

The impact of COVID-19 in Rotherham



**Director of Public
Health Annual
Report
2022**

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 31st 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 2nd March 2020, just two days after first case was recorded in the UK. As of January 31st 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 31st 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)

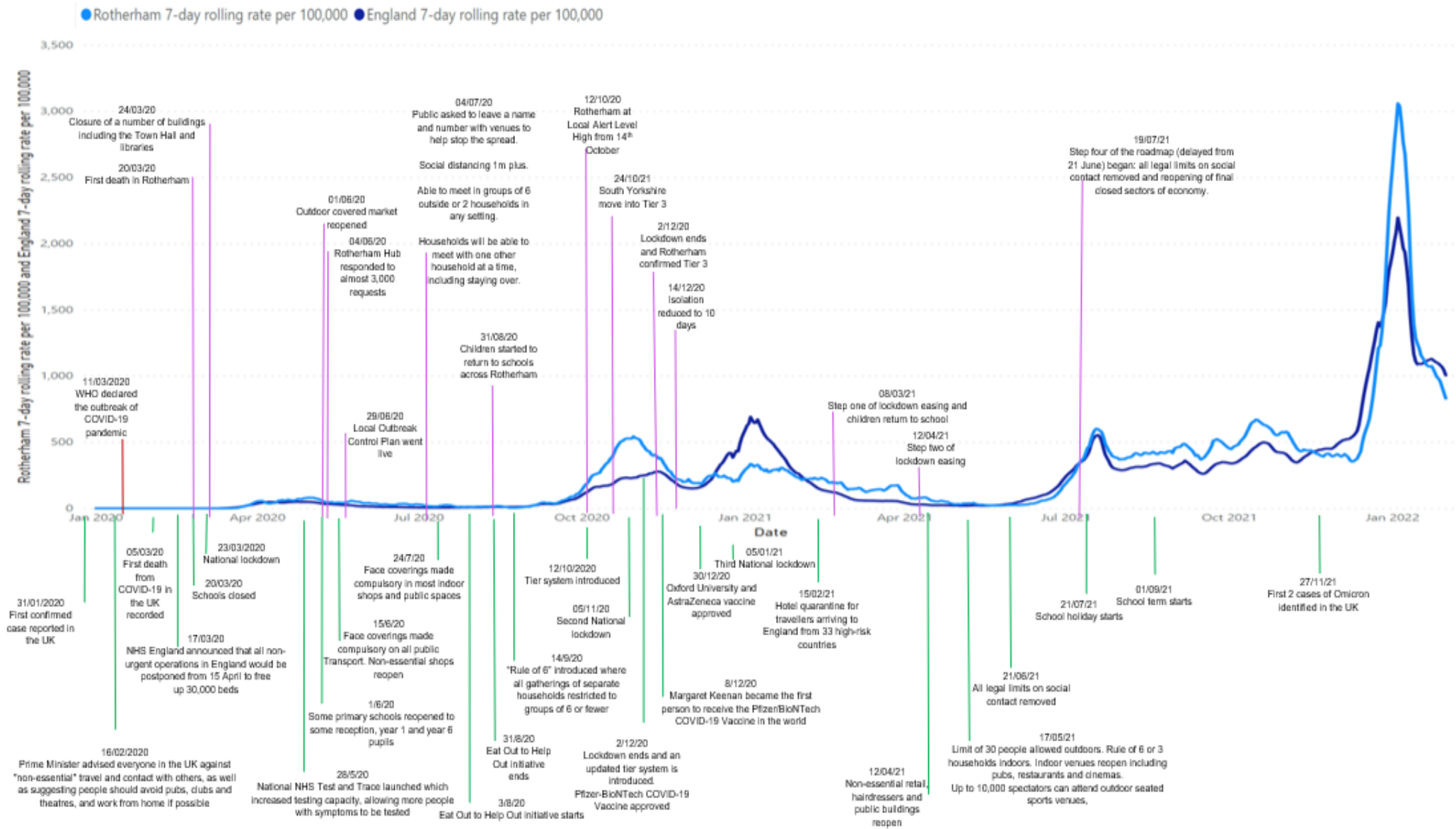
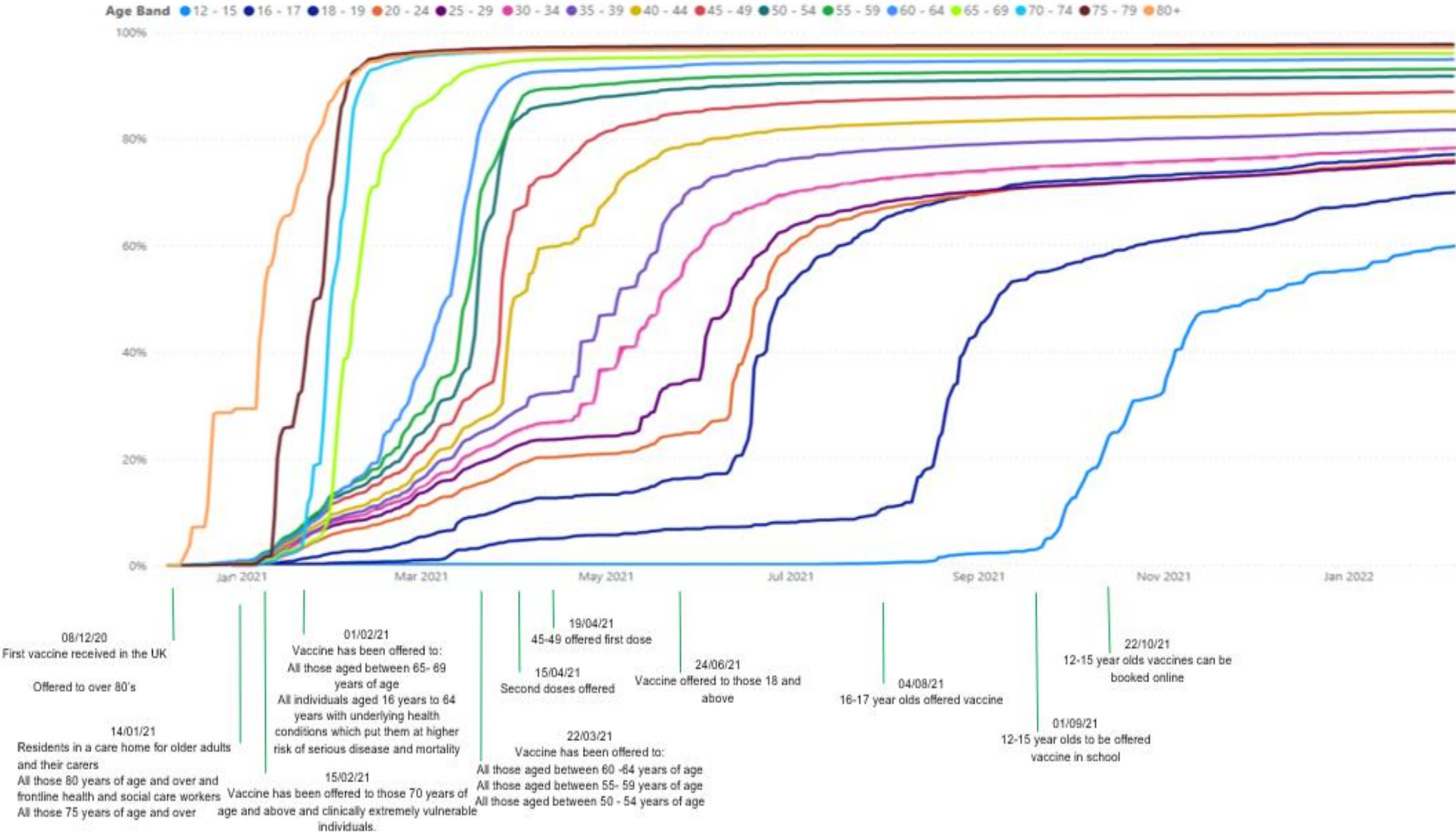


Figure 2: COVID-19 vaccination rates by age in Rotherham



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.

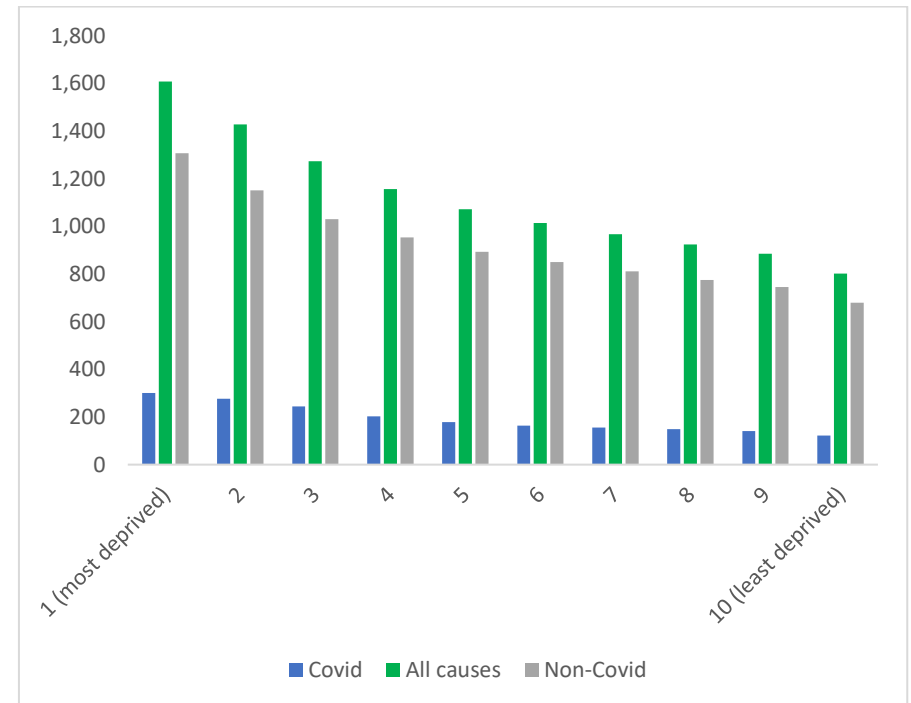
The Public Health England (PHE) report *Disparities in the risk and outcomes of COVID-19* (2) highlights those factors associated with worse health outcomes from COVID-19. Many people in Rotherham experience multiple risks, making them particularly vulnerable.

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 44th 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)

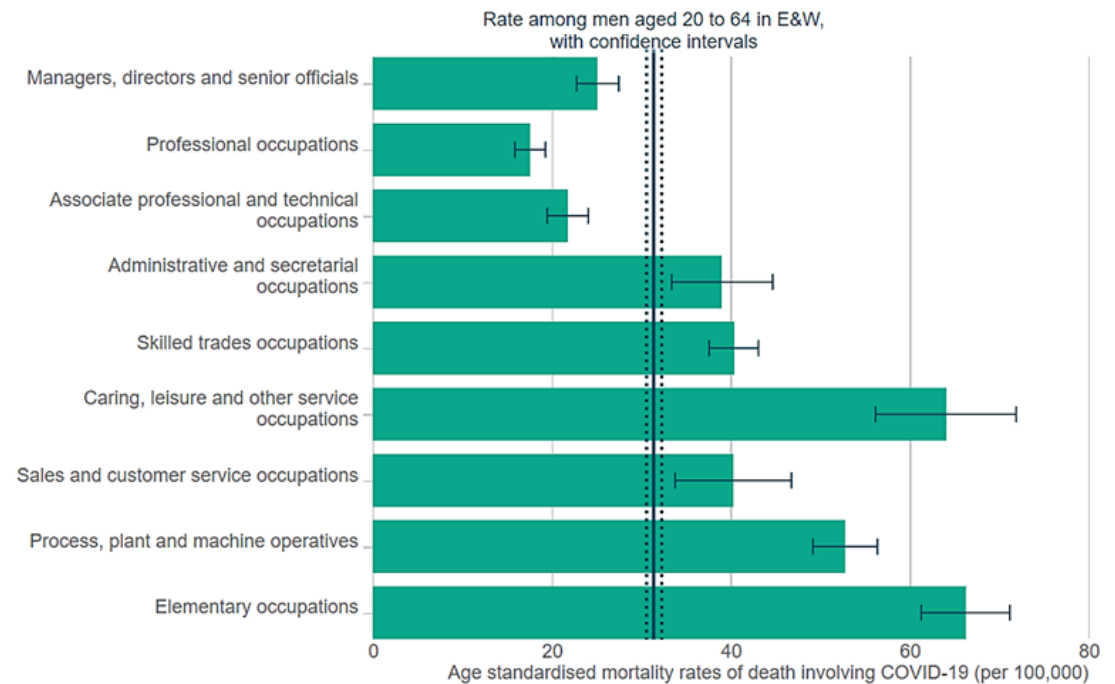


Employment

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 9th 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

NHS
Parking Only
COVID-19
Vaccination Service
Patients



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 28th 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.

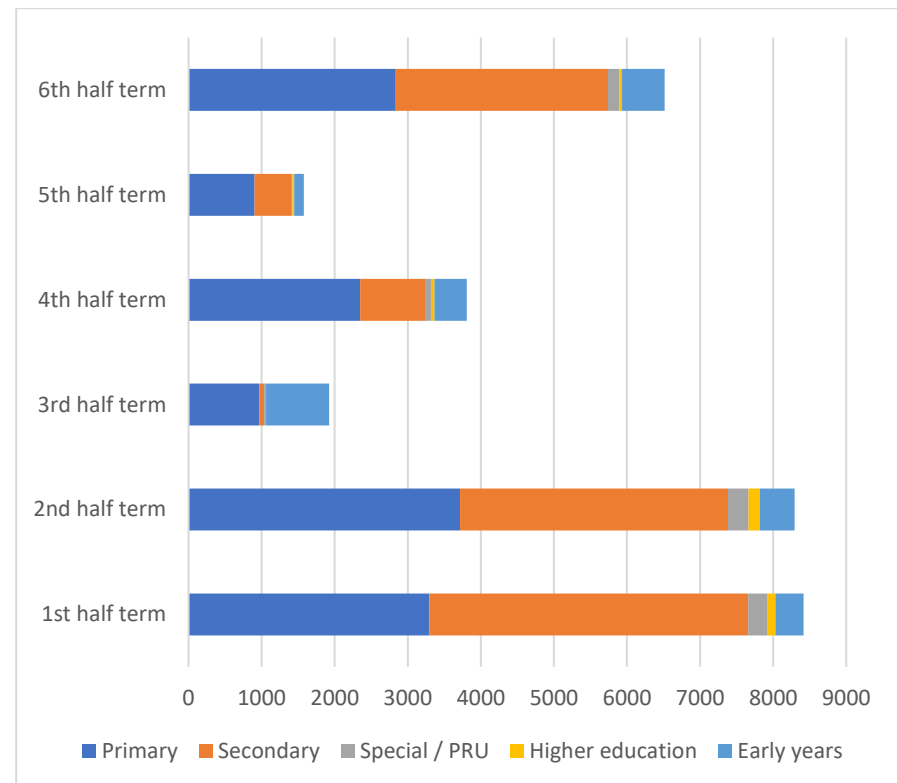
How has COVID-19 affected education nationally and locally?

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).

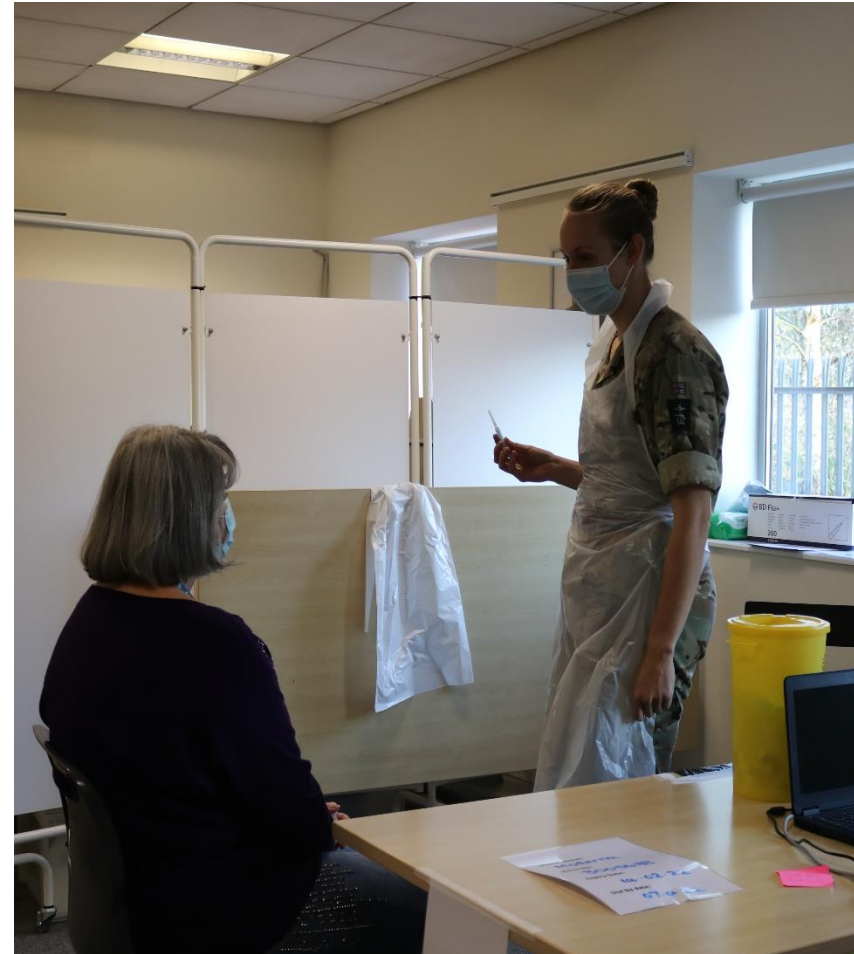
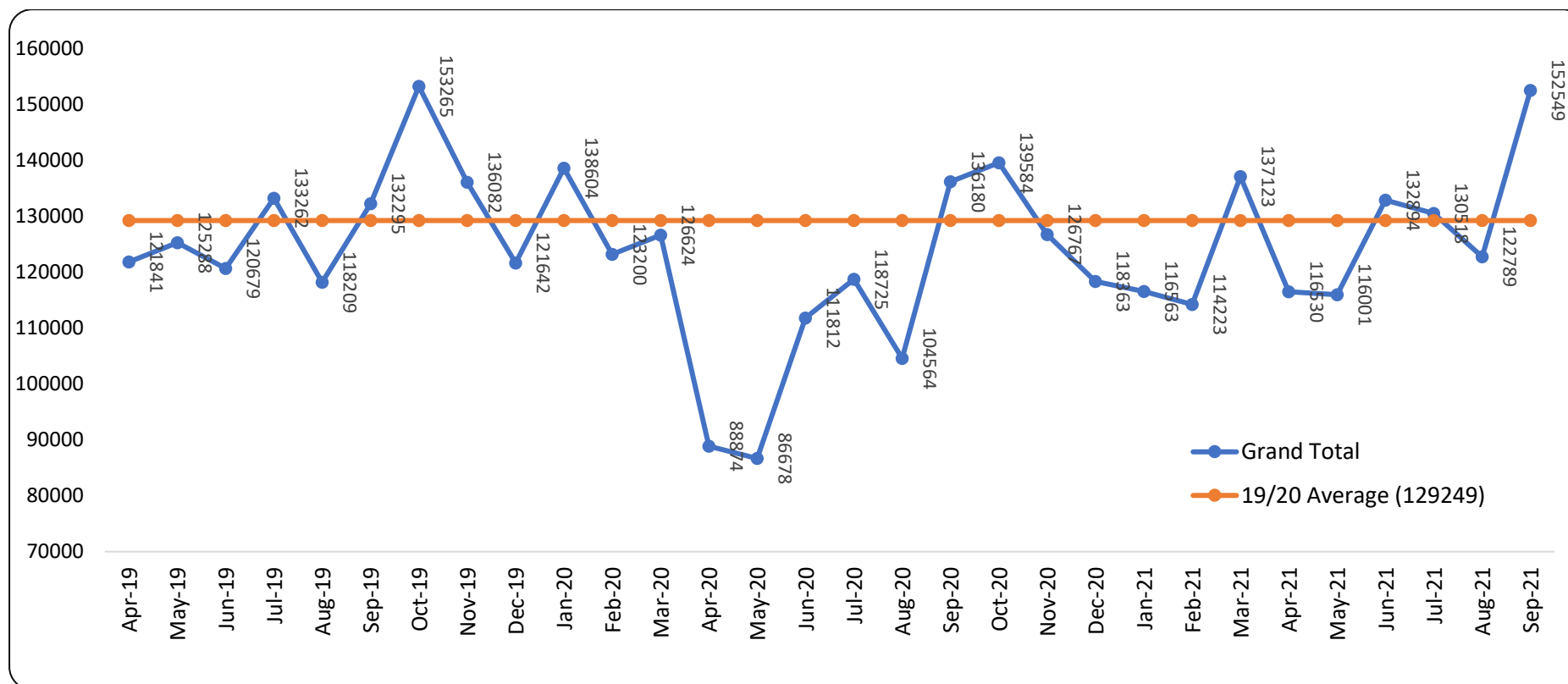
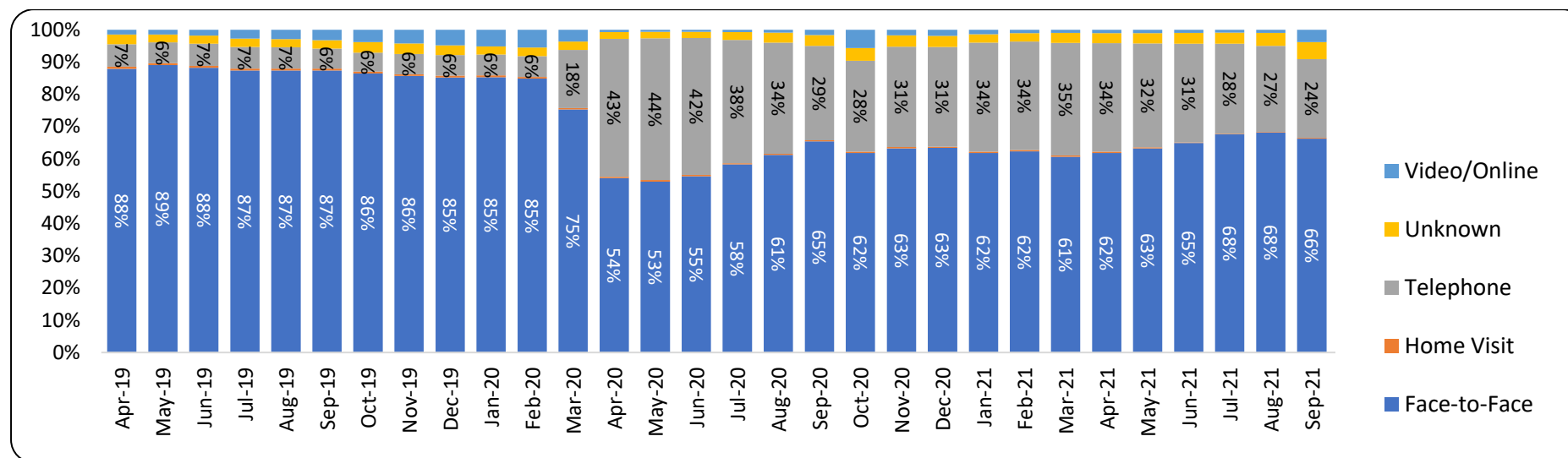


Figure 6: Number of GP appointments available per month in Rotherham (April 2019 – Sept 2021)¹



¹ This data includes available GP appointments for Rotherham GP practices. The data and technical definitions can be found at NHS 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....

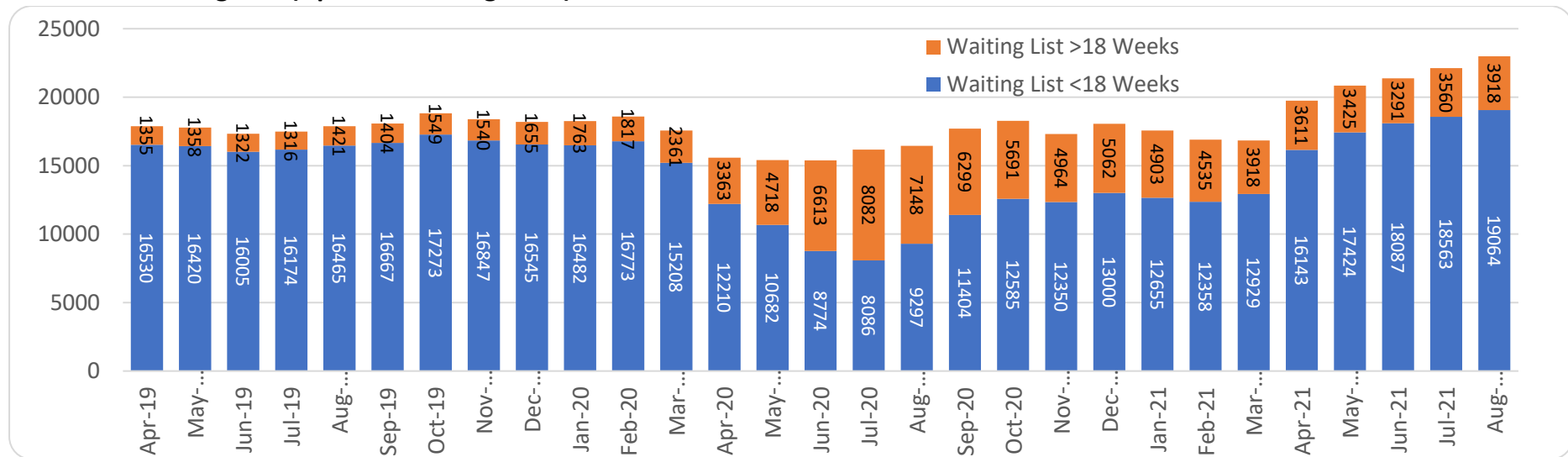
...“There were some positive stories of accessing GP services, however, these were a lot less common than the negative experiences reported. Some respondents reported *“no problems contacting my GP”*, *“excellent service from GP practice”*, *“reception staff extremely helpful”* and they received *“excellent 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.

As of end August 2021, the number of Rotherham CCG patients on the referral to treatment waiting list was 22,982. This represents a 28% increase from August 2019 when there were 17,886 patients (5,096 fewer) waiting for treatment. At the end of August 2021, 255 patients had been waiting over 52 weeks. This includes some patients who have chosen to delay their treatment following the COVID-19 outbreak. At the end of August 83% of patients were waiting less than 18 weeks. This compares to the national position of 67.6%.

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



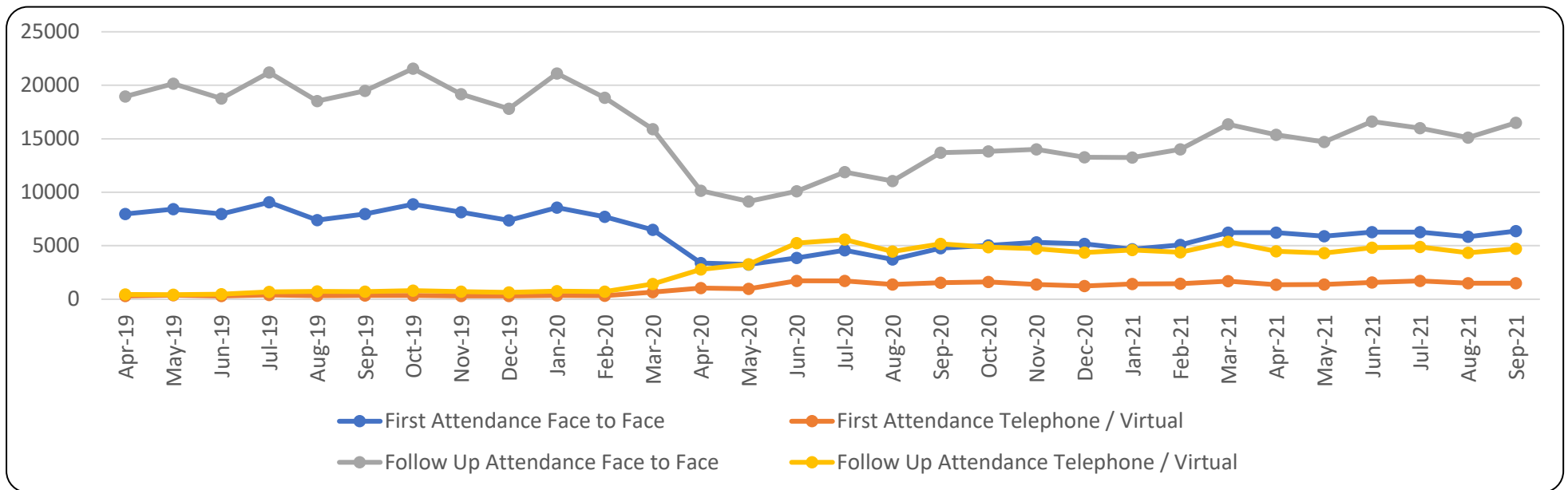
² This data includes all patients registered with a Rotherham GP (Rotherham CCG commissioned). It includes patients waiting at any provider at the end of the month indicated and includes services within the scope of national waiting times reporting (called referral to treatment). Further waiting list 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)³



³ 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)

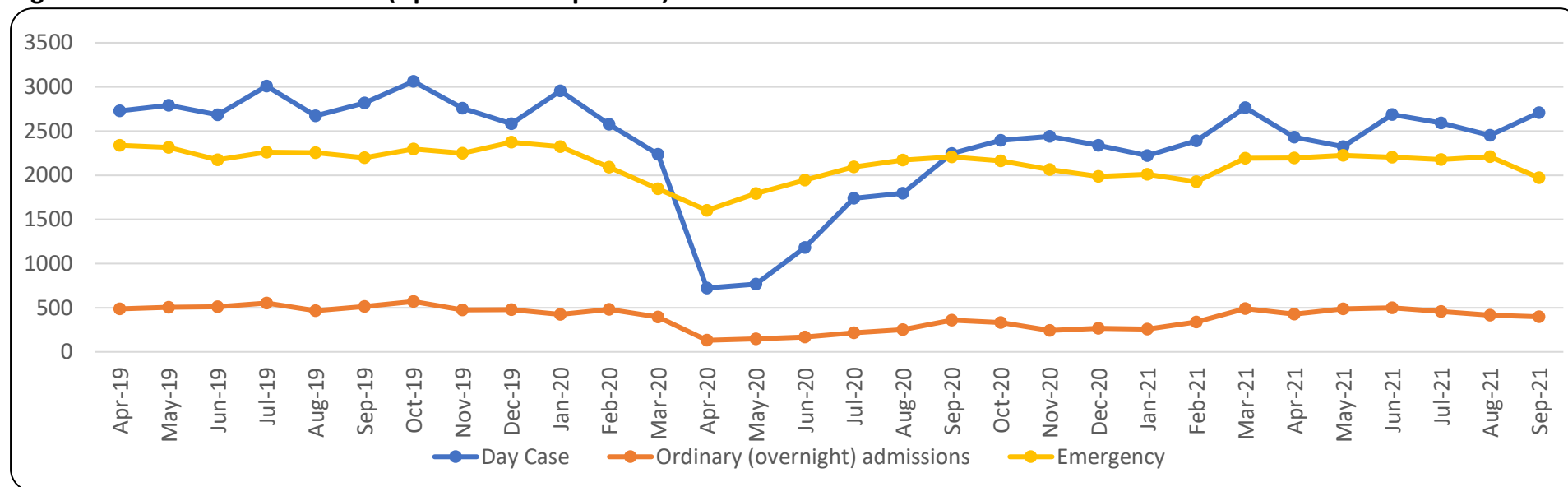
Day-case admissions were reduced by 49% in 2020 compared to 2019 and in 2021 but have since returned to around 91% of the levels seen in 2019.

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.

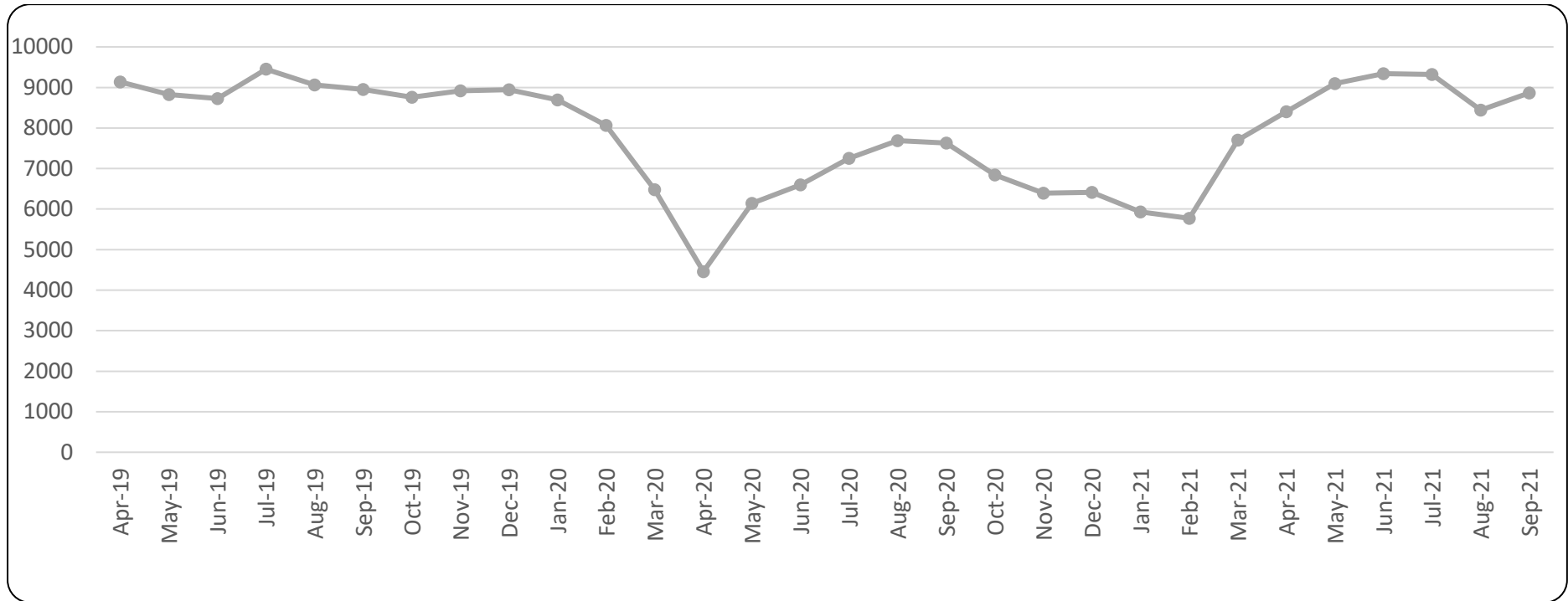
Emergency admissions saw a 13% reduction between 2019 and 2020 but have returned to 96% of 2019 levels in 2021 (see Figure 11).

Figure 10: Trends in admissions (April 2019 – Sept 2021)⁴



⁴ 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 30th 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

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

PLEASE KEEP 2M APART



2M

STAY SAFE

HM Government European Union European Regional Development Fund Rotherham Metropolitan Borough Council

CORONAVIRUS COVID-19

LOCAL TEST SITE

GOT SYMPTOMS? GET TESTED



Rotherham Metropolitan Borough Council

European Union European Regional Development Fund

HM Government

ENTRANCE

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).

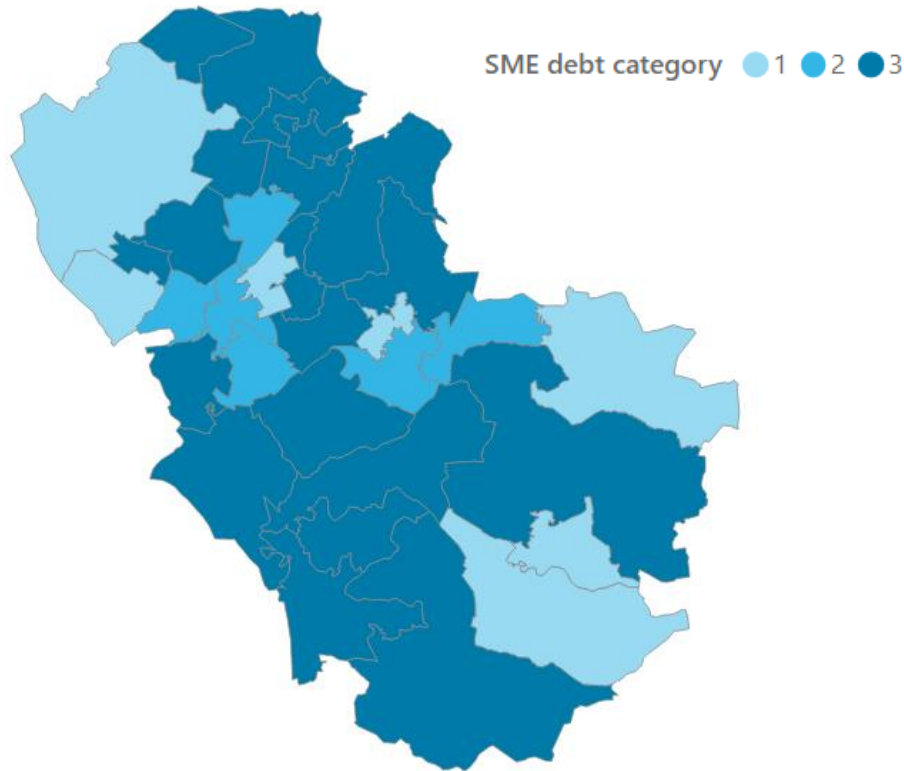
This is reflected in part by the 52% drop in footfall in the town centre footfall from 2019 to 2020 - a smaller decrease than the 73% reduction in footfall in town centres seen nationally during the same period, but acutely felt given that Rotherham Town Centre has experienced a period of sustained decline 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 Rotherham⁵
(1 = low indebtedness; 4 = high indebtedness⁶) (19)**



⁵ 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

⁶ 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)

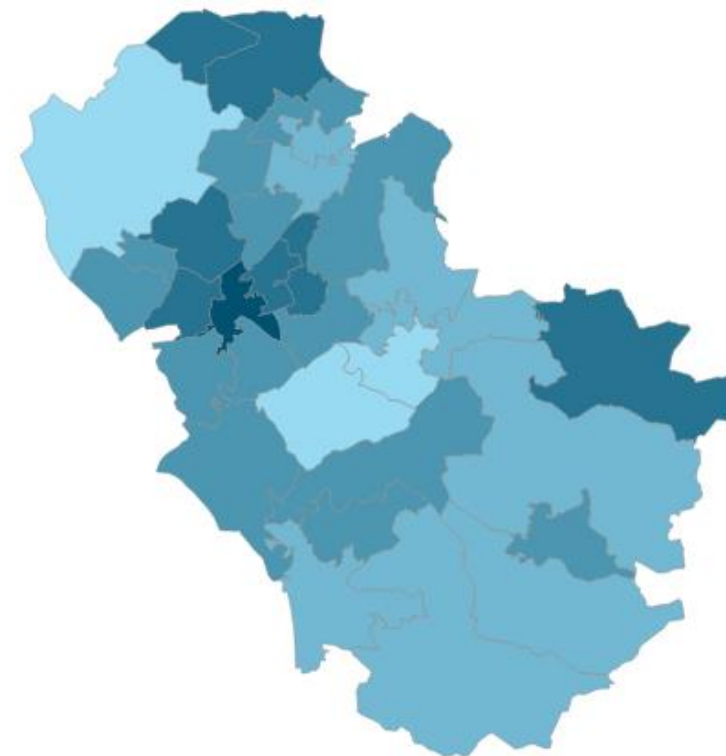
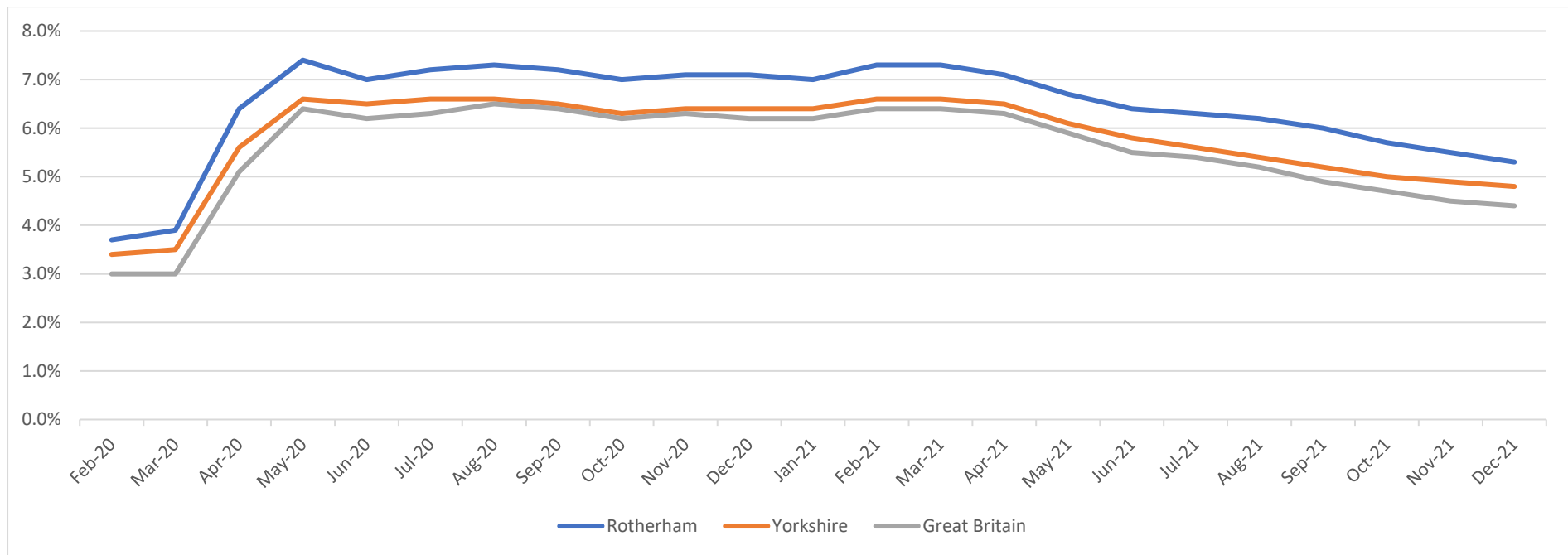


Figure 14: Universal credit claimants as a proportion of residents aged 16-64 (January 2020 – December 2021) ⁷ (24)



⁷ 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 effects, 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.
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.
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-gm0b0NE4UaEjuBdV4e/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"> - 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. 	<ul style="list-style-type: none"> - 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%.
Diet and Nutrition	<ul style="list-style-type: none"> - Develop a local 'Healthy Weight for All' Plan to promote healthy weight and reduce obesity across all ages, by all NHS partners and Council - Adopt the Local Authority Local Authority Declaration on Healthy Weight to create healthy environments for local people. 	<ul style="list-style-type: none"> - From Healthy Weight Declaration signed by RMBC – January 2020 - Presentation health select commission in March 2020. - Work has been paused from March 2020, agreed at HWBB, because of the Covid-19 - Plan to take a paper on Healthy Weight - Declaration and wider partnership plan to ICP - Prevention Group, to resurrect this work
Physical Activity	<ul style="list-style-type: none"> - Develop local plan by the Rotherham Activity Partnership (RAP) to encourage the population of Rotherham to be more engaged in physical activity - NHS partners to promote physical activity within clinical services 	<ul style="list-style-type: none"> - RAP launched a social movement campaign in Sept 2020, called 'Moving Rotherham' - The Partnership has been rebranded - Action plan now in place for the next 12 months - Yorkshire Sport Foundation are undertaking a peer review, with the Council and Partners to understand the strategic positioning of physical activity in Rotherham
Breast Feeding	<ul style="list-style-type: none"> - 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 	<ul style="list-style-type: none"> - 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. - 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 - Funding bid was success to undertake a marketing campaign, again in early 2022. - TRFT are undertaking UNICEF baby-friendly accreditation
ASQ-3	<ul style="list-style-type: none"> - 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 	<ul style="list-style-type: none"> - 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.
Air Pollution	<ul style="list-style-type: none"> - Cross Council working to continue taking actions to address areas of high concentration of NO₂ e.g., through measures to restrict traffic speeds 	<ul style="list-style-type: none"> - Sheffield Parkway A630 Improvement and Speed Reduction 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

		<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"> - Rawmarsh Hill AQMA - Bellows Road Clean Air Plan Scheme 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. - Wortley Road- uphill HGV ban 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 www.rotherham.gov.uk/clean-air 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.
<p>Get Healthy Rotherham (GHR) Public Health Commissioned Service</p>	<ul style="list-style-type: none"> - GHR will continue to support the 1001 days agenda - Weight management support offer in partnership with Slimming World - Quit smoking service, for non-pregnant women - Provide brief interventions to individuals identified as having high levels of alcohol consumption 	<ul style="list-style-type: none"> - The lifestyle interventions and support provided by Get Healthy Rotherham (GHR) include to quit smoking, support with weight management and inactivity. - 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. - GHR has processed almost 5500 referrals throughout the past year, helping residents into the right support. - 80% of all clients achieved a behaviour change by the time they completed their intervention. - 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%. - In the same period, GHR helped 800 people lose weight and make positive changes to their eating habits.