Rotherham
Metropolitan
Borough Council

The Impact of the Pandemic in Rotherham

Director of Public Health Report for Rotherham, 2023

Contents

Introduction

Following on from my 2022 DPH Annual Report on the impact of Covid-19 in Rotherham, this year's Report considers the wider impacts of the pandemic and some of the longer-term changes in Rotherham from pre-pandemic through to March 2023. This report focuses on the impact of the pandemic on people, health behaviours, community and neighbourhoods, the environment, and wider socio-economic factors. We've looked at the immediate impact of the pandemic during the first wave, how Rotherham adapted to deal with the challenges presented, and the long-term effects on people and the essential services they use.

Rotherham is 35th most deprived of the 151 upper-tier local authorities in England. The pandemic highlighted how Rotherham's deprivation coupled with the unequal distribution of social determinants of health impacted resilience to Covid-19 and the outcomes for our population. Preventable inequalities within society reduce an individual's ability to prevent sickness or access healthcare when ill health occurs. These inequalities include exposure to risk factors, education, housing, employment, and lead to associated inequalities in physical and mental health. The pandemic exposed these inequalities with people living in the poorest 10% of areas more likely to die from Covid-19, and left sections of society vulnerable to financial insecurity, employment loss, missing education, and unmet mental and physical health needs. This report looks at some of the ongoing impacts from the pandemic and highlights that while many of us have moved on from the pandemic and associated restrictions others are still being impacted and that we are seeing a widening of some inequalities as a result.

This report has been produced using both Rotherham Metropolitan Borough Council service data and community intelligence from Rotherham residents, or those who work in Rotherham. Data has been analysed and contextual intelligence gathered through discussions with staff covering service adaptations during the pandemic, long term changes to the service, ongoing or emerging issues, the impact on service users, and the impact on staff. This information was coupled with significant public engagement obtained through focus groups where there was use of semi-structured interviews to gather intelligence across each sub-section of this report.
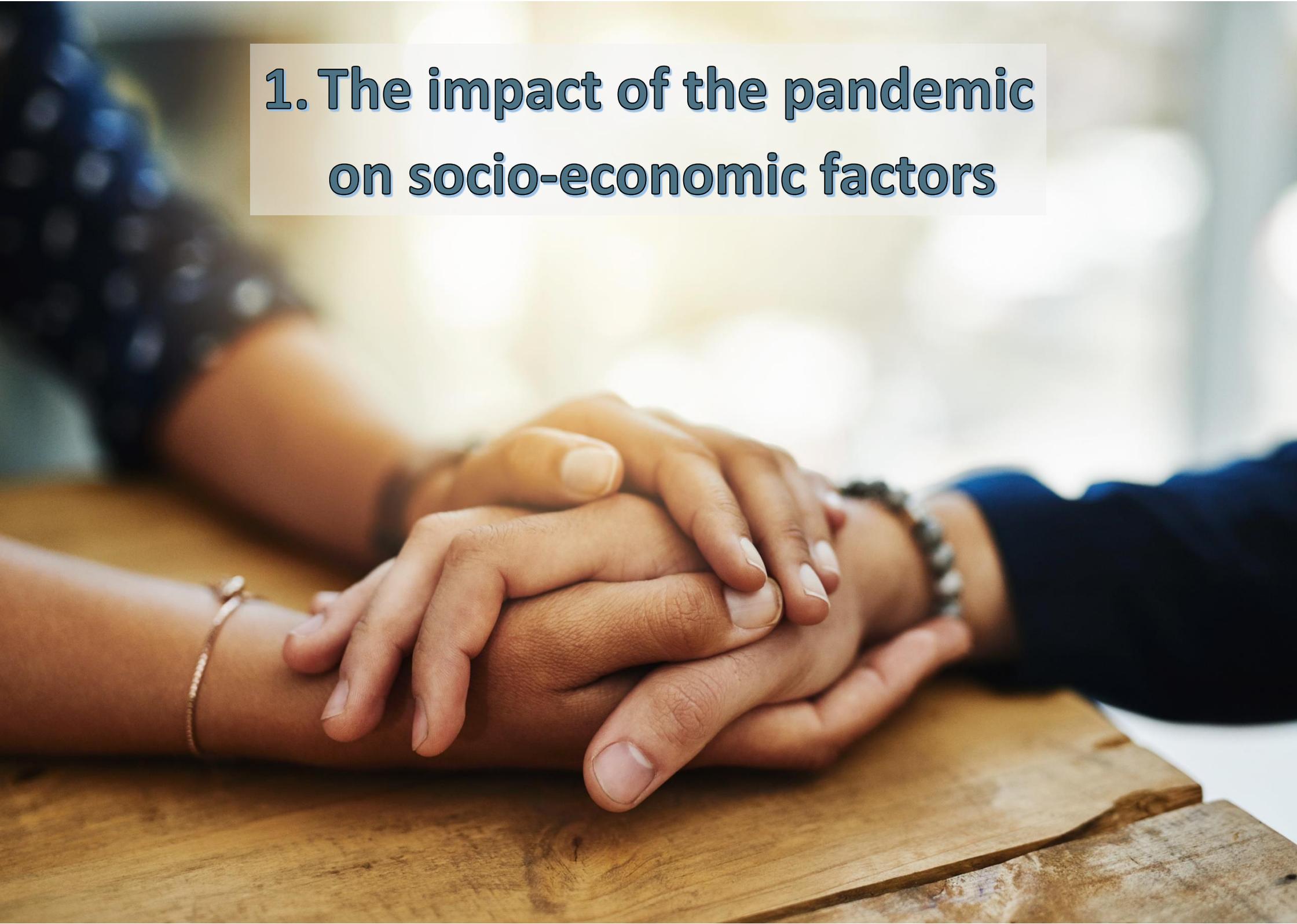

Ben Anderson
Director of Public Health
Rotherham Metropolitan Borough Council

1. The impact of the pandemic on socio-economic factors

The impact of the pandemic on socio-economic factors

There have been long-lasting impacts of the Covid-19 pandemic felt in health, social care, and education as the necessary restrictions in place to control infections resulted in disruptions to these services, meaning missed education and change in access. Socio-economic factors include public services, and this section will cover health, education, and social care services alongside housing services, income inequality, and work and employment.

Education

Education and health and wellbeing are intrinsically linked, with education being strongly associated with life expectancy, health behaviours and morbidity, and having a key role in shaping opportunities, income, and housing choices.

Education sufficiency: birth rate and early years

Rotherham has sufficient childcare places to accommodate children in childcare. Predictions of an increased number of births during the pandemic did not materialise nationally or in Rotherham. Locally, live births have continued an overall downward trend since the mid 2010's locally (figure 1)[1].
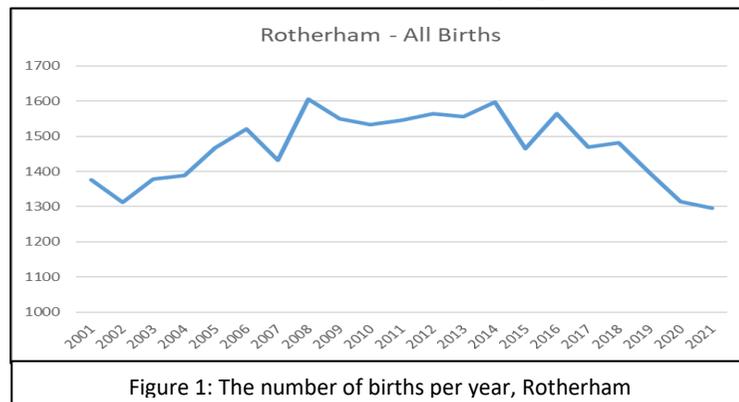

Figure 1: The number of births per year, Rotherham

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[1] Births in England and Wales - Office for National Statistics (ons.gov.uk)

The pandemic resulted in disruptions to education as a whole, but particularly Early Years settings where there was substantially less support than for schools. Take-up of early education has a positive impact on development and overall outcomes for children and is a priority for the local authority.

Although early years settings remained open after the first lockdown, attendance in 2021 saw a decrease meaning some young children may not have received the input and positive impacts that early education provides. Early education take up for 2-year-olds saw a decrease in 2021 from 78% to 72%, however has since increased to 83%, and take up for 3- to 4-year-olds showed a decreasing trend from 2017, however has increased in 2022.

The take up rate for 2022 for 2-year-olds was 83%, higher than that of England (72%), Yorkshire and the Humber (76%), and Statistical neighbours (78%), and for 3- and 4-year-olds, it was 95%, as was Yorkshire and the Humber, and remained higher than England (92%), and Statistical neighbours (94%).

Although there is no increased demand by number alone, there is an increase in demand due to a change in need; the cohort of children in childcare now present differently to pre-pandemic with a rise in numbers of children with additional needs, particularly around speech and language, and behavioural needs.

Pre-pandemic, the sector was already facing funding pressures with providers struggling to deliver on funding rates and the situation has deteriorated with additional costs from the pandemic and inflation. A combination of recruitment issues and funding challenges means the sector is more fragile than it perhaps has ever been.

How has the pandemic influenced school?

Since emerging from the pandemic schools are facing significant challenges around social and emotional needs of pupils, school readiness, and absence which are impacting education recovery post-pandemic. Since before the pandemic, we have seen an increase in year 7 & 10 pupils reporting their mental health as poor, and 35% of this cohort have reported some deterioration in their mental health in the past two years[2].

Reductions in Early Years Foundation Stage (EYFS) school readiness measures and Key Stage 1 (KS1) attainment since before the pandemic indicate that there may have been some impact on pupils following periods of lockdown and home schooling (figure 2)[3]. A lower percentage of Key Stage 2 (KS2) pupils are performing as expected in Reading, Writing and Maths in 2022 compared to 2019, when measures were last available (figure 3)[4]. These core subjects are priorities for

The percentage of KS2 pupils meeting expected standard in reading, writing and maths

Please note: Data not collected in 2019 and 2020

Figure 3: The percentage of KS2 pupils meeting expected standard in reading, writing and maths

schools in terms of catching up, but it is not yet clear what the longer-term impact of this will be.

We have seen a marked increase in Elective Home Education (EHE) following the pandemic. Around 70% of EHE pupils are of secondary school age with Year 10 & 11 being the largest groups. Although incomplete, reasons cited for choosing EHE include bullying, mental health issues, special education needs not being met and behavioural issues.

Schools are facing considerable challenges post-pandemic with recovery and managing the needs of pupils. A lack of contact with health workers, children isolated at home with a lack of contact with other children and sometimes limited contact with home-working parents means many more children, particularly in

School Readiness: percentage of children acheiving a good level of development at the end of Reception

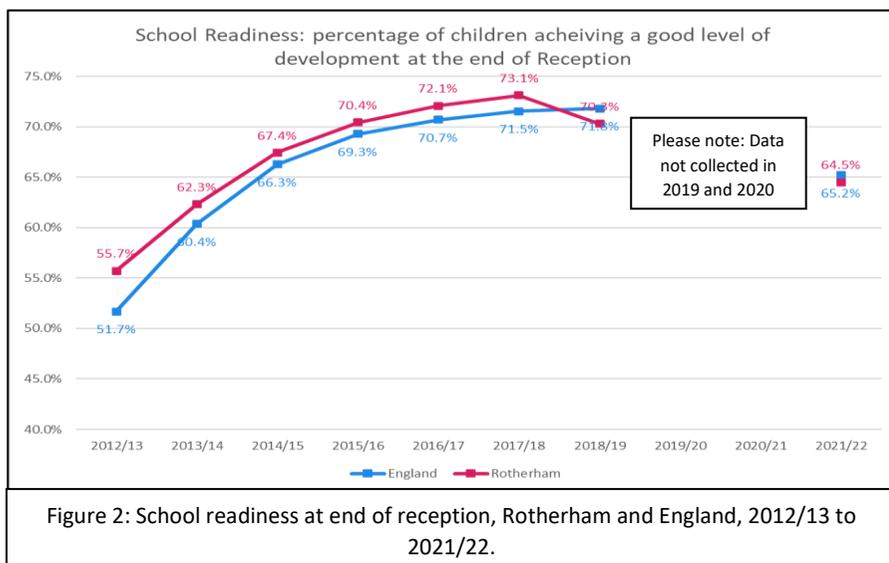Please note: Data not collected in 2019 and 2020

Figure 2: School readiness at end of reception, Rotherham and England, 2012/13 to 2021/22.

[2] Rotherham Voice of the Child Lifestyle Survey 2022

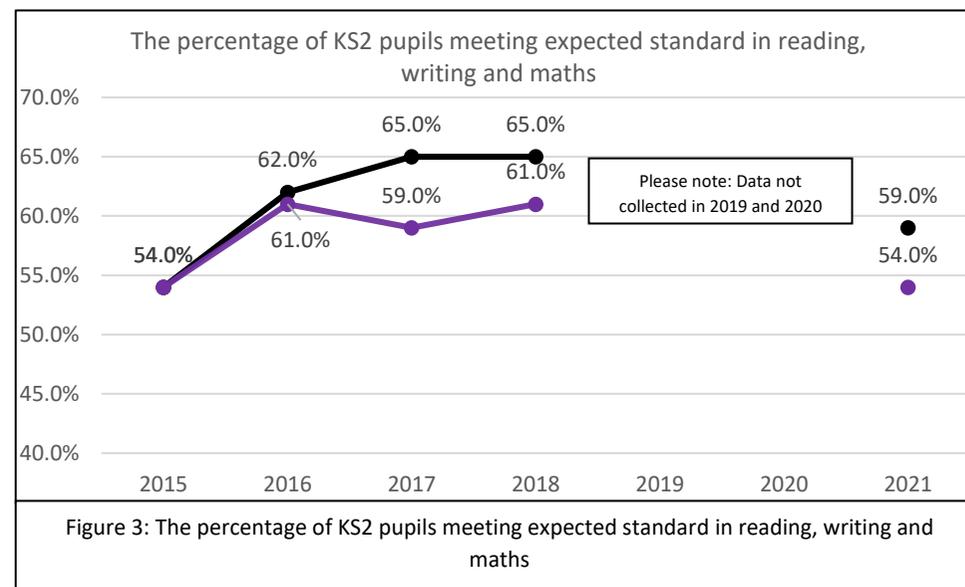[3] Department for Education (DfE), EYFS Profile: EYFS Profile statistical series.

[4] Key stage 2 attainment, Academic year 2021/22 – Explore education statistics – GOV.UK (explore-education-statistics.service.gov.uk)

transition cohorts, are presenting with social and emotional needs, lack of self-regulation, speech and language issues and generally not being school-ready.

Focus group members found that schooling was difficult due to workload for children, and some members of the groups found it difficult to support their children either through issues with the internet, or due to the fact some parents couldn't read or write therefore were unable to assist with work:

"As women who can't read or write themselves it was very difficult for them to support their children, while on zoom classes or with their homework that they were given, so that was extremely difficult for them" [interpreter]

How has the pandemic impacted Special Educational Needs and Disabilities (SEND) and Social, Emotional and Mental Health (SEMH)?

During lockdowns the National SEND Code of Practice only had one minor adaptation which was to 'provide reasonable endeavours' for children with SEND, so schools had to try and continue provision as normal with all the difficulties the pandemic brought such as limited spaces, staff and pupil absence, and infection control measures. The most vulnerable children were expected to continue school during lockdowns with attendance monitoring carrying on as normal.

Statutory reviews for SEND pupils continued but could not be satisfactorily completed. Specialist health staff involved with SEND were seconded to Covid work, so health support for individual children and special schools was not at the levels needed. Following the pandemic there have been increases in pupils registered with SEND support needs, and applications for Education, Health and Care Plans (EHCP). More children, and more very young children, are being identified as having social, emotional, and mental health needs. Many children from this cohort did not have the opportunities to access society in normal ways, and this is creating a variety of challenging behaviours in education settings. Additionally, it's not only children entering education recently, but we are also seeing SEMH needs in children which did not present with these issues before the

pandemic. In 2021/22, there were 15.2% of Rotherham pupils with SEN support and this has been increasing from 2017/18 (figure 4).

Figure 4: The percentage of pupils with SEN support in schools.
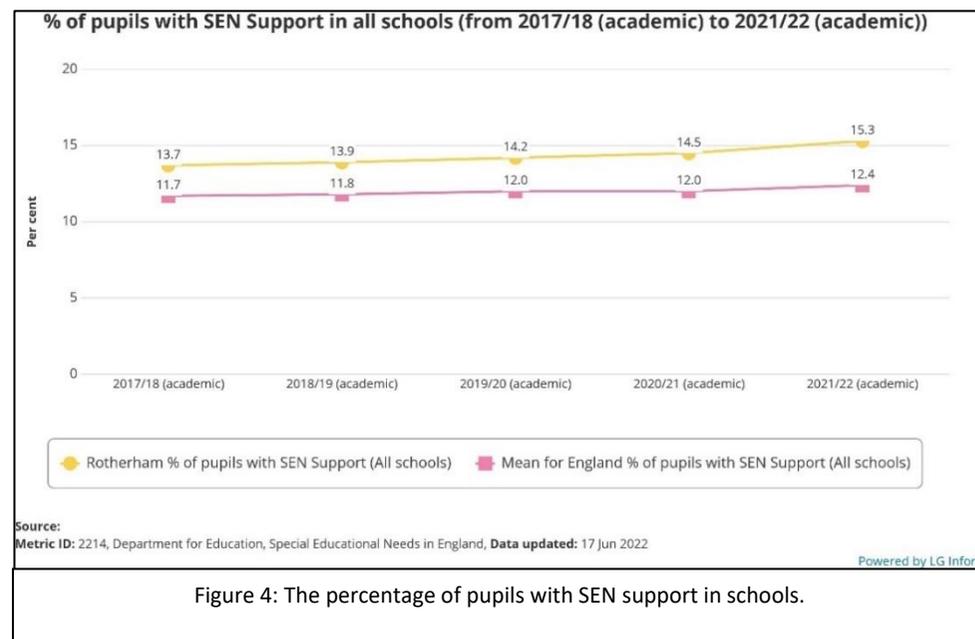
There is a risk around children not performing as expected due to missing these early years experiences and opportunities to develop being misidentified as having SEND.

Some pupils with autism who learned from home during the pandemic and thrived have now been expected to return to school which some may have found distressing. There has been a rise in Emotional Based School Avoidance (EBSA), with most presentations among children with autism.

Staffing issues are also impacting on SEND pupils. Difficulties recruiting in the post-pandemic labour market for support staff positions and within Special Schools

means a lack of support available for pupils. This is potentially leading to more exclusions and long-term impacts on a child's education, wellbeing, and outcomes. Low pay, a high level of responsibility and inflexible working conditions are leading prospective employees to look elsewhere.

Attainment at KS2 among SEND pupils remains below national averages and has declined since 2019/20 when measures were last available.

Healthcare

There was a change in healthcare access throughout the pandemic with a shift in GP appointment type, sharp decreases of A&E attendances, reductions in preventative care, health checks, screening and immunisations and fewer cancer referrals.

How has the pandemic impacted primary care[5]?

- In total, 151,000 fewer primary care appointments were booked between April 2020 and March 2021 compared to the previous 12 months – a fall from 1.55 million to 1.40 million. This increased between April 2021 to March 2022 to 1.63 million, and again April 2022 to March 2023 to 1.75 million.
- Of these booked appointments, attended appointments accounted for 87.1%, 90.9%, 92.7% and 92.0% each fiscal year (2019/20 through 2022/23).
- The way that appointments took place also shifted. March 2021 saw the highest ever number of telephone appointments in general practice in Rotherham; 47,750 compared to 22,797 in March 2020 and 9,369 in March 2019. The highest proportion of telephone calls occurred in May 2020 at 44%.
- Between April 2020 and March 2021, 60% of appointments were face-to-face, compared with 86% in the previous year.

There has been significant impact of Covid-19 on primary care and those working in it; there has been pressure to maintain health services, the adjustment to virtual consultation, and significant time committed to the delivery of the Covid-19 vaccination programme.

In April and May 2020, the UK's first months of lockdown, appointments in general practice in Rotherham reduced significantly from being consistently above 118,000 per month in the previous 12 months, to 89,000 and 87,000 April and May 2020 respectively (figure 5). This reduction in appointments led to concerns about unmet need and potential for delayed diagnosis. By September 2020, the number of appointments increased to pre-pandemic levels. This reduction, and increase, are in line with general practice appointments nationally.

In total, 151,000 fewer primary care appointments were booked between April 2020 and March 2021 compared to the previous 12 months – a fall from 1.55 million to 1.40 million (table 1). This increased between April 2021 to March 2022 to 1.63 million, and again April 2022 to March 2023 to 1.75 million.

The fall in appointment number was most evident in April and May 2020 with a reduction of 71,579 of the 151,537 (47.2%) appointments during those two months alone.

The North East and Yorkshire, experienced the same pattern of general practice appointments with a sharp decrease to April 2020 and May 2020, as did all regions across England. London had the lowest drop in total number of appointments, with the North East and Yorkshire, the East of England and the Midlands all seeing a drop in appointments twice as big percentage wise.

In line with the decrease of appointments booked 2019/20 to 2020/21, there was also a decrease in appointments attended (1.35 million to 1.27 million respectively), and those flagged as 'did not attend' (76,000 and 44,000 respectively).

However, despite the number of total appointments decreasing from 2019/20 to 2020/21, the increased number in 2021/22 and 2022/23 have increased by almost double the number that were lost with the decrease indicating a higher level of

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demand post-pandemic. The reasons for this are not fully understood but may include the impact of lost pro-active care, changes in lifestyle habits during and since the pandemic amongst other factors.

In addition to a shift in appointment number, there was also a shift in appointment type and although face-to-face appointments remained higher in number, and in March 2020, the proportion of appointments by telephone begun increasing from a maximum of 6.7% to 44.0% in May 2020 (figure 6).
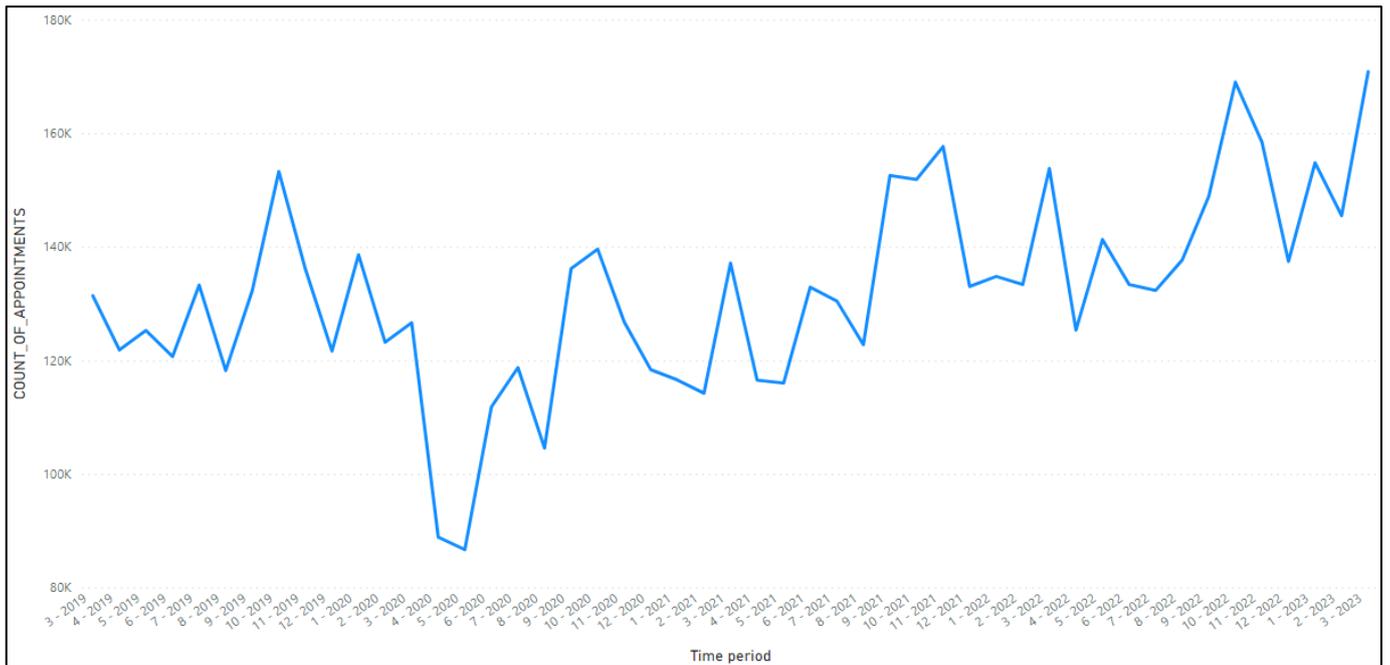
Figure 5: Total number of primary care appointments, Rotherham, monthly data March 2019-March 2020

Area	Number of appointments April 2019 to March 2020	Number of appointments April 2020 to March 2021	Difference in appointment number	Percentage change (%)
Rotherham	1550993	1399456	-151537	-9.77%

Table 1: Number of primary care appointments, Rotherham, 2019/20 to 2020/21
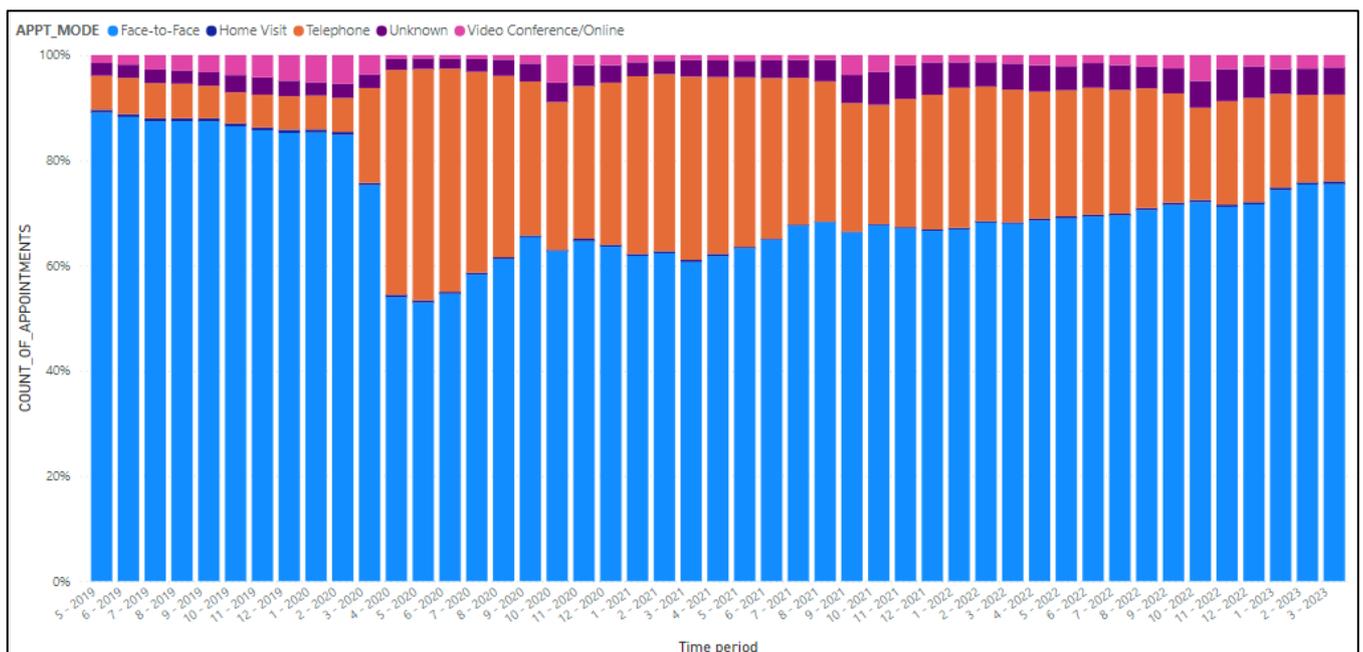
Figure 6: Primary care appointment types as a proportion of total number of appointments, Rotherham.

Although telephone appointments proved necessary in response to reduce COVID spread and there has been progress in evolving the blend of face-to-face and telephone appointments to meet patient needs and adapt to ever-changing circumstances, focus group members perceived little benefit by way of healthcare access in primary care. Reflections around access to a GP appointment were overwhelmingly negative mainly around the ability to get a GP appointment, and many struggled, and continue to struggle, with this.

"it's just a nightmare now"

"Quite hard to get an appointment"

Some felt that although other areas have returned to a 'normal', GP access remains an anomaly:

"Even now, after COVID, people's gone back to normal things like that, your doctors are still trying to trying to keep you not letting you go into surgery"

"GPs haven't gone back to normal"

Whilst most were reflections from the pandemic onwards, some reflections pre-dated the pandemic, where people expressed continued difficulties with GP access:

"Always been difficult to get an appointment at my doctors"

"I've not had a good experience with a GP since I was like 13"

How has the pandemic impacted secondary care[6]?

- The pandemic led to changes in the way in which people used NHS and social care services, and urgent and emergency care was no exception.
- At the start of the covid-19 outbreak, total A&E attendances sharply decreased reaching the lowest value of 4,389 in April 2020 (time period April 2017-March 2023). This was a decrease of 49% compared to the average for April 2017-December 2019 (8,535).
- By May 2020, attendances were increasing again, but remained lower than expected for the time of year.
- Reductions in visits predate lockdown suggesting that the initial decrease in attendances were as a result of covid-19 awareness, and not lockdown itself.
- Decreases in A&E attendances could be due to changes in NHS operations, changes in public and patient behaviour, or changes in condition prevalence.

Overall, the number of Accident and Emergency (A&E) attendances at The Rotherham Foundation Trust (TRFT) declined from 2019-20 to 2020-21 (99,071 to 71,108) however increased in 2021-22 and remained stable to 2022-23. A&E attendance rates varied throughout the borough with Hoober having the consistently lowest rate across the four financial years, and Rotherham East and Greasborough having the highest rates. Data includes any method of arrival at A&E including ambulance or walk-in.

Monthly, there was a significant fall in A&E attendances from February 2020 reaching the lowest value of 4,389 in April 2020 (time period April 2017-March 2023), 50% lower than in April 2019. Nationally, numbers were 48% lower, and a similar pattern was seen regionally.

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[6]All secondary care data was obtained from NHS Digital unless otherwise stated - Statistics » A&E Attendances and Emergency Admissions (england.nhs.uk)

However, A&E attendances increased to August 2020 before declining to February 2021 when they then increased sharply and are more in line with pre-pandemic levels (figure 7). Presentations to A&E by age group were similar in proportion 2020/21 and 2021/22, with the largest proportion in those aged 35 to 64 years old a total of 34.73% (26,360) and 32.04% (30,550) respectively (table 2).

Emergency admissions, both total and those via A&E, have been steadily increasing since 2019/20. The number of elective admissions also decreased from 2019-20 to 2020-21 (37,957 to 25,888) and increased in 2021-22 and remained stable to 2022-23. The number of emergency admissions has been increasing year on year; an increase of 6,205 from 2019-20 to 2020-21, 2,836 from 2020-21 to 2021-22 and 1,673 from 2021-22 to 2022-23.

Although we might expect lockdown and subsequent social distancing measures to present reductions in infectious diseases and certain types of injuries, we expect that prevalence of other illnesses, such as long-term conditions, will remain constant. However, concern about infection risk in health and social care workers, may have driven demand for patients to seek care elsewhere.

Figure 7: Monthly A&E attendances, The Rotherham Foundation Trust
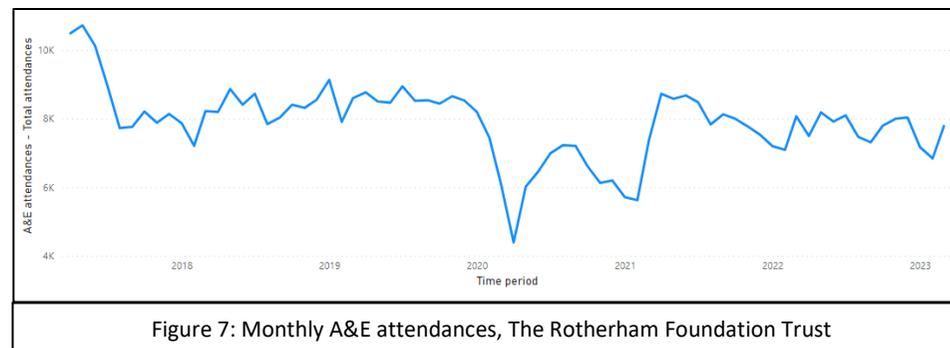
Age	2020/21	2020/21 (%)	2021/22	2021/22 (%)
Age - Under 1 Year	1640	2.16%	2765	2.90%
Age - 1-4 Years Old	3640	4.80%	7055	7.40%
Age - 5-13 Years Old	4325	5.70%	7460	7.82%
Age - 14-17 Years Old	2555	3.37%	3900	4.09%
Age - 18-34 Years Old	18160	23.93%	22165	23.24%
Age - 35-64 Years Old	26360	34.73%	30550	32.04%
Age - 65-79 Years Old	10955	14.43%	12310	12.91%
Age - 80 Years or Older	8260	10.88%	9155	9.60%

Table 2: Presentations to accident and emergency (number and percentage of total), The Rotherham Foundation Trust, by age band.

Adult care and children's services

Adults in care

During the first wave beginning in March 2020, the substantial drop in the total number of people in Residential and Nursing care due to excess mortality within the population caused a net negative intake despite the changes to hospital discharges to care. Numbers in residential care have only recently returned to pre-pandemic levels, while the numbers of customers in receipt of a community care package displayed some fluctuations across the course of the pandemic (figure 8).
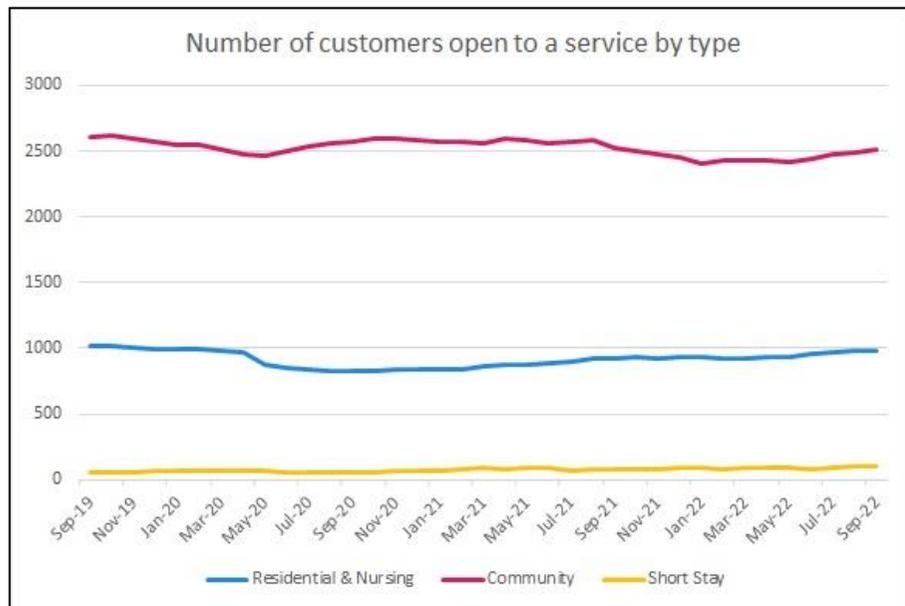

Figure 8: Number of customers open to a service by type of service

In 2020, registered deaths occurring in care homes increased by 30% compared to the average for the previous five years; there were 707 care home deaths in 2020 compared to an average of 545 the previous five years (table 3). In 2020, 15.1% of all deaths in a care home setting were involving Covid-19. This is comparable to England & Wales for both percentage increase and proportion of Covid-19 deaths occurring in a care home.

Place of occurrence	2015	2016	2017	2018	2019	2020	2021
Care home	510	547	543	557	566	707	495
Elsewhere	53	52	53	33	42	59	67
Home	604	569	645	642	688	899	849
Hospice	261	261	245	230	253	213	212
Hospital	1269	1307	1246	1222	1274	1562	1373
Other communal establishment	12	8	10	12	4	14	5

Place of occurrence	2015	2016	2017	2018	2019	2020	2021
Care home	18.8%	19.9%	19.8%	20.7%	20.0%	20.5%	16.5%
Elsewhere	2.0%	1.9%	1.9%	1.2%	1.5%	1.7%	2.2%
Home	22.3%	20.7%	23.5%	23.8%	24.3%	26.0%	28.3%
Hospice	9.6%	9.5%	8.9%	8.5%	8.9%	6.2%	7.1%
Hospital	46.8%	47.6%	45.4%	45.3%	45.1%	45.2%	45.8%
Other communal establishment	0.4%	0.3%	0.4%	0.4%	0.1%	0.4%	0.2%

Table 3: Death registrations in Rotherham by location, all causes; actual numbers and as a proportion of total.

Overall number of contacts for adult care show no overall trend over the course of the pandemic and have remained between 1,500 to 2,200 per month (figure 9), however the number of contacts where the route of access is 'discharge from hospital' has seen an increasing trend indicating a change in the level of need at the point of hospital discharge since the pandemic.

Despite the long-term staffing challenges that Adult Care services faced and continues to deal with, adult social care staff kept the service running during an incredibly difficult period.

Figure 9: Overall number of contacts for adult care

Transitions

During the pandemic, the scope and role of Transitions largely remained the same. Due to restrictions in place, home, care home and residential service visits were significantly scaled back, and most of the work was performed remotely unless necessary, for example where a service user's disability would prevent an assessment being performed remotely.

One significant challenge was the closure of some service provision for young people, and the focus shifted on how to support people at home. The lack of day services placed additional strain on carers.

The numbers in service were not affected by the pandemic, as all service users are coming from children's services, so the throughput of clients is predictable. Some service users limited contact however, as service users and their families understandably wanted as little external contact as possible to minimise the risk of infection. Any reduction in workload due to inactivity was offset by assessments taking two to three times longer than normal.

The challenges facing Transitions post pandemic are largely the result of longer-term staffing issues and the knock-on effect the pandemic has had on social care.

Reablement

Pandemic restrictions necessitated some changes to how Reablement delivered their service. Firstly, initial assessment and set up for customers was taken on by Reablement staff to minimise the number of people entering a property. This was previously done by Adult Social Care (ASC) Coordinators, and following the ending of Covid-19 restrictions, this aspect of the service has returned to normal.

Secondly, the capacity of Reablement was affected by staff absence. The numbers of new cases accepted by Reablement was adjusted based on available staff to maintain the same level of service to customers already on the service. Although numbers accepted would fluctuate, the service delivered to customers was consistent throughout the pandemic. Client quality of life surveys were not submitted for 2020-21, so can't be compared with other years.

Integrated Discharge Team

When the pandemic first started, the service had to work to a much shorter discharge window in line with government guidance to clear beds in the hospital. Since the pandemic, there has been an increased number of requests for support from social care to facilitate safe hospital discharge and examples of this include frailty and complex needs demonstrating the rising level of need at this stage in the patient pathway.

Local picture

Information from Speakup, a Rotherham based advocacy group, has provided some local context around the impact of the pandemic on adults with learning disabilities. Speakup provided additional support during the pandemic to the people they engage with, which is around 50 people who are by and large not in receipt of social care. They provided easy-to-read information on Covid restrictions and how to stay safe during the pandemic, filling that gap in official advice.

Around a week before official lockdown, the organisation moved to remote working. Without that IT capability it would have much more difficult to operate; friendship groups would not have been feasible and social contact would be limited to calling around colleagues and the people they support locally.

Help was offered to get people access to social calls via video conferencing systems to mitigate the social isolation people were experiencing, and when the rules allowed walking bubbles were established to provide some face-to-face, albeit socially distanced, contact.

Social isolation and anxiety around catching Covid were reported as the main concerns from service users. This anxiety has lessened over time, and vaccination has offered a level of reassurance, but people are still mindful of Covid and continue to take precautions which themselves may be having wider impacts on lifestyles, care access and quality of life.

Focus group members reflected on negative feelings around providing care or receiving care during the pandemic. These were predominately around being isolated with no access to visit family or have family visit. There were also reflections of *"carers left to do it alone"* when dealing with the impact of deaths of people in receipt of care across the range of care settings.

Children's services – Early Help

Family support is one of the core aspects of Early Help, and this aspect of the service continued through the pandemic, but like many other front-line services, adaptations had to be made and additional challenges presented themselves.

Many services that would have normally had contact with vulnerable families stopped in-person visits entirely. Early Help staff continued to visit homes throughout the pandemic to ensure that families continued to receive support during periods of lockdown. Rapidly changing rules, additional requirements for administration and data returns also impacted on time to conduct the core business, with home visits requiring individual risk assessments, a process that has only recently stopped. The more direct effects of the pandemic also added to the pressure the service felt; some medically vulnerable staff were not able to undertake home visits but were re-deployed in other ways and high levels of sickness reduced available staff.

There have also been positive changes for how Early Help workers engage families using remote working technology which has provided a further mechanism for engaging with parents and other family members outside of Rotherham. Managers were very mindful of staff wellbeing during the pandemic, and whilst there wasn't the informal peer support network that naturally comes from working in an office with colleagues, proactive measures, like daily check ins, socially distanced outdoor meetings, and wellbeing walks, were taken to ensure staff were supported.

Housing

Repairs and maintenance

RMBC is a significant landlord in Rotherham with over 20,000 homes being directly managed by the council. There were initial concerns that the repairs and maintenance programme would fall behind during lockdown periods and see a surge in demand following lifting of restrictions, fortunately, these predictions did not materialise and there has been no long-term impact from Covid-19 on the delivery of repairs and maintenance of council properties, and no cost implications due to the fixed cost of contracts.

Strategic development

The councils overarching strategy for development has been largely unaffected by the pandemic. Timescales and costs have been impacted, but the degree to which this is directly attributable to Covid-19 is not possible to quantify as the effects cannot be disentangled from the simultaneously occurring effects on labour markets and supply chains due to leaving the European Union and the Ukraine conflict. Individual projects were hampered by the pandemic as development came to a standstill during lockdowns adding months of delays to projects. There were constraints on the availability of building materials as factories closed and the increased costs of those material. Labour shortages linked both to the pandemic and to impacts of the European Union Exit delayed projects substantially.

Income and financial inclusion

The income and financial inclusion service supports Rotherham residents to improve their financial situation to ensure tenancies are sustainable and in doing so assist with reducing poverty, improving health, and increasing employment opportunities. This service moved to remote working and stopped all face-to-face contact with tenants in March 2020. For the

Income Recovery team whose work is mostly telephone based, moving to home working did not affect how they work, however all recovery activity stopped as this required home visits. Legislation brought in by the government to prevent evictions later made any action unnecessary however, so any impact was short-term.

The Tenancy Support service is largely an in-person service and moving to remote working meant interventions took longer and were more difficult to perform, leading to some frustrating interactions for both staff and tenants.

Despite the difficulties of operating in a pandemic the service adapted well and rent arears did not rise over this period.

Tenancy Support saw a rise in support calls following the withdrawal of the £20 uplift in Universal Credit, with tenants finding paying rent more difficult. Longer term, the team have seen financial and emotional struggles among tenants who lost family members due to Covid-19; those who weren't main earners, those who found themselves under occupying a property having to pay penalties or downsize, and provision for those who needed support maximising their income.

Homelessness team

The Homelessness Team's work pre-pandemic was almost entirely conducted in-person so the immediate move to remote work in March 2020 was difficult. Assessments were far more difficult conducted remotely, it was reliant on the customer having a phone, which for people at risk of homeless is often not the case. There was still a requirement to meet people in person when they were placed in temporary accommodation but visiting these properties to check they were in use became challenging due to the government guidelines in relation to being in contact/same room as others.

From 26th March 2020 until 30th September 2021 there were restrictions for private landlords evicting tenants meaning they must give extended notice; however, these restrictions didn't seem to prevent, and only delayed homelessness. The lifting of the ban caused a surge in demand with the service inundated with new presentations. Longer term, the service has struggled to bring numbers in temporary accommodation down. Due to pandemic restrictions private rented accommodation availability reduced significantly, meaning there was a significant reduction in available and affordable accommodation for homeless households.

The service has seen a rise in people presenting as homeless with increased vulnerability and multiple support needs e.g., substance abuse and mental health needs, potentially linked to the periods of lockdown, as support providers and health services availability was reduced or postponed, meaning people could not access the support they needed or received pre-pandemic such as GP appointments, counselling, or drug and alcohol services[7].

Furnished homes

The Council's Furnished Homes service offers affordable furniture for tenants requiring routine inventory checks. These were suspended when restriction came into place leading to the development of a backlog. In May 2023, there was a backlog of around 2,000 inventory checks on furniture still outstanding.

There were delays in delivering items and to people moving into social housing properties due to infection control measures in place; lettings and key handovers being done remotely added time and additional steps to the process which impacted re-let times and the time residents spent in temporary accommodation.

Housing advice and assessment

Prior to Covid, a prospective social tenant wanting to join the housing register would be given a face-to-face appointment for assessment and lettings staff would speak to most residents face-to-face. In March 2020, all lettings and house moves were put on hold, a policy that had to be partially reversed when government guidance changed to allow rehoming of priority cases, namely domestic abuse victims and in cases of homelessness, which created a significant backlog.

Lettings of council properties being on hold was the largest impact on the team's workload, once tenants could move again there was an influx of new customers and a large backlog to deal with.

Demand for social housing has continued to rise since the pandemic ended, although other factors such as cost of living rises are likely to be influencing this.

Homelessness and temporary accommodation demand created additional demand in lettings, with more people placed into Band 1 (highest priority for social housing), meaning more cases and assessments for the team, and extended wait times for people in Band 2 and below.

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[7] Drug and alcohol treatment service continued to operate during the pandemic, self-referral into this service continued but accessing treatment via primary care became more difficult.

Income and inequality[8]

Rotherham's employment rate amongst those of working age (16-64) has risen significantly over the last ten years, from 65.5% in 2011/12 to 73.4% in 2021/22 however remains below the English average of 75.7%. For ethnic minority residents, the proportion of working aged people in employment is 62%.

There was a significant increase in claimant levels in 2020/2021 as a result of the impact of the pandemic for both those claiming Jobseeker's Allowance plus those who claim Universal Credit who are out of work. The claimant count has not yet returned to pre-pandemic levels in any area and the post pandemic cost of living crisis and change in economy has resulted in more people in work in poverty.

The gross disposable household income gap between Rotherham and England has widened over time, however the value for England fell for the first time between 2019 and 2020 likely a result of the pandemic and the tightening and loosening of lockdown measures and social distancing policies subsequently affecting the income and expenditure of households.

Females in Rotherham have consistently lower rates of employment compared to males; however, this gap has narrowed significantly in 2021/22 to only 2.8 percent which was due to both an increase in the female employment rate, and a decrease in the male employment rate (figure 10).

National data suggests this could be an increase of women working full-time despite a decrease in women working part-time, and for males, a decrease in both part-time and full-time work. These figures indicate changes in family dynamics as the economy has adapted through and since the pandemic and may reflect wider economic factors as well as those created by the pandemic itself.

The pay gap between males and females which was narrowing until 2018, widened to around £10,000 per annum in 2020, before reducing between 2020-21. However, this reduction is due to a fall in male salaries, rather than an increase in female salaries (which have remained static since 2018). This may also indicate that male salaries were reduced due to the impacts of the pandemic (more so than female salaries).

Employment rates for people with disability are low compared to those with no disability, and this gap has recently widened, due to the impact of the Covid-19 pandemic. Since 2013 up to the start of the pandemic, 2019/20, the general trend in disability employment has been increasing and positive however despite the non-disability employment rate remaining similar 2020/21 to 2021/22, the disability employment rate has seen a decrease from 57% to 45% and the disability employment gap is now at its widest since 2015/16. There were approximately 41,000 people aged 16-64 in Rotherham (in the 12 months to March 2022) who had a disability or a work-limiting disability (under the Equalities Act).

Work and employment

The coronavirus lockdown in March 2020 and subsequent restrictions put in place to limit the spread of Covid-19 over the course of the pandemic had a great impact on the labour market and Rotherham, along with the rest of the country, is still recovering. While the situation is improving, fragility still exists and the additional pressures from the cost-of-living increases mean that higher levels of support are still required for those feeling the effects of both situations.

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[8] Employment rates and claimant data were obtained from NOMIS unless otherwise stated - Nomis - Official Census and Labour Market Statistics (nomisweb.co.uk)

Figure 10: Rotherham employment rate, male and females, 2012/13 to 2021/22.
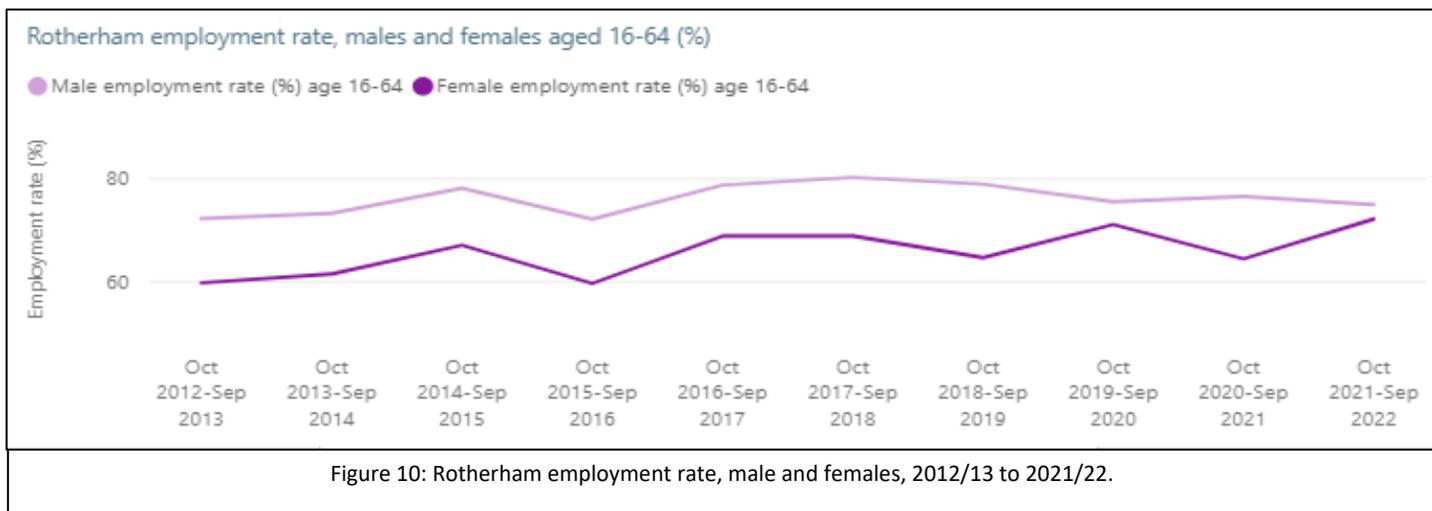
Footfall in the town centre has recovered from the lowest point in lockdown but remains below levels prior to March 2020. Weekly footfall in the town centre, as measured by the Springboard cameras, in January 2020 was 295,000. In January 2022 it was 202,000 (32% reduction) and in February 2023 it was 248,000 still 16% below January 2020.

The percentage of the population aged 16-64 claiming out of work benefits was steadily increasing from January 2019 to February 2020 (3.1% to 3.7%), however there was a sharp increase between March and May 2020 to 7.4% as the impact of the Covid-19 pandemic on workplaces was seen. In Rotherham, the percentage of the population claiming out of work benefits remained consistently around 7% between May 2020 and April 2021. Since then, the percentage has fallen, and remains around 1% higher than pre-pandemic levels at 4.3% at May 2023.

There are several employability programmes being delivered to support residents to prepare for and secure employment within the borough such as Employment Solutions, Advance and Multiply.

There were significant differences throughout the pandemic between those who were out of work or unable to work due to restrictions in their sectors, and those whose employment continued. Some sectors saw rising demands creating opportunities while others were unable to operate or limited in their operation. Our engagement heard many positives from focus group members about the benefits of work during the height of the pandemic and the opportunities that arose from working differently, many of which have endured beyond the pandemic period.

Focus group members saw some positive reflections around employment and the pandemic, in particular people found joy and purpose in being in a role that was useful and helping others and were grateful they had a job during this time:

"I'm very glad I had that job."

"The fact that I was useful and productive, and essential and supported."

Focus group members were amazed at the results of collaboration, and how people came together to work at this time of need. There were really positive feelings around this topic and the strength of working relationships:

"it's amazing what you can pull out the hat collectively when you need to do you know, relationships that were made".

"Those relationships will, you know will be very, very long lasting"

"Professionally, it [covid] actually created lots of opportunities"

Some even found the new ways of working, and fast paced nature of the job *"quite exciting".* Partnership working was positively reflected on and the opportunities this has continued moving forward. It was clear that volunteering provision provided a learning opportunity.

However, focus group members did reflect on the long hours and how hard the work was not only from a business perspective but having to adapt to both a new way of working, i.e., business communications software, and a new role entirely in some cases.

"I was absolutely flat out."

"I've worked for [workplace] nearly 18 years and I don't think I have ever known, and I've never worked as hard"

"We worked very long hours. We work weekends, we work bank holidays. We worked the lot, you know, and it was very, very hard work, particularly listening to some traumatic stories that came out."

"Being a key worker was terrible" [working in a care home]

Some people reflected they were working above and beyond their contracted hours because they felt they were helping and making a difference to others and reflected on their own family sacrifices to ensure services continued to run:

"Because of the increase in demand to adult services in general, which working alongside health, I ended up working seven days a week for many, many months".

"You sacrificed your own family commitments to make a difference".

"They weren't any work life balance"

There appeared to be an initial struggle and divide to get everything up and running in these new ways of working:

"I think they there was a bit of a disconnect at the very beginning".

Another perceived benefit because of the pandemic was around working from home and feeling of being fortunate to be in this position throughout the pandemic but also the positives to this continuing. However, there was a clear adaptation period where people experienced initial unrest:

"I struggled and I think for lots of reasons, but I think it was the, that work life balance, adjusting to that work life balance of working from home".

2. The impact of the pandemic on the environment

The impact of the pandemic on the environment

In this section, we consider the impact the Covid-19 pandemic had on the wider environment in which Rotherham residents live, and includes air quality, our physical environment including transport, as well as the cultural environment covering social and leisure experiences.

Air quality

There was a marked improvement in air quality throughout Rotherham because of the reductions in traffic flows during 2020 and into 2021. In all places it was observed that there were no exceedances of national health-based air quality standards during 2020. Average borough-wide mean annual nitrogen dioxide concentration was reduced by 19.8% in 2020 compared with 2019. However, in July, August and December 2022 monthly mean nitrogen dioxide readings exceeded the levels recorded in 2019.

Transport

Rotherham Metropolitan Borough Council monitors the Average Annual Daily Flow relating to the number of vehicles that travel past nine count points in the borough (figure 11). These count points saw a steep decline in traffic flow during the pandemic from 193,000 in 2019 to 151,000 in 2020 but did increase in 2021 following easing of pandemic restrictions. In 2021, the increase was to 173,000, which remains below pre-pandemic levels. The mode of transport has remained consistently higher for 'car or taxi' than other types of vehicles. Since 2008, there has been a general decrease in subsidy for bus services, resulting in a diminished coverage of the network which has had a compounding impact on bus patronage with bus use across South Yorkshire declining year on year. The Covid-19 pandemic resulted in a significant decline in bus patronage across South Yorkshire from just under 11.1 million passenger journeys in 2019/20 to just under 4.1 million passenger journeys in 2020/21, however increasing to 4.9 million in 2021/22.
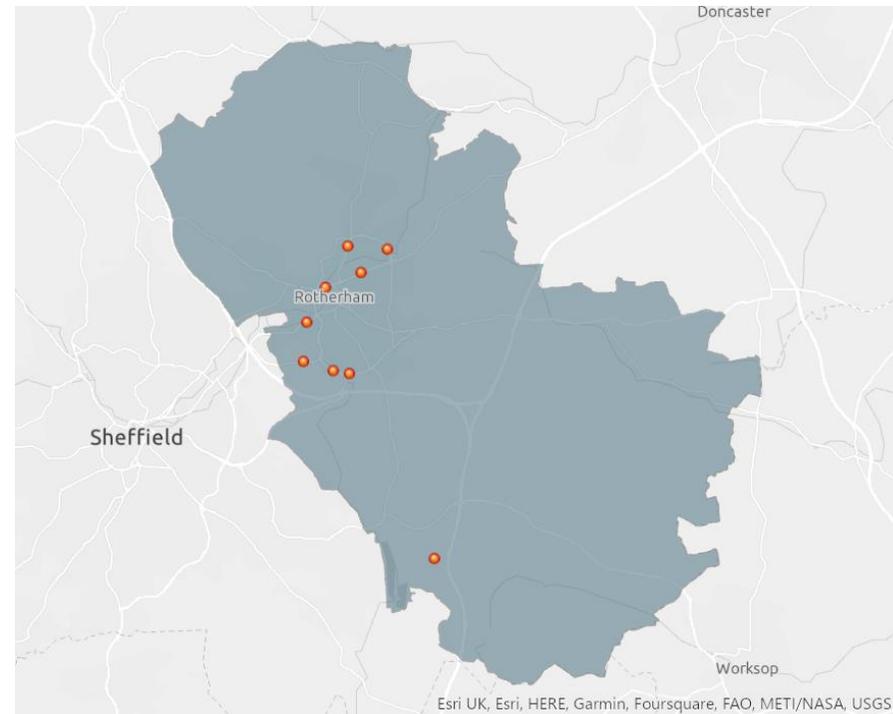

Figure 11: Daily Flow monitoring points, Rotherham

Discussions with the focus groups saw transport reflected on from multiple groups, and was split between access to public transport, primarily buses and use of taxi services. Buses were reflected on to be a barrier due to accessibility, reduced service, increased cost, and frequent cancellations

and some felt that those relying on the reduced service operating during the pandemic, meant that people couldn't get out as much:

"Means that people relying on public transport can't get out".

"Buses are a barrier, so there's not as many services, bus services as there used to be and sometimes, they get cancelled and on short notice and it's more expensive as well"

Some groups felt they were at increased risk from Covid-19 and therefore chose to use a taxi service to access disability services and community groups, but as funding diminished, the bus had to be used which was often viewed as carrying an increased risk of infection transmission.

Culture, leisure, and socialising

The community reflected on how local groups and exercise classes had to stop during the pandemic with groups such as dancing, and coffee mornings stopping. However, despite these groups stopping, there were multiple reflections of how exercise increased in other ways, with people valuing their daily walk, and noting that this was often the only thing people did aside from staying home:

"Definitely did more exercise and eat better" & *"Other than walking, stayed at home"*

Libraries were recognised as a support for a range of groups including as a resource and a centre for community need and it is positive that people have returned to accessing libraries with staff noting that there are a variety of customers using the service.

"Libraries are good sources of information."

"It's lovely to see that people are, you know, using libraries as much as they were before"

"We've got different customers coming in now that we wouldn't have seen before COVID."

During the focus group discussions on the social impact of the pandemic there were sub-themes of children and young people, community support and support networks, seeing family and friends, and a change of routine.

Reflections around babies and toddlers were that they had been impacted significantly. This was represented as a lack of socialising due to closure of toddler mornings, and not being able to attend baby classes. The impact on the parents who didn't necessarily have support from other new parents through these clubs was also raised:

"Everyone has been impacted – especially the little ones as having to stay away from people, didn't socialise and didn't know how to play with other groups".

For children and young people, it was reflected that there was a feeling of missing out, and although there were attempts to support each other online, it wasn't the same as seeing family and friends.

People reflected on their increased mental health issues as a result of not socialising. These presented as increased anxiety around other people and worries about the repetitiveness of being at home.

"My anxiety to be around people has gone up quite badly since first lock down".

However, there were positive reflections around socialising too. These were predominately around the importance of support networks through lockdown and the emergence of online mechanisms for support and contact.

3. The impact of the pandemic on community and neighbourhoods

The impact of the pandemic on community and neighbourhoods

Periods where stay at home restrictions were in place had wide reaching but varied impacts on our communities, with people having positive, neutral, and negative experiences. This section covers the impact of crime, how our community felt about the lockdown and being at home, and use of the community hub.

Crime

The coronavirus pandemic and government instructions to limit social contact have had a significant impact on patterns of crime. Crimes such as theft and robbery saw a decrease from 2019 to 2020 possibly due to periods of lockdown reducing social contact and people staying at home. Local crime data published by the Office for National Statistics (ONS) shows that in 2022, Rotherham had 100.4 crimes per 1,000 people, a total of 26,717 crimes[9]. In 2019, the total recorded crime rate was 99.9 per 1,000 and this decreased to 93.2 per 1,000 in 2021, before increasing again in 2022.

One group in particular reflected on their experience of crime and safety stating that it wasn't clear and that disputes were passed around,

"For instance [name] said she had a dispute with a neighbour, she went to the Council, Council said ring the Police, Police said it's not their area and it's a civil dispute, go back to the Council. So just getting passed from pillar to post and nothing getting done." [Interpreter]

There were no reflections from the groups around an increase or decrease in crimes, nor if lockdown had made people feel safer, or less safe.

'Being at home'

Restrictions initially began in March 2020 and resulted in people being ordered to stay at home, only being able to leave for essential purposes, with no mixing with those outside of household members. Although the majority of those interviewed reflected with negative feelings towards lockdown, there were some comments with neutral or positive descriptions of being at home. These were reflections from people who described themselves as introverts, or as initial reflections of a perceived time off school:

"Well, I'm not gonna lie all right reyt happy when... no school" [young person].

"I wasn't too bad"

Feelings that respondents noted with respect to lockdown were upset, sadness, overwhelmed and missing out. One participant described this as *"the lockdown restrictions were illegal"* [carer/person in receipt of care]. Other negative feelings were:

"Destroyed 20/21, completely ruined"

"I found lockdowns quite overwhelming."

"Couldn't meet during covid: loneliness"

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[9] Recorded crime data by Community Safety Partnership area - Office for National Statistics (ons.gov.uk)

It was noted that there was a perceived benefit to those living with others as opposed to alone, and that this may have positively impacted feelings during this difficult time:

"Mostly down to the fact that I've got a husband that I live at home with as well, so I don't feel isolated in that respect."

"I didn't particularly feel isolated during Covid. I live with my partner"

However, those who were not able to see friends and family, felt upset and sadness:

"I was upset as well because I have few friends and I can't see them and nobody can come to mine, I can't go there, it was really hard time for me."

Community hub

The community hub was established at the beginning of the pandemic as a single point of contact for Rotherham residents. It had a role to triage calls and requests for support and to direct them to the appropriate team or teams for assistance.

During the pandemic the community hub dealt with:

- 3161 calls.
- 5623 requests for help.
- 1272 people who offered their services as volunteers.
- 435 organisation and businesses offering support.

Emergency Food Provision

At the start of the pandemic, Rotherham Metropolitan Borough Council already had crisis food supply and distribution procedures in place, so was in a good position to support people. A food bank at Riverside House was established and other local food banks were also supplied. The community hub, set up as a triage service for the pandemic, would take referrals.

Crisis food support pre-Covid delivered around 4000 food parcels per year, this increased to almost 20,000 in 2020/21. Demand has since fallen but is still far higher than pre-pandemic levels (figure 12).
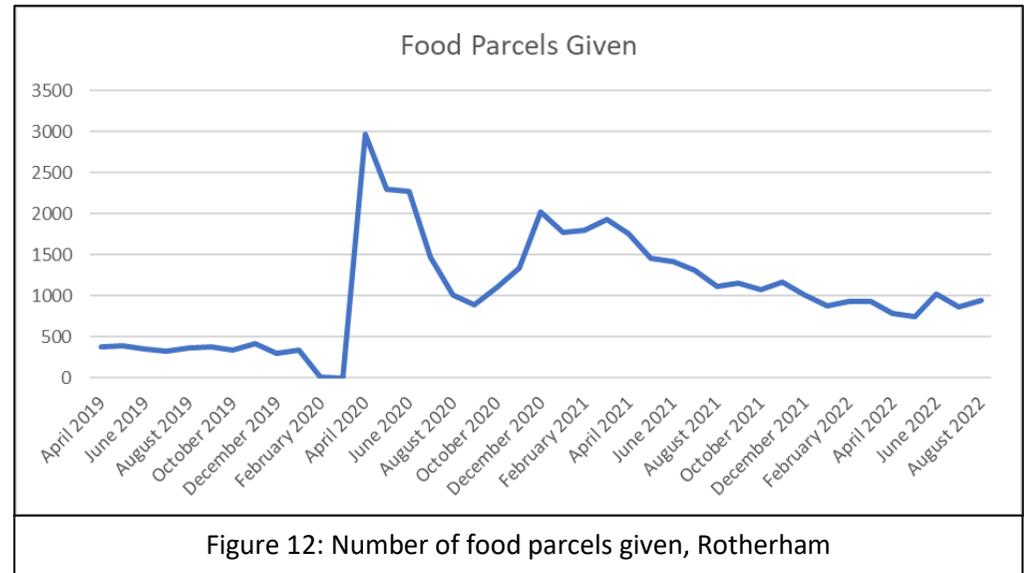

Figure 12: Number of food parcels given, Rotherham

While crisis food demand remains high, support from central government and donations from members of the public have reduced creating a squeeze on crisis food resources. Some foodstuffs are no longer available as surplus from the food industry, which has created a need to purchase canned food to supplement the surplus supply chain. Even if demand were to drop to pre-Covid levels, supply issues would still see this service under pressure.

Food banks and social supermarkets have also seen increased demand for non-food items as well as no-cook meals for those experiencing fuel poverty or lacking cooking facilities, such as people housed in temporary accommodation.

The type of demand seen by the service also shifts depending on individual choices and priorities; clients may need support with food if they chose to instead pay a fuel bill or vice versa. Either way, the fact remains Rotherham residents are facing stark choices. The pandemic and the cost-of-living crisis have both exacerbated underlying poverty in the borough and pushed people from precarity into crisis. Although there are some known issues around data quality[10],most referrals into the service since the end of pandemic restrictions are due to poverty and low income.

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[10] Referral forms are filled in by service users, everything is essentially self-reported by people in difficult circumstances.

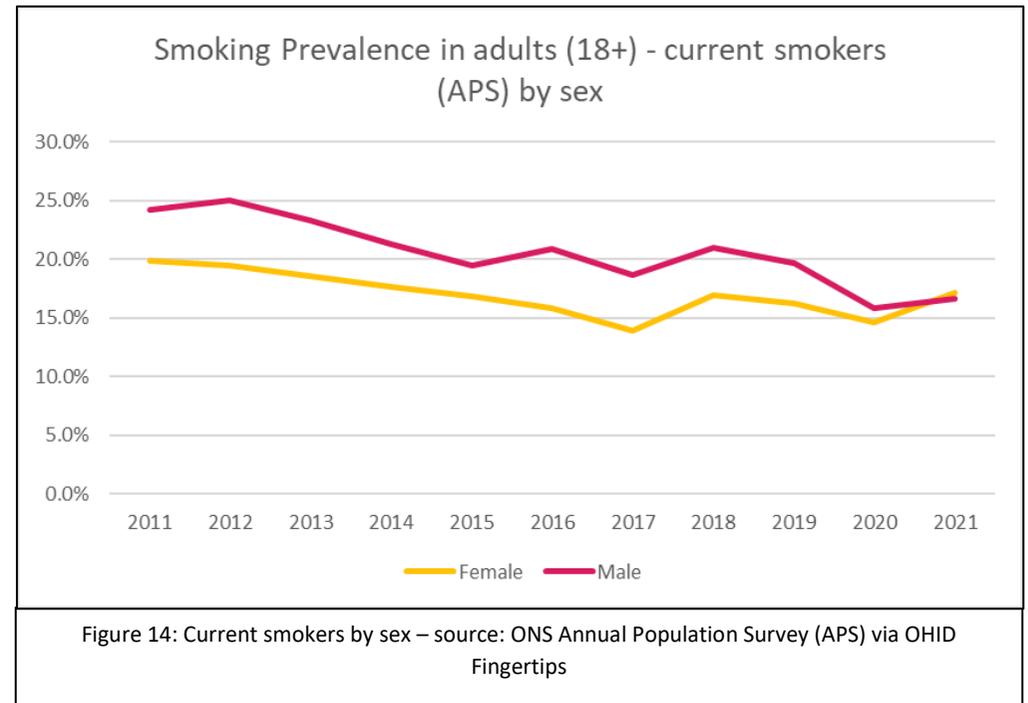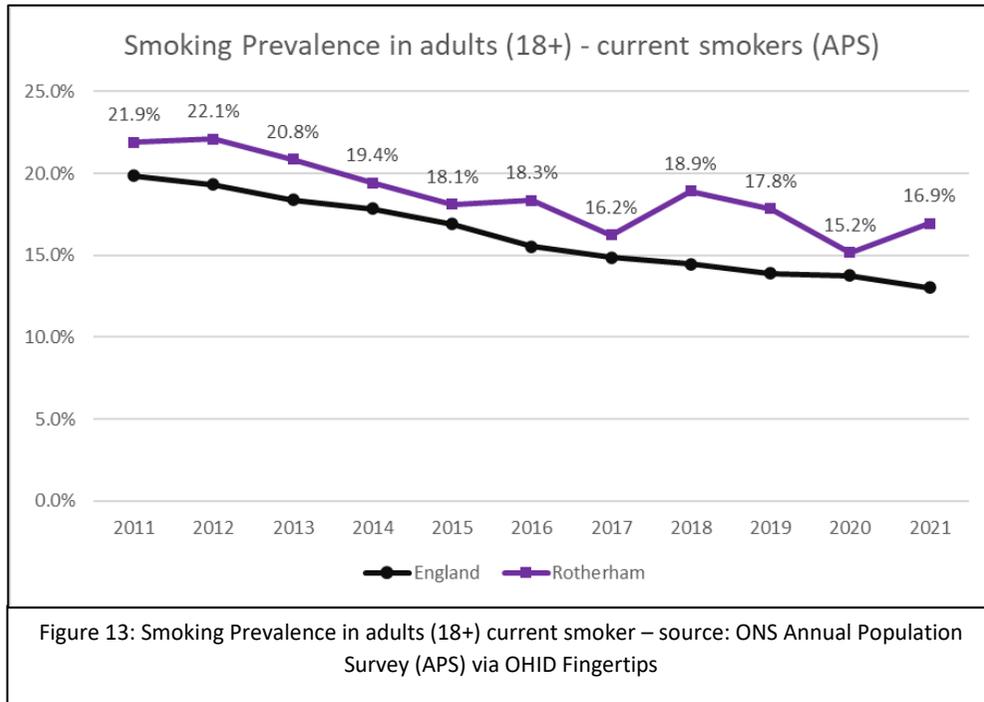# 4. The impact of the pandemic on health behaviours

The impact of the pandemic on health behaviours

The pandemic likely had some impact on health behaviours of people in Rotherham and this section covers the impact on smoking, weight, alcohol use, opiate use, and sexual health.

Smoking

During times of pandemic-related stress, individuals from populations vulnerable to smoking might be at a greater risk of harm from smoking. Those self-reporting as current smokers in Rotherham increased slightly in 2021 to 16.9% of adults, an increase from the previous year reported figure of 15.2% (figure 13). The Annual Population Survey (APS) does indicate that smoking amongst Females increased faster than for males in 2021, bringing smoking rates between sexes into parity (figure 14).

Figure 13: Smoking Prevalence in adults (18+) current smoker – source: ONS Annual Population Survey (APS) via OHID Fingertips

Figure 14: Current smokers by sex – source: ONS Annual Population Survey (APS) via OHID Fingertips

HM Revenue and Customs (HMRC) data does show some concerning trends in clearance data. Clearance statistics relate to when tobacco goods pass duty points, at which point duty is due to be paid to HMRC by registered UK businesses, we used this rather than revenue data as this is unaffected by duty rates which vary over time.

Cigarette clearances, when tobacco goods pass through UK customs, showed a steady decline until 2020, levelling off before declining again in 2021 (figure 15). Hand rolling tobacco (HRT) and non-cigarette tobacco[11] rose in 2020 and 2021 after a long period of stability, with an additional 1.68 million metric tonnes of HRT cleared in 2020 compared to 2019, a 26% increase.
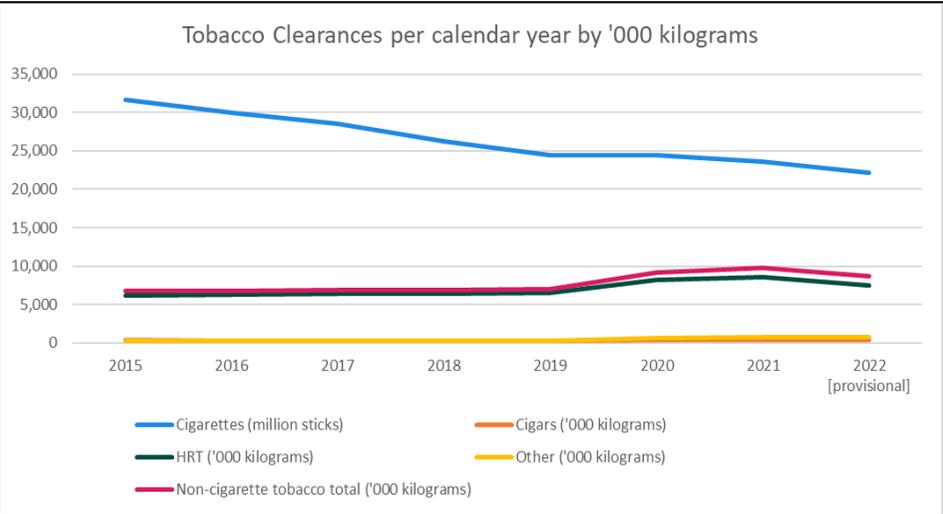

Figure 15: Tobacco clearances by calendar year and product type in '000's of kilograms – source: HMRC

Weight

While no overall trend could be calculated, there was a moderate reduction in the percentage of adults classified as overweight or obese in Rotherham in 2020/21 (figure 16). Without further data it's not currently possible to assess whether this represents any significant change or a temporary drop in the data.
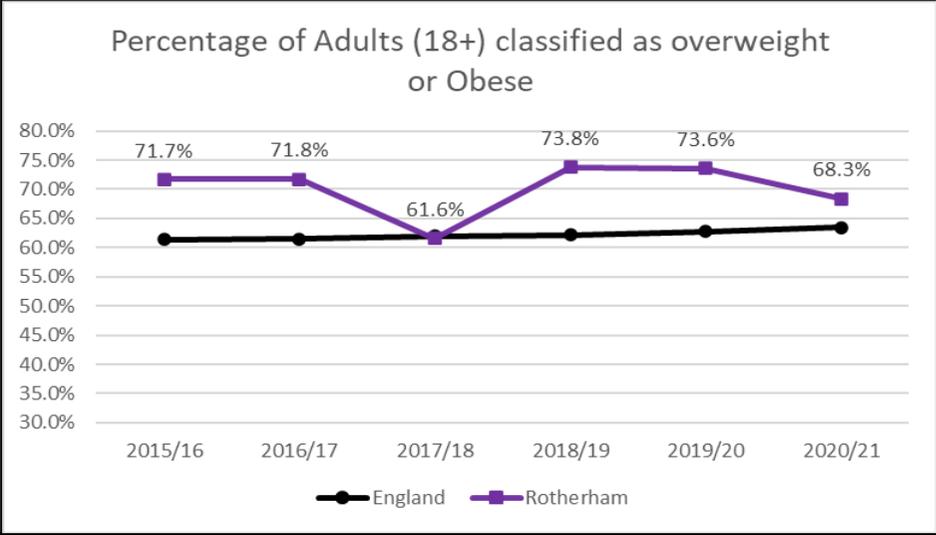

Figure 16: Percentage of adults (18+) classified as overweight or obese, adult prevalence data from Active Lives Adult Survey, Sport England – source: OHID Fingertips

Prevalence of overweight and obesity in Reception children (4-5 years) remained relatively unchanged in Rotherham between the pre and post pandemic years. Data for 2020/21 for Rotherham is unavailable, but we did see an increasing proportion of overweight and obese children amongst those

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[11] Classifying tobacco for import and export - GOV.UK (www.gov.uk)

measured regionally and nationally compared with academic year 2019/20 (figure 17). This year's data is however less robust due to the limited number of children in school that year, and data for 2021/22 suggest that the true figure remains in line with pre-pandemic levels.
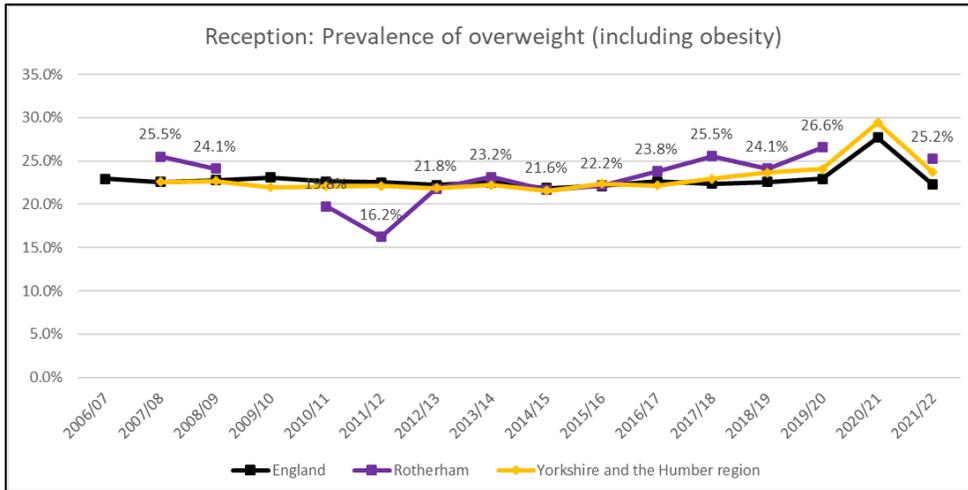

Figure 17: Reception: Prevalence of overweight (including obesity) NCMP prevalence data – source: OHID Fingertips

Figure 18: Prevalence of overweight (including obesity) NCMP prevalence data – source: OHID Fingertips

Post lockdown, we saw an increase in self-referrals for weight management services in early 2022, but it is too early to tell whether this will translate into any long-term health improvement in Rotherham.

Year 6 (10-11 years) overweight and obesity prevalence has shown an upward trend for several years and is significantly higher than prevalence in reception. The data show a similar pattern through the pandemic in England and Yorkshire & Humber with a spike in prevalence in 2020/21 but settling back into the upward trend established before the pandemic (figure 18). That upward trend continues to be of concern, and further data is needed to understand if the pandemic has accelerated the rise.
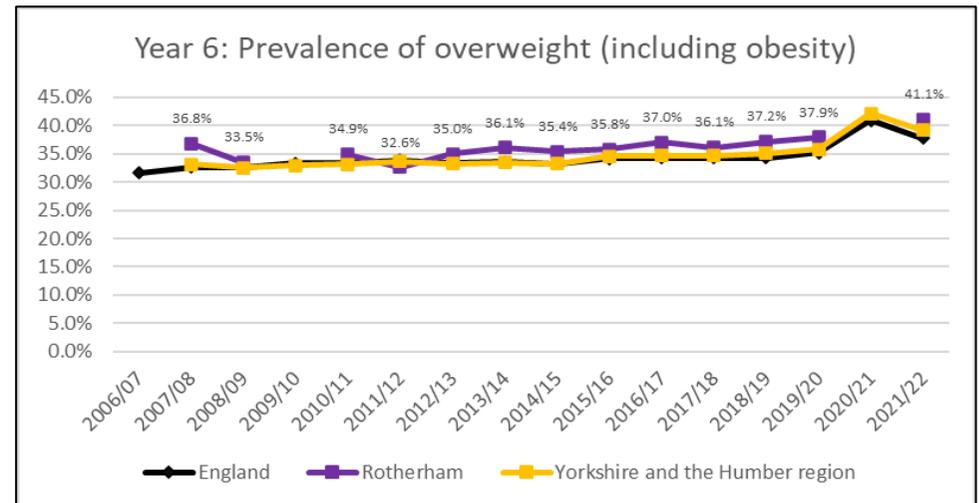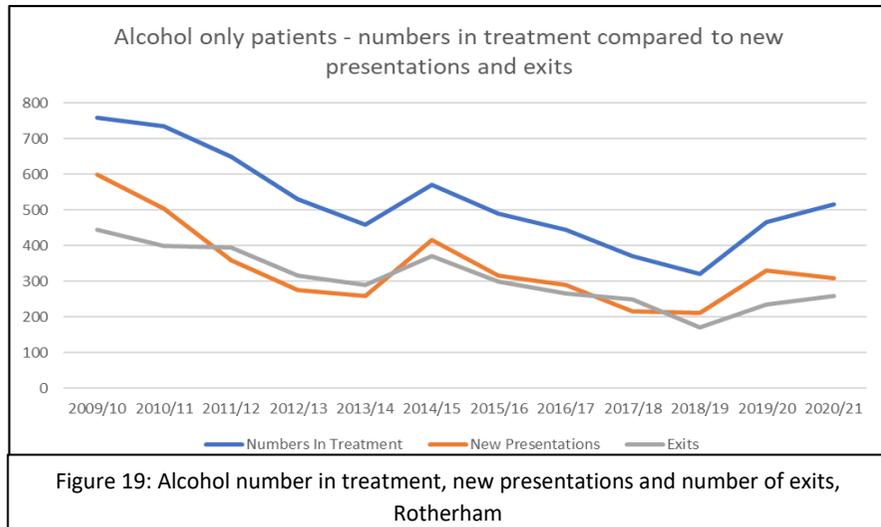
Alcohol Use[12]

Rotherham saw a significant increase in new presentations for alcohol treatment during 2019/20 prior to the pandemic after a number of years of a declining trend. During 2020/21 this fell slightly. It is hard to interpret the causes for this rise and fall or whether there has been an impact from the pandemic. Longer term data is required. Factoring in presentations for alcohol and non-opiate treatment, cases only rose slightly, with 10 more presentations than the previous year, but alcohol patients as a proportion of all patients remained static.
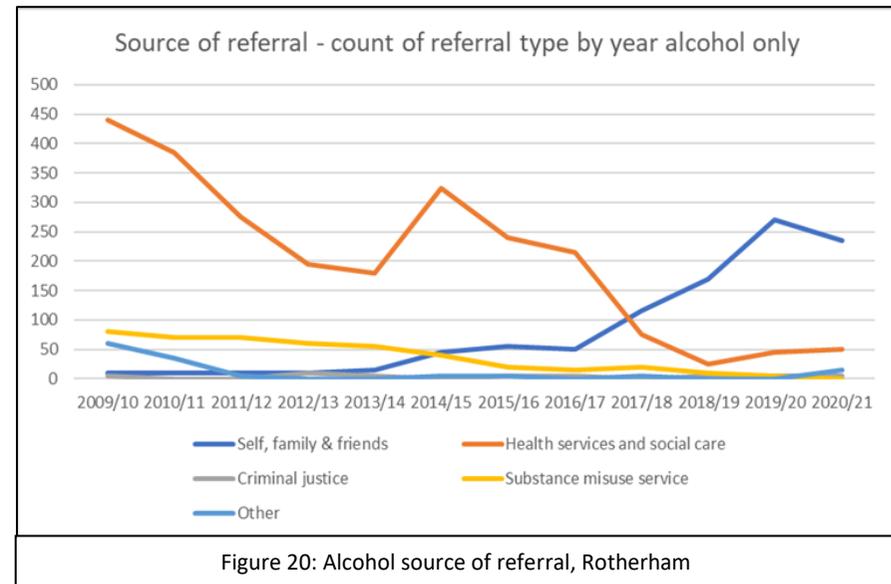
In 2019/20, the service saw a significant increase in the number and proportion of adults in treatment for alcohol, rising to 27% of all adults in treatment which is comparable to the figures for England. The service maintained this proportion into 2020/21 (table 4). This is down to a reticence to discharge people from service during the pandemic due to the increased stress and higher support needs during that time.

For alcohol only patients, the total number in treatment continued an upward trend into 2020/21. Despite new presentations dropping from 330 in 2019/20 to 310 in 2020/21, treatment exits have not kept pace (figure 19). This issue began in 2018/19 however so there may be factors other than the pandemic involved.

Alcohol referrals by self, family and friends peaked in 2019/20 with 83% of referrals made this way, dropping to 77% in 2020/21, representing 35 fewer referrals with small increases from health and 'other' (figure 20). Data from the Wider Impacts of COVID-19 on Health (WICH) monitoring tool[13] indicates that around half of people surveyed did not seek medical advice during all stages of Covid-19 restrictions, while self-referrals for alcohol treatment did not drop that dramatically, some people may have avoided treatment.

Figure 19: Alcohol number in treatment, new presentations and number of exits, Rotherham

Figure 20: Alcohol source of referral, Rotherham

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[12] Alcohol and substance misuse data obtained from NDTMS - NDTMS - Home

[13] Wider Impacts of COVID-19 (phe.gov.uk)

Rotherham

Substance Category	2009/10 (%)	2010/11 (%)	2011/12 (%)	2012/13 (%)	2013/14 (%)	2014/15 (%)	2015/16 (%)	2016/17 (%)	2017/18 (%)	2018/19 (%)	2019/20 (%)	2020/21 (%)
Opiate	55	55	57	61	63	60	63	64	65	68	59	57
Non-opiate only	7	7	7	8	9	5	4	4	7	7	9	9
Alcohol only	33	32	31	28	25	30	28	27	24	21	27	27
Non-opiate & alcohol	5	6	5	2	2	5	5	5	4	4	5	7

Table 4: Proportion of adults in treatment by substance category in Rotherham (source: NDTMS)

While no definitive indicator for alcohol use exists, Rotherham does perform significantly worse than England for alcohol-related and alcohol-specific hospital admissions.

While the numbers of patients reported as unemployed/economically inactive has been on an upward trend since 2017/18, presentations for alcohol treatment did not follow this pattern.

Patients classed as unemployed/economically inactive and in regular employment had been on an upward trend since 2018/19, with both overtaking long term sick/disabled. In 2019/20, people in regular employment made up the largest share (42%) of alcohol patients before falling sharply in 2020/21.

Opiate use[12]

There has been a steady growth of patients in treatment for opiate use for several years which has continued through the pandemic. New presentations had been climbing moderately for several years but levelled off in 2020/21. Despite this, numbers in treatment have grown as exits have been declining and for similar reasons to alcohol treatment exits were greatly reduced during the pandemic.

Similar to alcohol patients, this drop in exits began prior to the pandemic so it is important to disentangle factors which may be causing this from difficulties in delivering services due to Covid-19 restrictions.

Opiate users drop-out rate reduced to 33% (55) continuing a downward trend from 44% (95) in 2018/19. Successful completions saw a sharp decline to 15% (25) from 23% (45) the previous year, custody transfers increased to 21% (35) from 13% (25). Overall, opiate treatment exits dropped from 195 in 2019/20 to 165 in 2020/21, a reduction of around 15%, this is compared to a reduction in exits of 2.5% for all substances. This decline in exits is entirely attributable to patients in treatment over 1 year.

There were small increases to the proportions of patients in longer-term bands compared to newer patients (under one year), which is unsurprising given the drop in patients exiting the service, but it is not possible to establish why that is the case and how much of that is down to the pandemic.

2020/21 saw no major changes to how patients were treated, there was an existing trend in greater numbers and a higher proportion of patients being treated in the community which continued during the pandemic with no

notable changes in the type of treatment received; psychosocial treatments were still received by a high proportion of patients in 2020/21.
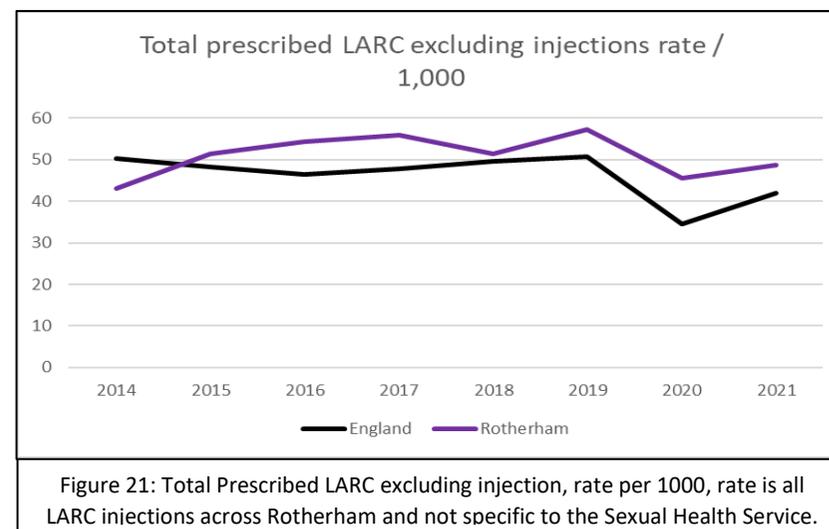
Referral by self, family or friends is how most patients come into the service, this has been on an upward trend since 2017/18, peaking at 75% (565) of presentations in 2019/20. In 2020/21, this proportion dropped to 72% (560), with small increases in referrals from health services and 'other' changing the proportions slightly. In terms of actual numbers, this means five or fewer referrals through this channel due to rounding so a roughly stable number with a small increase in referrals from other avenues.

Sexual health

Sexual Health services in Rotherham were classified as an essential service during the pandemic, meaning that staff were not re-deployed elsewhere, and the majority of services continued to be offered, although there was a move to on-line and remote provision where possible. The move to digital services and the retention of staff during the pandemic allowed the sexual health service to continue to operate in Rotherham. This contrasts to some other areas where Sexual Health staff were re-deployed and certain services ceased to operate for some time.

Testing, treatment and one-to-one talking appointments all moved to virtual services, and a strong digital service now works alongside in-person appointments. Postal testing for STIs worked, although remote treatment was difficult. Contraceptive services, specifically LARC, were hampered by a lack of in-person appointments. The total prescribed LARC rate fell during the pandemic and has since increased between 2020 and 2021 but not back to pre-pandemic levels (figure 21)[14]. This is in-line with the trend across England.

Syphilis diagnosis rates show no significant change when comparing 2021 to recent trends, but did have a significant drop in 2020, likely due to under use of services. In contrast other measures, including all STI diagnoses in under 25's have been on a downward trend (figure 22 and 23) which seems to be continuing post-pandemic[14].

Figure 21: Total Prescribed LARC excluding injection, rate per 1000, rate is all LARC injections across Rotherham and not specific to the Sexual Health Service.

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[14] Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk)
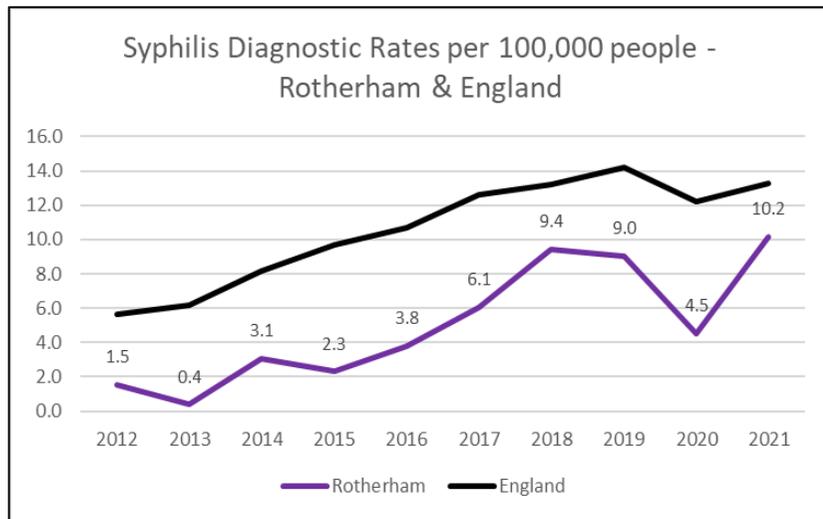
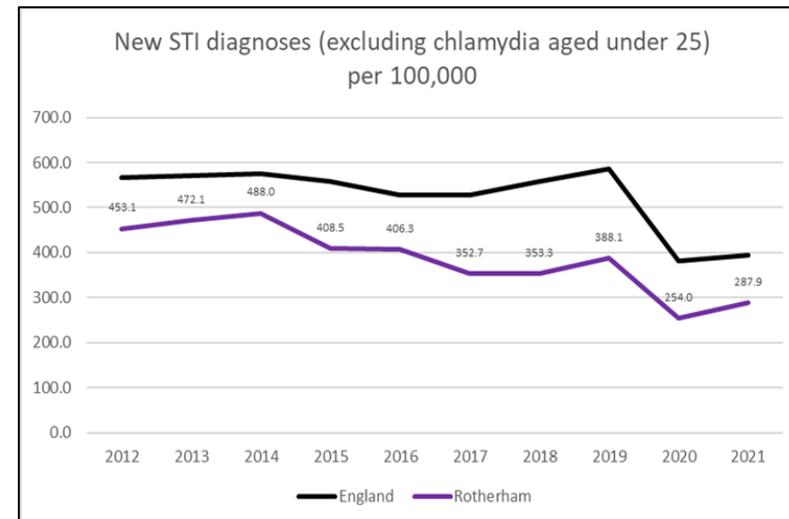Figure 22: Syphilis diagnostic rate per 100,000, Rotherham and England, 2012 to 2021.

Figure 23: New STI diagnosis per 100,000, Rotherham and England, 2012 to 2021.

5. The impact of the pandemic on people

The impact of the pandemic on people

People's experiences varied widely but it's clear there were negative effects on the lives of Rotherham residents. This section covers access to services, a move to a 'digital approach', guidance and media, and overall reflections.

Access to services

Respondents in the focus groups described a range of experiences in terms of access to a range of services meeting the needs of the vulnerable and those experiencing support needs or loss.

Domestic abuse community groups noted higher referrals and increased demand during the pandemic which resulted on increased pressure to staff but subsequently increased numbers for women supported into safe houses and refuges.

"In terms of our referral statistics and in terms of our service-users, we know that the violence has increased, so we had three times as more referrals, um so we know that the demand was there and that there was an increase in violence during the lockdowns." [Domestic abuse service]

There was clear upset experienced by those who could not access funeral services as people were denied the opportunity to get closure:

"One individual lost 3 friends during and doesn't feel like she has closure yet" [support worker].

Those pregnant, or partners of those who were pregnant, also experienced challenging times during the pandemic as partners weren't allowed into scans, and some women experienced sad news alone:

"[Partner] wasn't allowed to come and felt a little bit separate".

While the cost-of-living rises are not solely linked to the pandemic, focus group members expressed concerns around the cost of living and a worry about how people will survive with increased costs and a remaining strain on food banks:

"It's the crisis in itself you know with all the cost of living".

Digital

Most groups reflected on the shift to a digital, technology first approach with sub-themes around schooling and accessing teaching online, the use, or limited use, of internet, the shift to downloadable and installed technology and the associated difficulties, and how work changed.

For technology, such as downloadable apps, it was reflected that this wasn't easy for most, as *"not everybody's techy"*, and there was clear dissatisfaction with the only option being online systems. The Rotherham Health App was one of these examples.

"Don't actually know how to access services online"

"Needs to reapply for benefits but a lot of support is online"

It was also clear that there was a self-noted gap in technical skills for certain groups of people:

"In terms of contacting service users, they didn't have the IT skills, in terms of clicking the zoom link, putting the passcode in." [carer].

However, it was noted that online forums, and the online library offer even when they were closed, helped with sharing this information, and providing support to those struggling.

"Library offer, so be it online, but it went really, really well, when libraries were shut."

The sense of relief when people could start meeting again was clear in the responses, demonstrating a clear need for human interaction again as opposed to video calls:

"We really found that people were desperate to have that socialisation and come back in and you know whilst they had been isolated for such a long period of time and they just wanted that human interaction again".

This was due to people having a requirement to see others, but also there were comments on how *"people on the phone don't always have the empathy"* required when accessing support. It was also mentioned that there is a limit as to how much screen time people actually wanted or needed:

"A lot of screen time, TV, binging on series, Netflix.".

There was a clear understanding of development for IT systems in a workplace, and many described the shift of IT systems and technology as challenging at the start, but definite positive development throughout the pandemic.

Guidance and media

Reflections around guidance around lockdown, and the influence of the media, were split categorised around communication methods, the influence of others following guidance, mask wearing, and unclear communication.

Most groups reflected that the guidance was incredibly unclear and that they *"didn't really know what to do"* and that people worried about breaking the rules, but these weren't clear enough to confirm if they were being adhered to.

There were clear frustrations and upset with the government, ranging from an unknown timeframe of what people should expect and complication, through to anger, fear and upset:

"The government could lead by example".

From the group of carers, and people in receipt of care, there was upset around PPE from government mandates:

"Feels anger over many aspects of the pandemic including PPE contracts and shortages" [carer].

There were clear feelings towards the media and how people were frustrated at how the media escalated things:

"The media actually escalated it a lot you know with the being worried and kind of um telling us about the dangers of things, so they made us overthink about things".

It was also clear that there could be amendments to make the messaging easier to understand in the future:

"The wording is not too complex and then in different languages, that would help" [interpreter].

Some mask wearing continued past when these became optional, and some users reflected that they still wore masks sometimes.

"I don't wear the mask as much as I did back then"

Largely the guidance around mask wearing was comparatively easier to understand, but the guidance around socialising and leaving the house was more unclear.

Language

There were multiple reflections on how difficult the pandemic was for those with English as a second language with difficulties accessing services and communicating with the 'outside' world during times of lockdown. Reflections around this emphasised the requirement for communication messages to be in plain English and aimed at a child's age and pitched in a way that people can identify with.

"[Name] was just saying that um having English as a second language is quite difficult for her, because it's all well and good picking the phone up, but sort of thinking, how am I gunna put my views across?"
[Interpreter]

"It's difficult for them to communicate with the outside world. So it was difficult for them to actually try and get help for themselves."
[Interpreter]

Overall

Lasting impacts of the pandemic still exist for some people and at a time when society has moved on overall, there are still some people who are afraid to go out of the house and are living with persistent anxiety:

"I try and sort of zigzag people like in the public, like if I'm coming near a person I try and move for them"

"There is still some anxiety there. There's still some anger as well"

Focus group members also reflected on how the lockdown and a lack of going out led to reduced physical activity post-lockdown due to the impact of shielding:

"As time went on, people started to kind of feel a longer impact...started feeling a little impact on their physical. Deconditioning is kind of what we call it. They've lost strength in their legs. They wanted to go to the supermarket after six months of not going but didn't feel confident to walk to the supermarket." [member of forum]

"Not being active for a long time"

"When you're older it takes longer [to bounce back physically] and you may not never actually get back to the way we were"

In addition to anxiety and a fear of being in contact with others, some people were still displaying exaggerated tendencies that were as a result of the pandemic:

"Exaggerated tendencies, example of cleanliness...obsessive about using hand sanitisers"

The carers support group also reflected on how their parent's behaviour had changed due to being isolated in lockdown and that people still viewed themselves as vulnerable:

"Dad is still wary about going out"

Overall feelings around the pandemic varied but were predominantly negative reflections. Although a time of great need, there were working relationships and community support that people valued to cope through the continually changing landscape, and although a strange time, some reflected as it being:

"Definitely a balance of best of times and worst of times"

Recommendations

1. The pandemic highlighted the complexities of care and the need for understanding impacts across the system. It is recommended that the population health management operational group work to develop further understanding of health and social care demand and service access underpinned by data sharing agreements and mechanisms for reporting.

2. The pandemic continues to have impact across sectors. Partners should continue to monitor areas of concern and post pandemic trends particularly to develop an understanding of areas not included within the scope of this report.

3. Engagement responses demonstrate the complexity of pandemic guidance and communication challenges throughout. For future major incidents, partners should recognise the importance of good communications nationally, regionally, and locally, and the need for community engagement to support understanding, adherence, and the ability to engage with the changes to pathways and services.

4. The pandemic had a significant impact on local economies which have created recruitment concerns in key roles such as the social care sector. Partners need to develop recruitment and career pathways within these key sectors that are attractive within the post pandemic economy.

5. Partners should recognise the continued anxiety felt by certain cohorts within the population. This creates a barrier to community participation which risks detriment to physical and mental health. There is a need to support people to overcome this to regain the confidence to interact normally and achieve full integration with society.

6. Partners should recognise the benefits of digital and online communication and access to services that have been noted by respondents, but also the barriers that exist for some to the digital world. It is important as digital first approaches are rolled out that those excluded by this are considered and are able to maintain access.

7. Work remains to recover the pre-pandemic position for a number of services and outcomes. It is important that services monitor this recovery and consider the impact on health inequalities and inequalities in access as they do so. Outcomes of concern that will have a long-term effect on individuals and within the borough include Alcohol and Drug treatment completions, Long-Acting Reversible Contraception (LARC) prescribing rates, smoking rates, obesity rates, immunisation, and cancer screening rates.

8. Providers should note the economic impacts of the pandemic and the post pandemic rises in the cost of living and consider how to mitigate poverty locally both through the provision of poverty friendly services, and in terms of organisational delivery of social value through support for the local economy and to local employment.

Progress update on previous report recommendations

Recommendation	Progress update
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.	Work has continued to maximise coronavirus vaccine take up. Vaccines have effectively reduced the impact of infections on hospitalisations and deaths and in Rotherham during the autumn booster vaccine campaign, more than 78,000 people aged 50 years and over have received a booster by 6 March 2023, equivalent to 70.2% of the population. A Health Protection Assurance Report for Rotherham Metropolitan Borough Council has been finalised detailing assurance arrangements and prevention and control of infectious diseases, such as for coronavirus.
Access to health and social care - Restore equitable access to quality health & social services	There has been effective working during difficult times during the pandemic with services resuming. Primary care has seen increased GP appointments following a decline during the pandemic, and a shift to maximise benefits of virtual access such as telephone appointments. Services such as NHS Health checks have been resumed and to ensure equitable catch up are being focused on reducing the gap between the most deprived 20% of the population and elsewhere.
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.	Rotherham Health and Wellbeing Board have refreshed their loneliness action plan informed by a call for evidence from stakeholders and a dedicated meeting of the Better Mental Health for All group. Partners of the Better Mental Health for All group have been working on actions to promote mental health and wellbeing across the life course, for example activity during mental health awareness week. The OHID Better Mental Health projects in Rotherham were delivered from July 2021 to May 2022 and have been evaluated and showed outcomes across all three settings.

Physical Health - Promote good physical health across the Borough with a particular focus on reducing health inequalities that have been exacerbated by the pandemic.	A new borough-wide partnership has been created, the Rotherham Food Network, to bring together actions on a wide breadth of food-related work. This network has been successful in achieving membership of Sustainable Food Places. The Moving Rotherham Board has been relaunched with 2 underpinning subgroups and a new action plan to specifically tackle the opportunities to increase physical activity through health and the wider environment. A variety of funded projects with community groups have supported the embedding of physical activity into areas with lower rates of physical activity. A new multi-agency Tobacco Control Steering Group has developed an action plan to ensure a robust approach to tackling smoking prevalence. Drink coach has been commissioned to support wider alcohol interventions.
Education - Work to support schools with the recovery of lost education	Disadvantaged groups have been supported to recover from the disproportionate effects of lost education. The attendance rate since week commencing 12 September 2022-May 2023 for Primary and Secondary schools in Rotherham is 93.5% and 90.6% respectively.
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	A prevention and health inequalities strategy has been developed and implemented with partner commitment and with a focus on the role of the health and social care system in the prevention and health inequalities agenda. There has been further understanding of Rotherham's communities and this includes an interactive 'prevention and health inequalities' dashboard which details Rotherham's most deprived communities which is hosted on the Joint Strategic Needs Assessment.
Economic recovery	There has been a continuation of monitoring and understanding changes to Rotherham's economy to build an inclusive economy for Rotherham and the Council has established an Inclusive Economy workstream as part of the One Council Big Hearts Big Changes programme.