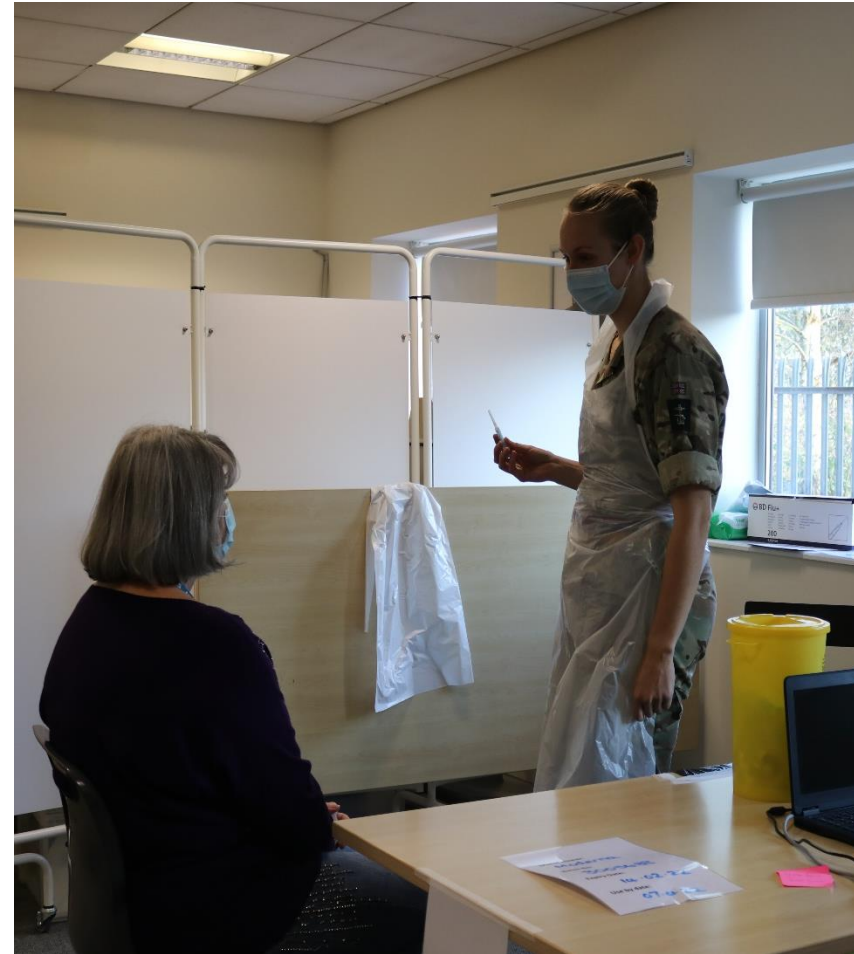
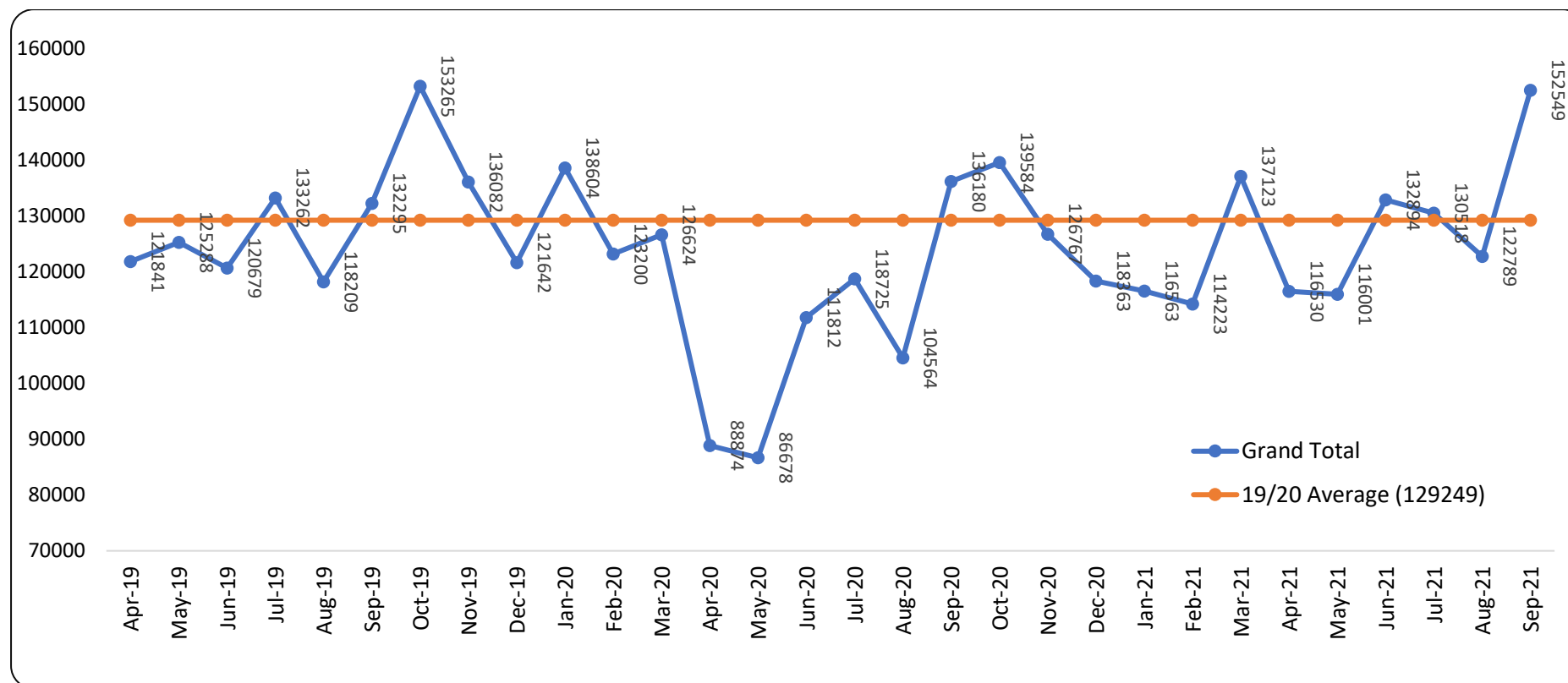
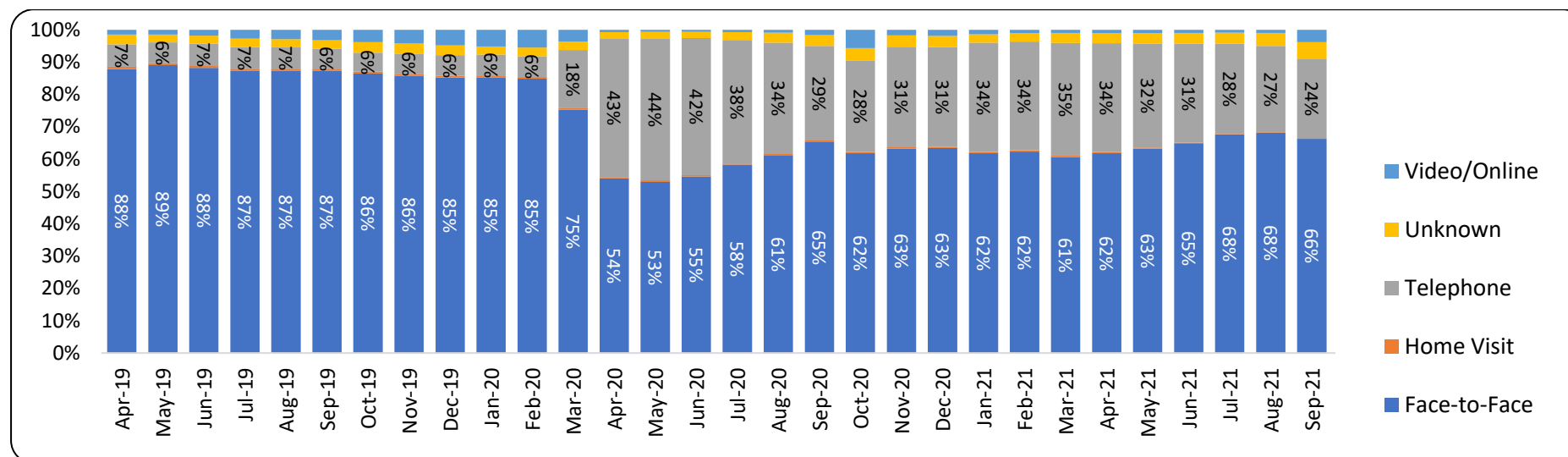


Figure 6: Number of GP appointments available per month in Rotherham (April 2019 – Sept 2021)<sup>1</sup>



<sup>1</sup> This data includes available GP appointments for Rotherham GP practices. The data and technical definitions can be found at NHSD Appointments in General Practice dataset (<https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice>)

**Figure 7: Method for conducting GP appointments in Rotherham (April 2019 – Sept 2021)**



**Box 3: Patient experiences of GP access during COVID-19 (Extract from Healthwatch Rotherham: *Mind, Body, Soul* – pg. 6) (14)**

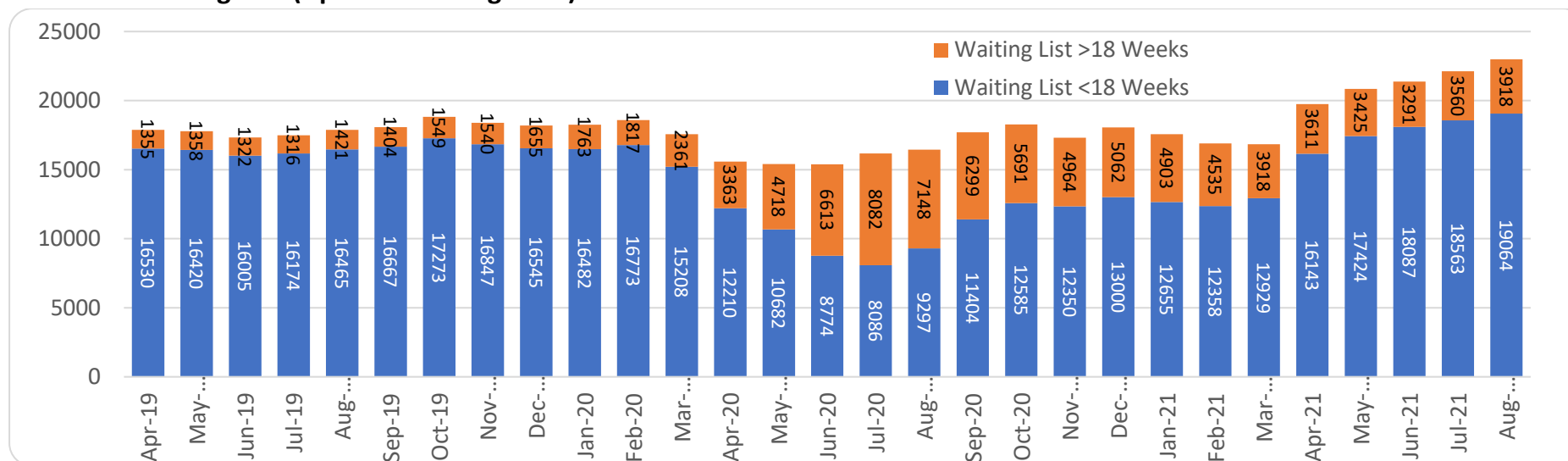
“Respondents reported difficulties in obtaining GP appointments as the pandemic progressed, with one respondent saying that GP service access is *“practically impossible”*, *“having to ring 55 times with no response”*. When this respondent finally got through at 6:30pm, the surgery was nearly closing....

...“There were some positive stories of accessing GP services, however, these were a lot less common than the negative experiences reported. Some respondents reported *“no problems contacting my GP”*, *“excellent service from GP practice”*, *“reception staff extremely helpful”* and they received *“excellent access to services”*. From the data, it is clear that the service received is inconsistent across Rotherham, with some GP practices excelling and able to cope with demand during the pandemic and others being nearly impossible to contact.”

### Waiting times

The shutdown of most non-COVID-19 services during the first wave of COVID-19, left the NHS is facing a large backlog of non-COVID-19 care. Nationally, as of September 2021, the total waiting list sat at a record high of 5.72 million. Over 300,000 patients at this time had been waiting over a year for treatment – a 235-fold increase on August 2019 figures.

**Figure 8: Number of Rotherham CCG patients on referral to treatment waiting lists (April 2019 – Aug 2021)<sup>2</sup>**



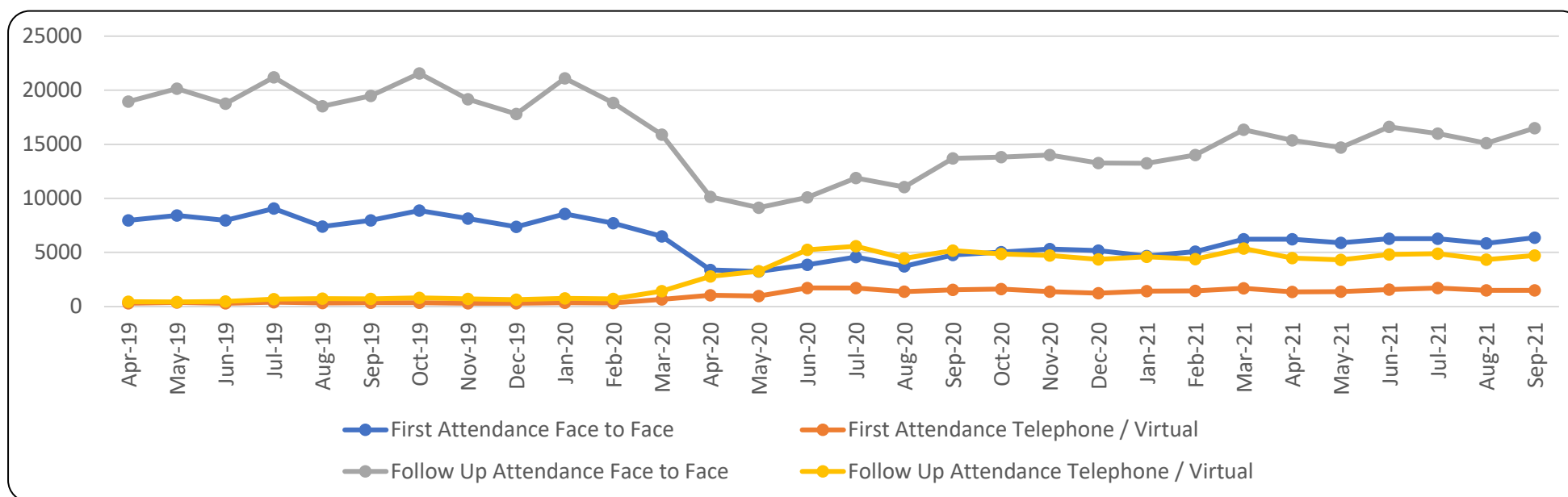
<sup>2</sup> This data includes all patients registered with a Rotherham GP (Rotherham CCG commissioned). It includes patients waiting at any provider at the end of the month indicated and includes services within the scope of national waiting times reporting (called referral to treatment). Further waiting list data and detailed definitions can be found here: NHSE Consultant-led Referral to Treatment Waiting Times - Published data (<https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/>)

## Outpatient care (see Figure 9)

In Rotherham, outpatient attendances decreased by 37% from 2019 to 2020. In 2021 they have returned to around 90% of 2019 levels. As with GP services, there was a sharp initial increase in the proportion of attendances undertaken by phone or virtually (from just 4% in 2019 to 26% in 2020), before a slight decrease in remote appointments, to 20% in 2021.

Follow Up outpatient attendances decreased by 23% from 2019 to 2020. In 2021 they are slightly above 2019 levels at 101%. The proportion of attendances undertaken by phone increased from 3% in 2019 to 29% in 2020 before dipping slightly to 23% in 2021.

**Figure 9: Trends in outpatient numbers (April 2019 – Sept 2021)<sup>3</sup>**



<sup>3</sup> This data includes all patients registered with a Rotherham GP (Rotherham CCG commissioned). It includes activity at all providers. This data only includes patients who attended for their appointment and doesn't include any attendances solely for a COVID-19 swab

### Admissions (see Figures 10 and 11)

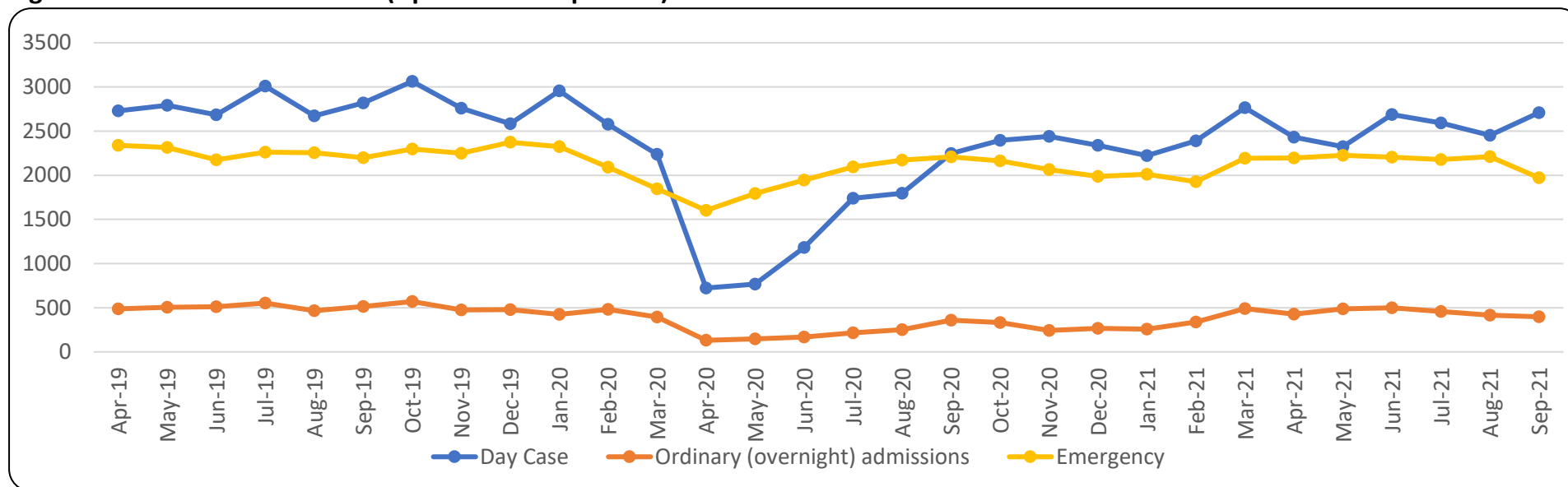
Day-case admissions were reduced by 49% in 2020 compared to 2019 and in 2021 but have since returned to around 91% of the levels seen in 2019.

Overnight elective admissions dropped by 58% in 2020 compared to 2019 and in 2021 they have returned to around 88% of 2019 levels.

A&E attendances fell by 27% in 2020 compared to 2019 and have returned to 99% of 2019 levels during 2021.

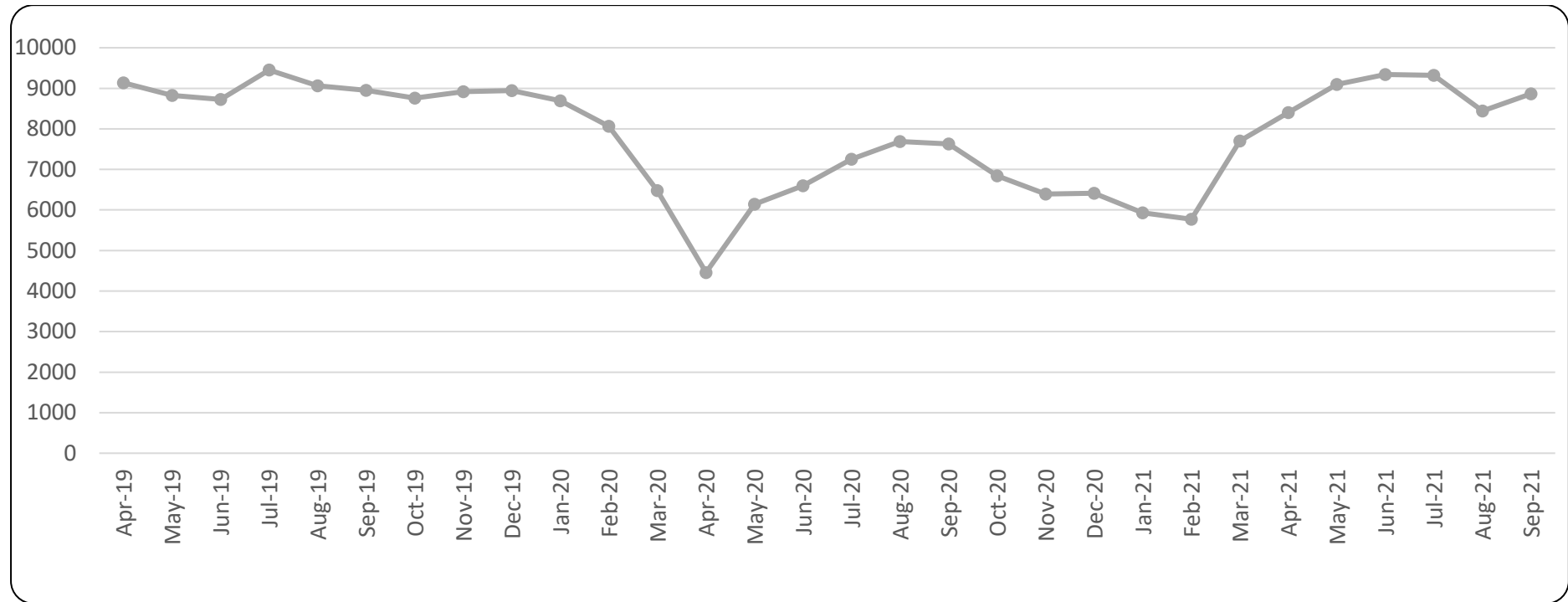
Emergency admissions saw a 13% reduction between 2019 and 2020 but have returned to 96% of 2019 levels in 2021 (see Figure 11).

**Figure 10: Trends in admissions (April 2019 – Sept 2021)<sup>4</sup>**



<sup>4</sup> This data includes all patients registered with a Rotherham GP (Rotherham CCG commissioned). It includes activity at all providers. The Emergency section excludes maternity admissions and patients undergoing an emergency assessment.

**Figure 11: Number of A&E attendances (April 2019 – Sept 2021)**





## Section 3: COVID-19 and our communities



## Community cohesion and support to vulnerable people

Community life and social connections make an essential contribution to health wellbeing and quality of life. These community level determinants build control and resilience and can help buffer against disease and influence health-related behaviour.

### Community volunteering

Measures to control the spread of COVID-19 seriously limited social contact and disrupted traditional routes to community engagement. Voluntary Action Rotherham (VAR) reports that during the pandemic there has been a decrease in formal, regular volunteering undertaken locally through their service. Fewer formal volunteering roles were available, and many older volunteers stopped volunteering altogether due to fear of exposure to COVID-19, leaving gaps in services and projects. This gap was partly filled by people on furlough in the early stages of the pandemic, but as people returned to work, this pool shrunk.

The pandemic has seen unprecedented levels of community cohesion particularly during the early stages when new community-led support structures were spontaneously

created in response to a shared sense of empathy, responsibility and sacrifice. A national survey found that 47% of people informally volunteered during the pandemic and that around 21% volunteered formally (15)

The Rotherham Community Hub was launched in March 2020 as part of the Council's response with the aim of supporting any Rotherham resident affected by COVID-19, self-isolating and lacking support networks. As of 30<sup>th</sup> January 2022, the Community Hub had responded to over 7,900 requests for support and responded to over 1,280 volunteers who come forward to provide help via the Rotherham Heroes programme. Many others provided support outside of formal hub mechanisms, including via local grassroots or "pop up" groups.

### Community responses to food poverty

Across the UK, food bank activity has significantly increased during the COVID-19 pandemic. The Trussell Trust, who support a network of over 1,200 foodbanks nationally, reported a 33% increase in the number of emergency food parcels distributed across the UK in 2020/21 compared to the previous year, 2019/20. In Yorkshire and the Humber, a 13% increase was observed (16). The Trussell Trust identify three main factors driving increased foodbank use during the pandemic:



- Challenges accessing, and gaps within the benefit system.
- Difficult life experiences like poor health, job loss, eviction, bereavement, and relationship breakdown - all of which occurred at a higher rate as a direct result of the pandemic.
- A lack of informal or formal support.

In Rotherham, *The Food for People in Crisis Partnership*, which supports people in financial crisis to access emergency food, saw a more than four-fold increase in the number of parcels provided, from 4,357 in 2019/20 to 19,466 parcels in 2020/21. In response to increased demand, the *Food for People in Crisis Partnership* sought to collaborate with local businesses and supermarkets to generate more donations. Partnerships with local organisations who had furloughed staff (such as South Yorkshire Fire and Rescue and Rotherham United Community Sports Trust) enabled the Partnership to distribute food and other essential supplies to Community Food members.

### Case Study: Five Ways to Wellbeing and the Great Big Rotherham To Do List

During the pandemic 1,241 Rotherham Heroes were recruited and provided support to 1,089 vulnerable households through physical support tasks as well as offering advice and facilitating telephone befriending calls. Many others volunteered through voluntary and community groups in Rotherham. Schools, care homes and workplaces all played their part in taking steps to look after people's mental health and wellbeing.

Rotherham's Five Ways to Wellbeing campaign encouraged people to:

- Be Active,
- Connect with others,
- Give of their time,
- Keep learning and
- Take notice of their surrounding area.

Rotherham people were asked to share how they had kept themselves happy and healthy during the pandemic. The responses came from people of all ages. These ideas have been brought together in a resource called The Great Big Rotherham To Do list. It is hoped that by sharing these ideas people will be inspired to keep doing these things and try others. Please visit: [www.rotherham.gov.uk/great-to-do](http://www.rotherham.gov.uk/great-to-do)

## Community safety

Feeling safe is essential to wellbeing. Crime and the fear of crime can have a significant impact on individuals and whole communities. Crime affects physical and mental health in many ways and experiencing crime can have far reaching psychological consequences. The fear of crime can reduce health promoting behaviours such as physical activity in the outdoors, social contact and access to services.

The National Police Chief's Council published an update on crime trends in January 2021 which showed that sustained falls in crime were recorded throughout the periods of national lockdown. However, there has been a growth in number of fraud cases reported as criminals took advantage of the fact many physical stores had been forced to close.

Rotherham's experience broadly reflects the national picture. Following the implementation of lockdown measures in March 2020, reported crime in South Yorkshire reduced substantially. Crime has been increasing towards pre-pandemic levels since lockdown measures were lifted. However, some offence types remain low, such as burglary. This is likely to be linked to changes in personal behaviours and routines, including more people working from home. Reported incidents relating to COVID-19 breaches have varied



since March 2020, with peaks seen during the lockdown periods.

The impact of the COVID-19 pandemic has been felt across all Safer Rotherham Partnership priority areas.

### Protecting vulnerable children

There are increased concerns about children and young people's vulnerability to exploitation and school closures and disruptions to services added challenges in identifying young people at risk. Work has been undertaken with staff and professionals to raise awareness of the signs of vulnerability or exploitation in order to ensure that signs are recognised.

The prevalence of online offending has continued to grow. In response, efforts are being made to educate professionals, parents/carers and young people about how social media can be used to groom or coerce young people.

### Protecting vulnerable adults

There has been an increase nationally in the targeting of older, more vulnerable people particularly by way of scams and on-line fraud. Locally, work to address this has included providing information via venues more frequently visited by older people such as pharmacies.

### Domestic abuse

It was anticipated that there would be a significant increase in reported domestic abuse across the UK at the start of lockdown and national charity organisations reported an increase in calls to helplines for advice or support. The National Police Chief's Council reported that, whilst there has not been a significant increase in reported domestic abuse, the police continue to monitor this area closely and work closely in partnership with relevant organisations (17).

In Rotherham, the Rotherham Domestic Abuse Partnership monitors and coordinates work on domestic abuse. The number of domestic abuse reports in Rotherham, in line with the national experience, have remained stable. Proactive campaigns have taken place throughout the year to reach out to people in the community who may be experiencing domestic abuse, with information about reporting and support services promoted through shops, COVID-19 testing centres, social media and extended online support.



## Section 4: COVID-19 and the economy



Like the health impact of the pandemic, the economic impact of COVID-19 has not been evenly distributed, with the service sector and low-paying industries more severely affected by lockdown restrictions and other measures to slow the pandemic (18). Similarly, the economic recovery from the pandemic is likely to differ geographically between and within regions, based on the characteristics of households, occupations, and local businesses (19).

The COVID-19 Places Economic Recovery Index (CoPERI) (19), published in 2021, provides an analysis of the local economic impact of the pandemic on people, business, and places. The study identifies and seeks to quantify several key determinants of economic risk post-COVID-19:

- Household risk (affected by employment risk, financial vulnerability, and universal credit uptake)
- Neighbourhood risk
- Business risk (affected by small and medium enterprise indebtedness, and local demand).

These factors are presented in this section of the report in relation to Rotherham.

## Business

The economic impacts of COVID-19 continue to show in business activity across the Rotherham borough. Data from a survey of Rotherham businesses carried out by RiDO and the Chamber of Commerce in December 2020 indicated:

- Over 20% of local businesses had made redundancies
- 40% of companies in construction and 50% in retail had made redundancies.
- Over 50% of local businesses predicting a worsening cashflow
- 44% of companies in the accommodation and food sectors reporting less than three months cash reserves remaining.
- Over 75% of businesses were accessing finance, with a clear increase in companies accessing private finance as government support fails to meet needs.

Whilst the retail and hospitality sectors were the most impacted during the early stages of lockdown, manufacturing was also affected significantly as impacts to retail worked their way back up the supply chain.

### **Movement of workers: Zoom-shock**

The increase in home working caused by COVID-19 has led to a substantial shift of economic activity across geographical areas as people access local amenities near their place of residence rather than place of work. Referred to as a *Zoomshock*, this shift in the geographical focus of economic activity is likely to be a legacy of the pandemic as people remain reluctant to return full-time to their place of work (20).

Overall, an estimated 31% of residents in Rotherham were able to work from home and net increase of 3,000 individuals were based in Rotherham as fewer residents travelled outside of the Borough for work. However, Zoomshock is highly localised, and unsurprisingly, those areas of Rotherham with the highest concentration of office workers are worst hit by an outward flow of workers with Rotherham Central and Wath upon Dearne set to see net outflow of workers (4,500 and 3,300 workers respectively) (19).

This is reflected in part by the 52% drop in footfall in the town centre footfall from 2019 to 2020 - a smaller decrease than the 73% reduction in footfall in town centres seen nationally during the same period, but acutely felt given that Rotherham Town Centre has experienced a period of sustained decline and is in the process of refocusing its offer.

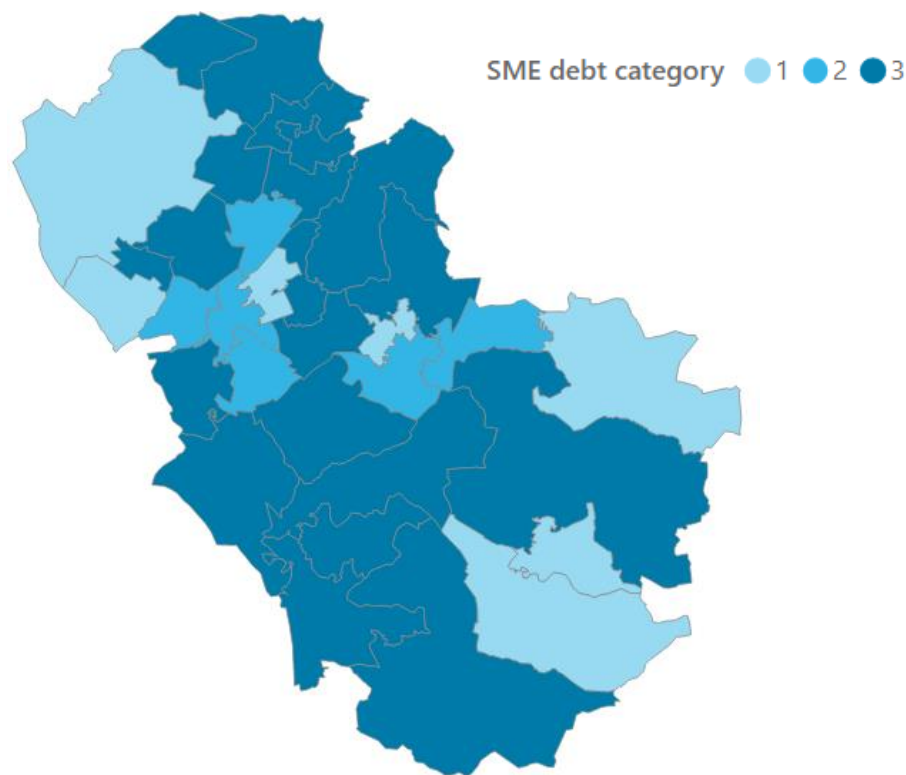
### **Small and medium enterprise financial vulnerability**

The financial shock created by the pandemic caused many businesses to take on additional debt. Overall, Small and Medium Enterprise (SME) indebtedness in England and Wales in June 2020 was 40% higher than in 2019.

Within Rotherham, SME indebtedness had increased by 59% by June 2020 as compared to 2019 (21). Within Rotherham, levels of indebtedness varied within the Borough, as demonstrated in Figure 12. This could create challenges post-lockdown as businesses struggle to clear debts and find capital to invest in any adaptations required to continue operating in line with a rapidly changing economy.



**Figure 12: SME debt per capita as MSOA level in Rotherham<sup>5</sup>  
(1 = low indebtedness; 4 = high indebtedness<sup>6</sup>) (19)**



<sup>5</sup> Calculated as SME loads divided by the population in the MSOA. SME debt comprises borrowing agreements made in the past and new agreements, less partial or full repayments or borrowing written off. Risk reflects both the level of indebtedness pre-pandemic and growth in indebtedness in 2020.

## Employment

Changes in employment levels are strongly associated with measures of wellbeing with higher rates of employment - boosting quality of life and protecting against social exclusion.

### How has COVID-19 affected access employment in Rotherham?

#### Pay-rolled employees

National and local lockdowns had a major impact on the labour market in England, including a sharp decline in employment rates and wages, despite the Coronavirus Job Retention Scheme (furlough) scheme.

As of late 2021, however, the number of pay-rolled employees nationally exceeded its pre-pandemic number. The surge in pay-rolled employees seen in the second half of 2020 appears to have driven by an upswing in employment amongst young people, who suffered the highest rates of unemployment in 2020. Analysis of employment numbers by sector suggests that increases in employment levels are a result of increases in

<sup>6</sup> 1 = below median average loan value 2019 & below median average growth 2019/20; 2 = above median average loan value 2019 & below median average growth 2019/20; 3 = below median average loan value 2019 above median average growth 2019/20; 4 = above median average loan value 2019 above median average growth 2019/20

hospitality and leisure – both sectors where younger people are more likely to work. In Rotherham, in December 2021, the growth in pay-rolled employees was 3.6% compared to the same period in 2020 – still below the national figure of 4.8%.

Despite overall growth in employment, nationally there are inequalities by gender, deprivation and ethnicity (22). These national patterns are likely to be reflected locally.

### Hours worked

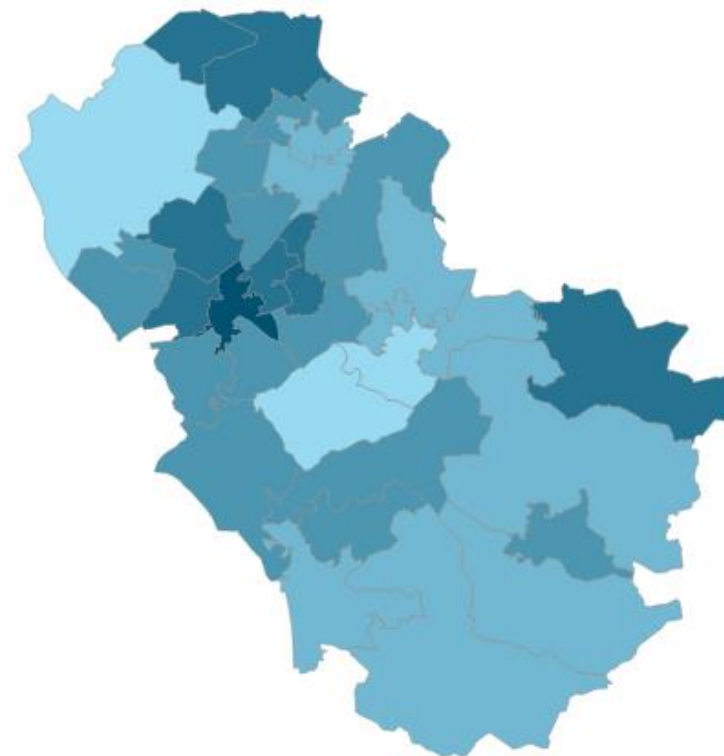
There were significant differences in the impact of lockdown between sectors. During the first lockdown, workers in the leisure and travel sectors experienced the largest decrease followed by construction (19). In Rotherham, there was a 14.4% reduction in the average hours worked per employee per week in the months March – December 2020 compared to the same period in 2019. Although the total hours worked has crept up nationally, fewer hours were still being worked compared to pre-crisis levels in late 2020, despite there being more pay-rolled employees (19).

### Universal credit claimants

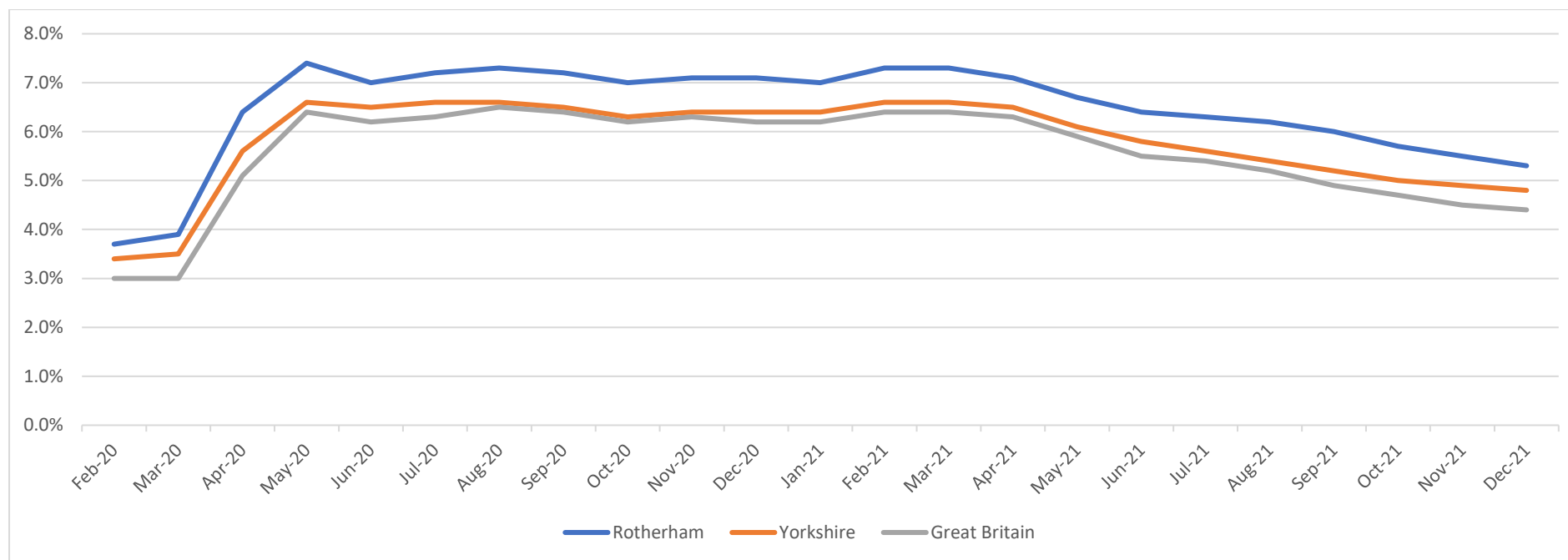
Across England and in Rotherham, the number of Universal Credit claimants increased dramatically at the start of the pandemic and remains significantly higher than pre-pandemic levels. In December 2021, there were 8,590 Universal Credit Claimants in Rotherham, representing 5.3% of the population,

compared to just 3.5% in December 2019, pre-pandemic (23). Throughout the pandemic, Rotherham's rate of universal credit claimant has been higher than the national or regional rate. As demonstrated in Figure 13, there were considerable differences in claimant rates within Rotherham during with pandemic, peaking at 7.4% in May 2020.

**Figure 13: Claimants per head of population by MSOA in Rotherham as of April 2021 (19)**



**Figure 14: Universal credit claimants as a proportion of residents aged 16-64 (January 2020 – December 2021) <sup>7</sup> (24)**



<sup>7</sup> Figures for January 2022 unavailable at the time of writing.

## Income, debt, and poverty

### Wages and debt

Nationally, median weekly earnings among all employees increased by 5.3% in April 2021, compared with April 2020. They were unchanged in April 2020, compared with a year earlier. When adjusted for inflation, median weekly earnings for all jobs were up 3.6% in April 2021, compared with April 2020, after a decrease of 0.9% in real terms between 2019 and 2020 (25).

There is emerging evidence that because of COVID-19, inequalities in wealth have widened in the UK. One-third of families in the top income quintile saved more than usual in the first two months of the pandemic, whereas lower-income families were more likely to have taken on additional debt and 50 percent of people with savings under £1,000 had used them to cover everyday expenses (26).

In Rotherham, during the early stages of the pandemic, household indebtedness decreased by almost 3.6%, pushing the average value of households' loans per capita at the end of June 2020 to £581 per person. This represents a smaller decrease than seen across all England and Wales where a 4% reduction brought average debt per capita to £553. Importantly, the decrease in indebtedness has not been homogenous across the country, or within Rotherham. For example, in Dinnington the average loans per capita in June 2020 was £685 despite a 3.6% reduction, compared to £294 in Rotherham central following a 4.55% reduction (19).

Following the end of the job retention scheme, universal credit top ups, and as creditors restart recovery action, it is possible that the financial impact of the pandemic on the economically marginalised and those who have taken on more debt, will grow. Demand for support services will potentially increase in response.

## Recommendations:

### **1. Living safely with COVID-19**

Recognising the high exposure risks to COVID-19 due to the nature of the local economy, and the high prevalence of risk factors for poor COVID-19 within the Rotherham population there is a need to minimise the ongoing impacts of COVID-19 by:

- 1.1 Continuing to maximise Coronavirus vaccine take up, especially in vulnerable population groups.
- 1.2 Maintaining COVID-Safe practices within Rotherham's workplaces including support for workers to isolate when symptomatic.
- 1.3 Continuing to focus on risk factor reduction to ensure a more resilient population both to COVID-19 and to other health conditions.
- 1.4 Supporting those formally asked to shield and others who are perceived as vulnerable to regain confidence and to safely increase participation within their communities.

### **2. Access to health and social care**

Restore equitable access to quality health & social services by:

- 2.1 Resuming services and equitably catching up with any backlogs that have been stalled by COVID-19 (including screening programmes, long term condition management and health checks).
- 2.2 Ensuring resilient primary care and maximising the benefits of virtual access models developed during the pandemic, so that practices are sustainable and able to offer patients appropriate care.
- 2.3 Stabilising and gradually bringing down waiting lists whilst ensuring harm reviews and equitable access for all those awaiting treatment.
- 2.4 Reinstating routine contacts with vulnerable individuals with a focus on safeguarding.

### **3. Mental health**

Work as a whole system to promote good mental health through evidence-based early intervention and prevention programmes and ensure equitable access to mental health support. This will be achieved by:

- 3.1 Addressing the wider determinants of poor mental health; loneliness, poor physical health, poor housing, unemployment and poor employment, debt, and poverty.
- 3.2 Promoting protective factors with a focus on community assets.
- 3.3 Addressing inequalities by ensuring groups most disadvantaged by the pandemic, as evidence through

local health intelligence, are able to access mental health support at the right time.

- 3.4 Building the capacity and capability across our workforce to prevent mental health problems and promote good mental health.
- 3.5 Continuing to monitor changes in need, demand and rates of mental illness, self-harm and suicide to understand the longer-term impacts of the pandemic.

#### **4. Physical health**

Promote good physical health across the Borough with a particular focus on reducing health inequalities that have been exacerbated by the pandemic. This will involve:

- 4.1 Supporting people to live longer healthier lives by helping them to make healthier lifestyle choices (particularly relating to diet, exercise, smoking and alcohol consumption).
- 4.2 Developing a Prevention Pathway for Rotherham to identify and respond to risk factors at an early stage, and support people to access prevention services where required.
- 4.3 Identifying and treating illness at an earlier stage, focusing on communities or groups with the highest level of need.

#### **5. Education**

Work to support schools with the recovery of lost education with a particular focus on:

- 5.1 Supporting disadvantaged groups to recover from the disproportionate effects of lost education – including the Ofsted priority of reading through the Rotherham Readers Programme.
- 5.2 Supporting pupil inclusion, maximising school attendance, balanced against the challenges of the pandemic and wellbeing of both students and staff.
- 5.3 Providing opportunities for children and young people to catch up with their social and emotional development through extra-curricular activities and youth services.

#### **6. Health inequalities**

Work in partnership to address the underlying health inequalities and the high rates of morbidity that have contributed to the disproportionate impact of COVID-19 in Rotherham through:

- 6.1 Development and implementation of a prevention and health inequalities strategy.
- 6.2 Continued understanding of the differing needs of Rotherham's communities and the development of delivery models that equitably direct resources towards meeting those needs

- 6.3 Challenging ourselves to ensure that service quality and outcomes are of universally high standard for all communities in Rotherham

## **7. Economic recovery**

- 7.1 Continue to monitor and understand changes to Rotherham's economy and build an inclusive economy for Rotherham
- 7.2 Work with partners to ensure employment and skills provision to support all sections of society to access learning and progress in work
- 7.3 Regeneration of the Borough. Make use of Levelling up and other regeneration funding to address the impacts of the pandemic and reduce inequities.
- 7.4 Continue delivery of Rotherham's economic strategy with a focus on developing secure sustainable employment opportunities in the borough

## Conclusions and personal reflections from the Director of Public Health



When I joined Rotherham MBC as Director of Public Health in January 2021, I (like all of us) hoped that the COVID-19 pandemic would soon be over. After a year in post, I've come to accept that the pandemic itself, and its lingering after affects, will be far-reaching and long-lasting. Learning to live safely with COVID-19 and recovering from the effects of the pandemic and restrictions required to manage its impact will

take time.

I am, however, confident that the health and wellbeing of people in Rotherham will flourish in years to come, and that what we have learnt over the past two years will benefit us as we continue our focus on that recovery.

In large part, this optimism comes from having witnessed the generosity and strong community-spirit of local residents. Many thousands of volunteers came forward during this

difficult time to help their neighbours and support those most in need. For that, I thank you.

I've also marvelled at the hard work of colleagues who came together across the Borough to manage the pandemic and support the people of Rotherham through this difficult period. The joint working between the local authority, the NHS and the private and voluntary sectors has been phenomenal. Without the efforts and skill of these people and the commitment of Rotherham residents to follow the guidance and do what was in their power against this pandemic, many more lives would have been lost in. For that I thank you, too.

I feel confident that the innovation and collaboration that has flourished in response to COVID-19 will pave the way for future progress. Simple things such as the streamlining of data sharing and analysis, and the commitment to work across organisational boundaries for a shared purpose will be essential if we are to address the health inequalities that persist in Rotherham.

As this report has highlighted, many of the factors that make communities vulnerable to high rates of COVID-19 related mortality are also associated with poor health and limited quality of life due to other causes. Over the coming year, I look forward to focusing more on the underlying causes of poor health, with an eye to short-term recovery, long-term improvement, and reduced inequalities in health and wellbeing across Rotherham.



# Bibliography

1. Rotherham Metropolitan Borough Council. 2021.
2. Public Health England. Disparities in the risk and outcomes of COVID-19. [Online] August 2020. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/908434/Disparities\\_in\\_the\\_risk\\_and\\_outcomes\\_of\\_COVID\\_August\\_2020\\_update.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908434/Disparities_in_the_risk_and_outcomes_of_COVID_August_2020_update.pdf).
3. Office for National Statistics . Deaths due to COVID-19 by local area and deprivation. [Online] May 2021. <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/deathsduetocovid19bylocalareaanddeprivation>.
4. Office for National Statistics. Coronavirus (COVID-19) related deaths by occupation, England and Wales: deaths registered between 9 March and 28 December 2020. [Online] January 2021. <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/coronaviruscovid19relateddeathsbyoccupationenglandandwales/deathsregisteredbetween9marchand28december2020>.
5. Public Health England. Fingertips. [Online]
6. Office for National Statistics. 2011 Census Data. [Online] 2012. <https://www.ons.gov.uk/census/2011census/2011censusdata>.
7. Public Health England. Health Matters: Stopping smoking - what works? [Online] December 2019. <https://www.gov.uk/government/publications/health-matters-stopping-smoking-what-works/health-matters-stopping-smoking-what-works>.
8. Smoking in England . Smoking Toolkit Study: Top Line Findings. [Online] 2021. <https://smokinginengland.info/graphs/top-line-findings>.
9. Alcohol Change. Covid19 drinking during lockdown headline findings. [Online] 2021. <https://alcoholchange.org.uk/blog/2020/covid19-drinking-during-lockdown-headline-findings>.
10. *Mental health and health behaviours before and during the initial phase of the COVID-19 lockdown: longitudinal analyses of the UK Household Longitudinal Study* . Claire L Niedzwiedz, Michael James Green, Michaela Benzeval, Desmond Campbell, Peter Craig, Evangelia Demou, Alastair Leyland, Anna Pearce, Rachel Thomson, Elise Whitley, Srinivasa Vittal Katikireddi. s.l. : Epidemiology and Community Health , 2020, Vol. September.
11. Public Health England. Wider impacts of COVID-19 on health monitoring tool. [Online] 2020. <https://www.gov.uk/government/statistics/wider-impacts-of-covid-19-on-health-monitoring-tool>.
12. — . Unlinked Anonymous Monitoring (UAM) Survey of HIV and viral hepatitis among PWID: 2021 report. [Online] 2021. <https://www.gov.uk/government/publications/people-who-inject-drugs-hiv-and-viral-hepatitis-monitoring>.
13. OFQUAL. Learning during the pandemic: review of research from England. [Online] July 2021. <https://www.gov.uk/government/publications/learning-during-the-pandemic/learning-during-the-pandemic-review-of-research-from-england#executive-summary>; 2021..

14. Rotherham Health Watch. *Mind, Body, and Soul: A report looking into Rotherham residents' experiences and feelings of lockdown, accessing services during the Covid-19 pandemic and what the future looks like for Rotherham healthcare services*. Rotherham : s.n., 2021.
15. Department for Digital, Culture, Media & Sport. A look at volunteering during the response to COVID-19. [Online] 11th January 2021. <https://www.gov.uk/government/publications/a-look-at-volunteering-during-the-response-to-covid-19/a-look-at-volunteering-during-the-response-to-covid-19>.
16. Trussell Trust. Trussell Trust data briefing on end-of-year statistics relating to use of foodbanks: April 2020 - March 2021. [Online] [https://www.trusselltrust.org/wp-content/uploads/sites/2/2021/04/Trussell-Trust-End-of-Year-stats-data-briefing\\_2020\\_21.pdf](https://www.trusselltrust.org/wp-content/uploads/sites/2/2021/04/Trussell-Trust-End-of-Year-stats-data-briefing_2020_21.pdf).
17. National Police Chief's Council. Damands on the police force in England and Wales during the COVID-19 Pandemic: Update on crime trends – January 2021. [Online] February 2021. <https://news.npcc.police.uk/releases/update-on-crime-trends-january-2021>.
18. Office for National Statistics. Which occupations have the highest potential exposure to the coronavirus (COVID-19)? [Online] May 2021. <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/articles/whichoccupationshavethehighestpotentialalexposuretothecoronaviruscovid19/2020-05-11>.
19. J Matheson, E Vanino. Covid-19 Economic Reovery Index: Local economic impact on people, businesses and places. [Online] July 2021. <https://drive.google.com/file/d/1p4UohtK0Q6tym-gmOb0NE4UaEjuBdV4e/view>.
20. *Zoomshock: The Geography and Local Labour Market Consequences of Working from Home*. Gianni De Fraja, Jesse Matheson, James Rockey. 64, s.l. : COVID Economics, 2021.
21. UK Finance. SME Lending within UK postcodes | UK Finance. [Online] 2021. <https://www.ukfinance.org.uk/data-and-research/data/business-finance/sme-lending-within-uk-postcodes>.
22. Public Health England . Health Profile for England 2021. [Online] September 2021. <https://www.gov.uk/government/publications/health-profile-for-england-2021>.
23. Department for Work and Pensions. Universal Credit statistics. [Online] 2021. <https://www.gov.uk/government/collections/universal-credit-statistics>.
24. Office for National Statistics. NOMIS: Official labour market statistics. [Online] 2021. <https://www.nomisweb.co.uk/>.
25. Statistics, Office for National. Employee earnings in the UK: 2021. [Online] 26 October 2021. <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/bulletins/annualsurveyofhoursandearnings/2021>.
26. Bangham G, Corlett A, Leslie J, Pacitti C, Smith J. Unhealthy finances:. Unhealthy finances: How to support the economy today and repair the public finances tomorrow, Resolution Foundation, November 2020. *Resolution Foundation* . [Online] November 2020. <https://www.resolutionfoundation.org/app/uploads/2020/11/Unhealthy-finances.pdf>.

## Appendix 1: Update on recommendations from previous annual report

Area	Recommendation	Status update
Smoking in Pregnancy	<ul style="list-style-type: none"> <li>- Continue partnership working between Public Health, TRFT, CCG and ICS to reduce the prevalence of women smoking at time of delivery to 16% or less by end of 2022.</li> </ul>	<ul style="list-style-type: none"> <li>- The Rotherham NHS Foundation Trust (TRFT), Smoking in Pregnancy service, continues partnership working with Rotherham Public Health and the South Yorkshire and Bassetlaw Integrated Care System. Regular meetings are held to review goals achieved and implement strategies to achieve local and national targets for Smoking at Time of Delivery (SATOD). The service has achieved a reduction in the number of women SATOD from 16.2% - 2019/2020 to 14.2% - 2020/2021, current data, April-October 2021 shows SATOD figure of 12.3%.</li> </ul>
Diet and Nutrition	<ul style="list-style-type: none"> <li>- Develop a local 'Healthy Weight for All' Plan to promote healthy weight and reduce obesity across all ages, by all NHS partners and Council</li> <li>- Adopt the Local Authority Local Authority Declaration on Healthy Weight to create healthy environments for local people.</li> </ul>	<ul style="list-style-type: none"> <li>- From Healthy Weight Declaration signed by RMBC – January 2020</li> <li>- Presentation health select commission in March 2020.</li> <li>- Work has been paused from March 2020, agreed at HWBB, because of the Covid-19</li> <li>- Plan to take a paper on Healthy Weight</li> <li>- Declaration and wider partnership plan to ICP</li> <li>- Prevention Group, to resurrect this work</li> </ul>
Physical Activity	<ul style="list-style-type: none"> <li>- Develop local plan by the Rotherham Activity Partnership (RAP) to encourage the population of Rotherham to be more engaged in physical activity</li> <li>- NHS partners to promote physical activity within clinical services</li> </ul>	<ul style="list-style-type: none"> <li>- RAP launched a social movement campaign in Sept 2020, called 'Moving Rotherham'</li> <li>- The Partnership has been rebranded</li> <li>- Action plan now in place for the next 12 months</li> <li>- Yorkshire Sport Foundation are undertaking a peer review, with the Council and Partners to understand the strategic positioning of physical activity in Rotherham</li> </ul>
Breast Feeding	<ul style="list-style-type: none"> <li>- Increase breastfeeding prevalence at 6-8 weeks, with the continued partnership working with Public Health, TRFT, CCG and ICS outlined in the report and offering the necessary support</li> </ul>	<ul style="list-style-type: none"> <li>- The 0-19 service have piloted having paid peer supporters to enable parents to have contact with staff who can offer experienced breastfeeding advice and support. This has been so successful that now they are employed on permanent contracts.</li> <li>- The infant feeding team also offer peer supporter training (although this has been on hold due to Covid restrictions, but are hoping to recommence these in early 2022</li> <li>- Funding bid was success to undertake a marketing campaign, again in early 2022.</li> <li>- TRFT are undertaking UNICEF baby-friendly accreditation</li> </ul>
ASQ-3	<ul style="list-style-type: none"> <li>- TRFT to increase the proportion of children aged 2 to 2.5 years receiving ASQ-3 as part of the Healthy Child Programme or integrated review</li> </ul>	<ul style="list-style-type: none"> <li>- All children seen for a 2-year review in Rotherham are assessed using the ASQ-3, unless they are seen at a time where the ASQ-3 is not licensed for if there has been some issue with engagement. TRFT continue to work with Early Years, to improve integrated reviews take up.</li> </ul>
Air Pollution	<ul style="list-style-type: none"> <li>- Cross Council working to continue taking actions to address areas of high concentration of NO<sub>2</sub> e.g., through measures to restrict traffic speeds</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Sheffield Parkway A630 Improvement and Speed Reduction</b> RMBC transport team have started a multi-million pound scheme for the A630 Sheffield Parkway, with the expected result being improved journey times and reduced congestion once completed. A key benefit of this scheme is the reduction of the speed limit from 70mph to 50mph speed limit to improve road safety, cut carbon emissions and improve</li> </ul>

		<p>air quality (nitrogen dioxide annual mean concentrations) as part of Rotherham Council's Clean Air Zone plans.</p> <ul style="list-style-type: none"> <li>- <b>Rawmarsh Hill AQMA - Bellows Road Clean Air Plan Scheme</b> In 2019, the Council held a public consultation on the principles of our air quality measures, including to change the existing form of junction control at the A633 High Street junction with Bellows Road Rawmarsh. The scheme incorporates Bus Priority at the site, including re-routing some of the bus services from Rawmarsh Hill. It will improve bus journey time reliability and addresses an identified need for improved pedestrian and cycle facilities and will improve air quality on Rawmarsh Hill in the Air Quality Management Area once complete. Subsequent market research and public consultation is proposed in respect of the actual changes to bus services. The scheme has been through its detailed design stage and will progress to construction during 2021/22.</li> <li>- <b>Wortley Road- uphill HGV ban</b> RMBC Cabinet approved the progression of the Wortley Road heavy goods vehicle prohibition scheme in March 2021. The consultation on the legal orders to implement the prohibition is taking place during the summer 2021, with a view to the scheme being implemented in the second half of the year. Further information will be posted on the Council's website at <a href="http://www.rotherham.gov.uk/clean-air">www.rotherham.gov.uk/clean-air</a> once the consultation is live. The Council is proposing to restrict heavy goods vehicle traffic on a section of A629 Wortley Road and on residential streets in the surrounding areas. The restrictions aim to reduce harmful nitrogen dioxide levels produced by diesel engines to legal levels for residents primarily living along the A629 Wortley Road in the Air Quality Management Area and also in neighbouring residential areas. It will also reduce the noise impact of road freight on these communities.</li> </ul>
Get Healthy Rotherham (GHR) Public Health Commissioned Service	<ul style="list-style-type: none"> <li>- GHR will continue to support the 1001 days agenda</li> <li>- Weight management support offer in partnership with Slimming World</li> <li>- Quit smoking service, for non-pregnant women</li> <li>- Provide brief interventions to individuals identified as having high levels of alcohol consumption</li> </ul>	<ul style="list-style-type: none"> <li>- The lifestyle interventions and support provided by Get Healthy Rotherham (GHR) include to quit smoking, support with weight management and inactivity.</li> <li>- Using evidence-based behaviour change techniques, GHR has helped residents set SMART goals, actively encourage self-help and learn long term skills to help residents maintain their positive changes.</li> <li>- GHR has processed almost 5500 referrals throughout the past year, helping residents into the right support.</li> <li>- 80% of all clients achieved a behaviour change by the time they completed their intervention.</li> <li>- Despite being in lockdown, over the period of 2020/21, GHR supported over 1114 people in our community to set a quit date, with over 794 people successfully quit by the end of the treatment programme, achieving a 72% quit rate, over 20% higher than the England average of 51%.</li> <li>- In the same period, GHR helped 800 people lose weight and make positive changes to their eating habits.</li> </ul>

Public Report  
Health Select Commission

---

**Committee Name and Date of Committee Meeting**

Health Select Commission – 07 April 2022

**Report Title**

Work Programme Update

**Is this a Key Decision and has it been included on the Forward Plan?**

No

**Strategic Director Approving Submission of the Report**

Jo Brown, Assistant Chief Executive

**Report Author(s)**

Katherine Harclerode, Governance Advisor  
01709 254532 or [katherine.harclerode@rotherham.gov.uk](mailto:katherine.harclerode@rotherham.gov.uk)

**Ward(s) Affected**

Borough-Wide

**Report Summary**

To outline an updated work programme for Health Select Commission.

**Recommendations**

1. That the updated work programme be noted.
2. That the Governance Advisor be authorised to make changes to the work programme in consultation with the Chair/Vice Chair, with any changes to be reported back at the next meeting for endorsement.

**List of Appendices Included**

Appendix 1 Work Programme – Health Select Commission

**Background Papers**

Agendas of Health Select Commission during the 2020/21 Municipal Year  
Minutes of Health Select Commission during 2020/21 Municipal Year  
Initial Work Programme Draft – 10 June 2021, Health Select Commission  
Revised Work Programme – 8 July 2021, Health Select Commission

**Consideration by any other Council Committee, Scrutiny or Advisory Panel**

Not applicable

**Council Approval Required**

No

**Exempt from the Press and Public**

No

## Updated Work Programme

### 1. Background

- 1.1 Overall performance of health partners is scrutinised through their quality reports, incorporating a range of national measures together with a number of locally agreed quality priorities. Adult Care and Public Health both have outcome frameworks of performance measures which enable progress to be gauged year on year and also benchmarked nationally and regionally.
- 1.2 Addressing health inequalities that exist in the borough, through health and social care strategies and plans, and through looking at the wider determinants of health should be an overarching principle.
- 1.3 The Health and social care services continue to undergo transformation and move towards more integrated working through joint commissioning, joint posts, locality working, greater co-location and multi-disciplinary teams. This work has been an important long-term programme that the Health Select Commission (HSC) has kept under scrutiny since 2015-16 and is still evolving. The recent publication of the Government's White Paper will bring changes in health care systems that will remain a focus and which will have evolving implications for how health scrutiny is conducted in the future.
- 1.4 Another continuing piece of work is scrutiny of any major changes to NHS services across South Yorkshire, Derbyshire and Nottinghamshire, undertaken by the Joint Health Overview and Scrutiny Committee, in accordance with the terms of reference for the HSC in the Council Constitution.
- 1.5 The way in which the Commission discharges its scrutiny activity is a matter for itself, having regard to the provisions of the Constitution and any direction from the Overview and Scrutiny Management Board. The IPSC has chosen to scrutinise a range of issues through a combination of pre-decision scrutiny items, policy development, performance monitoring, information updates and follow up to previous scrutiny work.
- 1.6 Health Select Commission has eight scheduled meetings over the course of 2021/22, representing a maximum of 16 hours of scrutiny per year – assuming approximately 2 hours per meeting. Members therefore have to be selective in their choice of items for the work programme. The following key principles of effective scrutiny have been considered in determining the work programme:
  - Selection – There is a need to prioritise so that high priority issues are scrutinised given the limited number of scheduled meetings and time available. Members should consider what can realistically and properly be reviewed at each meeting, taking into account the time needed to scrutinise each item and what the session is intended to achieve.
  - Value-added – Items had to have the potential to 'add value' to the work of the council and its partners.

- **Ambition** – the Programme does not shy away from scrutinising issues that are of greatest concern, whether or not they are the primary responsibility of the council. The Local Government Act 2000 gave local authorities the power to do anything to promote economic, social and environmental wellbeing of local communities. Subsequent Acts have conferred specific powers to scrutinise health services, crime and disorder issues and to hold partner organisations to account.
- **Flexibility** – The Work Programme maintains a degree of flexibility as required to respond to unforeseen issues/items for consideration during the year and to accommodate any further work that falls within the remit of this Commission.
- **Timing** – The Programme has been designed to ensure that the scrutiny activity is timely and that, where appropriate, its findings and recommendations inform wider corporate developments or policy development cycles at a time when they can have most impact. The Work Programme also helps safeguard against duplication of work undertaken elsewhere.

## **2. Key Issues**

- 2.1 Members are required to review their work programme at each meeting during the 2021/22 municipal year to give focus and structure to scrutiny activity to ensure that it effectively and efficiently supports and challenges the decision-making processes of the Council, and partner organisations, for the benefit of the people of the borough.
- 2.2 Following the discussion at Health Select Commission on 10 June 2021, a revised draft work programme for 2021/22 was developed and presented at the 8 July 2021 meeting for endorsement. In keeping with the priorities of the Council and those expressed by Commission Members, this work programme reflects continued prioritisation of mental health, care and health system changes, and accessibility of services.
- 2.3 Updates on evolving changes in Health and Social Care Provision in Rotherham associated with the Health and Care Bill 2021-22 have also been included in the work programme for 2021/22 and forward plan for 2022/23.
- 2.4 TRFT has requested consideration of several matters where scrutiny could add value to the work currently being undertaken by the Trust, including strengthening community services and social value. These items have been added to the forward plan, and a site visit will also be considered for 2022/23.

## **3. Options considered and recommended proposal**

- 3.1 Members are recommended to begin considering priorities for the 2022/23 municipal year and contribute suggestions for the work programme or forward plan.

## **4. Consultation on proposal**

- 4.1 The work programme is subject to consultation with the Chair and Members of the Health Select Commission. Regular discussions take place with Cabinet Member; partner organisations, including the Clinical Commissioning Group (CCG) and National Health Service (NHS); and officers in respect of the scope and timeliness of items set out on the work programme.



**5. Timetable and Accountability for Implementing this Decision**

- 5.1 The decision to develop and endorse a work programme is a matter reserved to the Commission and will be effective immediately after consideration of this report.
- 5.2 The Statutory Scrutiny Officer (Head of Democratic Services) is accountable for the implementation of any decision in respect of the Commission's work programme. The Governance Advisor supporting the Commission is responsible on a day-to-day basis for the Commission's work programme. Members are recommended to delegate authority to the Governance Advisor to make amendments to the programme between meetings.

**6. Financial and Procurement Advice and Implications**

- 6.1 There are no direct financial or procurement implications arising from this report.

**7. Legal Advice and Implications**

- 7.1 There are no direct legal implications arising from this report.
- 7.2 The authority of the Select Commission to determine its work programme is detailed within the Overview and Scrutiny Procedure Rules and Responsibility for Functions parts of the Constitution. The proposal to review the work programme is consistent with those provisions.

**8. Human Resources Advice and Implications**

- 8.1 There are no direct human resources implications arising from this report.

**9. Implications for Children and Young People and Vulnerable Adults**

- 9.1 There are no implications for children and young people or vulnerable adults arising from this report.

**10. Equalities and Human Rights Advice and Implications**

- 10.1 Whilst there are no specific equalities implications arising from this report, equalities and diversity are key considerations when developing and reviewing scrutiny work programmes. One of the key principles of scrutiny is to provide a voice for communities, and the work programme for this Commission has been prepared following feedback from Members representing those communities.

**11. Implications for CO2 Emissions and Climate Change**

- 11.1 There are no implications for CO2 emissions or climate change arising from this report.

**12. Implications for Partners**

- 12.1 The Commission has a co-opted Member from Rotherham Speak Up who contributes to the development and review of the work programme. Where other matters are being considered for inclusion on the work programme, relevant partners or external organisations are consulted on the proposed activity and its timeliness.

**13. Risks and Mitigation**

13.1 There are no risks arising from this report.

**14. Accountable Officer(s)**

Emma Hill, Head of Democratic Services and Statutory Scrutiny Officer

*Report Author: Katherine Harclerode, Governance Advisor  
01709 254532 or [katherine.harclerode@rotherham.gov.uk](mailto:katherine.harclerode@rotherham.gov.uk)*

This report is published on the Council's [website](#).

This page is intentionally left blank

## Health Select Commission - Work Programme 2021/22 Municipal Year

Meeting Date	Agenda Items
10 June 2021	Update on Health and Care System Changes
	Joint Strategic Needs Assessment (JSNA) Update
	COVID Briefing
	Initial Work Programme 2021/22
Quality Accounts	Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH)
8 July 2021	Carer's Strategy Update
	Health and Wellbeing Board Annual Report 2021/22
	Revised Work Programme 2021/22
2 September 2021	Suicide Prevention
September 2021 Spotlight Review	Rotherham Community Hub
7 October 2021	The Rotherham NHS Foundation Trust (TRFT) Annual Report
	Acute Mental Health
October 2021 Spotlight Review	Young Carers (with Improving Lives Select Commission)
25 November 2021 (Reports 16 Nov)	CAMHS (Children and Adolescent Mental Health Services)
	Prevention-led Strategy Systems
	Outcomes from Community Hub and Young Carers Sub-groups
November 2021 Half-year Quality Accounts	RDaSH, TRFT, YAS
13 January 2022 (Reports 4 Jan)	Winter Pressures Update
	Strategic Value of Physical Activity in Tackling Health Inequalities
24 February 2022 (Reports 15 Feb)	Maternity Services
	Hospital Discharge Policy and Practice

March/April 2022 Spotlight Review	COVID-19 Care Home Safety
7 April 2022 (Reports 29 March)	Autism Strategy and Pathway
	Acute Mental Health Update
	Director of Public Health Annual Report
April/May 2022 Spotlight Review	Access to Primary Care
May/June 2022 Quality Accounts	RDaSH Quality Account
19 May 2022 (Reports 11 May)	Young Carers Update
	Carers Strategy Update
	Local Authority Declaration on Healthy Weight