

**Committee Name and Date of Committee Meeting**

Health Select Commission – 14 May 2026

**Report Title**

Menopause Review

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

No, but it has been included on the Forward Plan

**Executive Director Approving Submission of the Report**

Chris Paddock, Interim Director of Policy Strategy and Engagement

**Report Author(s)**

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**Ward(s) Affected**

Borough-Wide

**Report Summary**

This report summarises the findings and recommendations of the Health Select Commission Spotlight Review into the Menopause. According to the NHS website 'Perimenopause is when you have symptoms of menopause but your periods have not stopped. Perimenopause ends and you reach menopause when you have not had a period for 12 months'.

Originally, this piece of work was progressed as a Health Select Commission Workshop arising from its 2025/26 work programme, however, immediately following completion of the workshop it became clear that the quality and engagement in the workshop was such that it was clear that there was a strong desire from all participants to see progress made in relation to the recommendations developed during the session. As such, through subsequent consideration by the Health Select Commission Chair in conjunction with the Governance Manager and Head of Democratic Services, it was agreed that it was appropriate to re-frame the work undertaken as a Spotlight Review in order to deliver the progress and impact sought by those who participated.

This report sets out the evidence heard during the Spotlight Review, reflecting the experiences of Rotherham residents and the current system infrastructure surrounding Menopause advice, guidance and treatment options available within the borough and the recommendations made arising from that work.

## **Recommendations**

That the Health Select Commission endorse the following recommendations:

1. Public Awareness and Information, Including Engaging Men and Young People
  - a) That the Council seeks to improve public awareness of perimenopause and menopause through:
    - i) The establishment of a single, well-promoted online menopause resource on the RotherHive or another appropriate online medium, supported by printed information that can be accessed via relevant community settings accessible to the digitally excluded.
    - ii) That bespoke targeted content aimed at men, young people and employers is included in that resource to ensure a holistic and borough wide approach to raising awareness.
    - iii) That the Council works with education providers including schools and colleges to ensure that young people receive age appropriate advice and guidance regarding the effects of the menopause and how to seek support if they or their loved ones are affected.
  
- 2) Primary Care Improvement
  - a) That the Council seeks to support Primary Care Improvement in relation to perimenopause and menopause through:
    - i) Encouraging the adoption of a 'Menopause Champion' in every GP Practice in Rotherham, and sharing information regarding GPs Menopause Champions once achieved.
    - ii) Encouraging, via the 'Menopause Champion' GP network and in conjunction with the NHS Healthcare in the Community Agenda, Development of the Town Centre Health Hub and through collaborative work with TRFT, RDaSH and South Yorkshire ICB, the establishment of a clear and consistent menopause pathway, including consistent assessment tools and referral guidance.
    - iii) Encouraging, through the 'Menopause Champion' GP network and collaborative work with TRFT, RDaSH and South Yorkshire ICB, the expansion of GP and practice staff training through Protected Learning Time and online modules to further support service delivery, consistency and capability to provide perimenopause and menopause care in Primary Care settings.
  
- 3) Mental Health Support
  - a) That the Council seeks to improve Mental Health Support during perimenopause and menopause by:
    - i) Encouraging health partners, including GPs to embed menopause screening questions within Talking Therapies and other mental health pathways.

- ii) Increase the visibility of mental health support options within all menopause information, advice and guidance materials.
- 4) Community Support and Engagement
- a) That the Council seeks to improve Community Support and Engagement during perimenopause and menopause by:
    - i) Working with relevant Council Services, Health Partners and the Voluntary and Community Sector to expand menopause cafés and community information sessions across more venues.
    - ii) Working with relevant Council Services, Health Partners and the Voluntary and Community Sector to further develop outreach support to minority ethnic communities, faith groups and groups with language barriers.
- 5) Workplace Health
- a) That the Council seeks to improve Workplace Health in the context of perimenopause and menopause by:
    - i) Producing and promoting a bespoke 'Rotherham Menopause Workplace Toolkit' setting out best practice, reasonable adjustments and support options for adoption by the Council and which can in be shared with employers across the borough to support 'menopause positivity', creating space for open conversations and contributing to reducing the number of women affected by perimenopause and menopause who leave the workforce.
    - ii) Promoting workplace 'Menopause Champions' in local organisations and businesses, starting with RMBC as an exemplar employer
- 6) System Leadership
- a) That the Council seeks to improve System Leadership in the context of perimenopause and menopause by:
    - i) Utilising the connectivity of the Rotherham Women's Health Network to support the drive for better perimenopause and menopause awareness and care across the borough.
    - ii) Inviting partners who work with the Council as part of the Health and Wellbeing Board and Safer Rotherham partners, who comprise of some of the borough's largest employers, to adopt workplace 'Menopause Champions' and to support a broader agenda of working towards making Rotherham a 'Menopause Friendly Borough'.
    - iii) Developing a shared multi-agency action plan with measurable outcomes in support of that aim, including considering inclusion of improvements in menopause information, advice and support in the Council's Health and Wellbeing Strategy.

- iv) Working with relevant Council Services, Health Partners and the Voluntary and Community Sector to explore opportunities to secure sustainable long-term funding for menopause initiatives across Rotherham Place.

### **List of Appendices Included**

None

### **Background Papers**

[BBC News article outlining the inclusion of Menopause questions in NHS Health Checks](#)

[Department of Health and Social Care, Baroness Merron and Rt Hon MP Wes Streeting Press Release](#)

[Women's Health Concern - A Woman's Relationship with the Menopause Infographic](#)

[Women's Health Concern - Menopause National Survey Results Infographic](#)

[Women's Health Concern - Understanding the Risks of Breast Cancer Infographic](#)

[Women's Health Concern - Emotional Wellness in Menopause](#)

[British Menopause Society - What is the Menopause Fact Sheet](#)

[British Menopause Society - Menopause Practice Standards Fact Sheet](#)

[British Menopause Society - Menopause identification and management: from NICE guidelines to practice](#)

[British Menopause Society - Top Ten Tips](#)

[British Menopause Society HRT Guide](#)

[British Menopause Society - HRT and Breast Cancer Risks Fast Facts](#)

[British Menopause Society - CBT for Menopausal Symptoms](#)

[British Menopause Society - Managing Sleep Disturbances](#)

[British Menopause Society - Nutrition and Weight Gain Top Ten Tips](#)

[British Menopause Society - Menopause in Ethnic Minority Women](#)

[British Menopause Society - Menopause and the Workplace Guidance](#)

[Menopause Support - Understanding Menopause Essential Guide](#)

[Healthwatch Rotherham - Menopause Report](#)

[South Asian Women's Experience of Menopause Report](#)

[Rotherham United Community Trust Health and Wellbeing Guide \(Including Menopause Support Fitness and Chat Sessions\)](#)

[RDaSH Talking Therapies – Rotherham's Menopause Support Offer Presentation](#)

[Official Census and Labour Market Statistics for Rotherham](#)

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

None.

### **Council Approval Required**

No.

### **Exempt from the Press and Public**

No

## Menopause Review

### 1. Background

- 1.1 The Health Select Commission convened a multi-agency menopause Workshop to explore the lived experience of Rotherham residents, to understand challenges within current service pathways, and identify opportunities to strengthen support across health, community and workplace settings.
- 1.2 The session brought together GPs and Clinicians, the Council's Public Health, Adult Commissioning and Libraries Services, Healthwatch Rotherham and Voluntary and Community Sector providers such as Rotherham United Community Trust with Elected Members representing the Health Select Commission. Discussions revealed some consistent themes, identified some areas of strength and others where more could be done to support Rotherham's residents through their experience of the Menopause.
- 1.3 During those discussions, Members and participants were encouraged to keep three key questions in mind:
  - Did evidence and experiences presented reflect sufficient awareness and understanding of perimenopause and menopause issues across the borough?
  - Were Rotherham's pathways and services truly aligned with the level of need around perimenopause and menopause?
  - Crucially, where were the gaps. What areas of need in relation to perimenopause and menopause were not yet addressed or supported as effectively as necessary?
- 1.4 The recommendations produced during the session have direct links to the Council Plan 2025-2030 in the context of the 'Residents Live Well', 'Children and Young People Achieve' and 'An Economy That Works For Everyone' Strategic Outcomes, which in conjunction with participants' expressed wishes and expectations, led to the ultimate determination to re-frame the Workshop as a Spotlight Review and prepare this report to formalise those recommendations.

### 2. Key Issues

- 2.1 In terms of the Spotlight Review's alignment with the Council Plan, it was felt that there was the potential for the findings to directly and/or indirectly impact three Strategic Outcomes as follows:
  - 2.1.1 Residents Live Well:

The Council Plan reflects that 'Improving the health of Rotherham residents is a key priority. Our new Health and Wellbeing Strategy 2025-2030, provides the framework for wide-ranging action, with local partners, to enable Rotherham people to live happy, healthy, independent lives within

thriving communities, regardless of their background or circumstances' and that 'We will also support people to maintain and improve their physical and mental health'. Members recognised that the effects of Menopause posed significant physical and mental health challenges for Rotherham people and improved advice, guidance, support and treatment for those affected in the Borough would positively contribute to the achievement of the Council's stated aims in relation to this Strategic Outcome.

### 2.1.2 Children and Young People Achieve:

The Council Plan states that 'In Rotherham, we want our children and young people to start well, grow with support, and feel safe and heard. We aim to create a place where they can dream big, knowing that no matter their background or challenges, they have the opportunity to achieve their aspirations and reach their full potential. Providing stability, skills and opportunity for our children and young people will inevitably benefit Rotherham as a whole. By ensuring our young people have the best possible start in life, by empowering them and enabling them to flourish, we can make them feel like they have a stake in our town and encourage them to be part of its successful future'. Members recognised that often, young people experienced disruptions in family dynamics and the stability and consistency of their home environment attributable, at least in part, to the impact of Menopause on their loved ones, which had the potential to adversely affect their own mental health and wellbeing, their academic performance and in turn their long-term aspirations and quality of life. Better understanding of and response to those experiencing perimenopause and menopause had the potential to minimise or mitigate those potential adverse impacts.

### 2.1.3 An Economy That Works for Everyone:

The Council plan refers to 'equipping people with the core skills that provide the bedrock for securing employment, as well as offering holistic support to overcome any barriers that are preventing them from finding and maintaining Employment' and Members recognised that experiencing Menopause, or the wider familial impacts of the Menopause, could significantly increase barriers to securing or maintaining employment. Work on this area could support the achievement of one of the long term measures of success for this Strategic Outcome, 'An increase in the proportion of the working age population who are in work (or actively looking for work) in Rotherham'.

## 2.2 **Review Methodology**

2.2.1 A working group was convened which included the following Health Select Commission Members:

- Councillor Keenan (Chair)
- Councillor Clarke
- Councillor Thorp
- Councillor Duncan

- Councillor Brent
- Councillor Garnett
- Councillor Harper

2.2.2 A number of Council Officers, Health Partners and other relevant Voluntary and Community Sector (VCS) organisations were also invited to participate, with representation during the session from:

- Amanda Smith, Libraries and Neighbourhood Hubs Team Leader, RMBC
- Colin Ellis, Public Health Practitioner. RMBC
- Ruth Fletcher-Brown, Public Health Specialist, RMBC
- Dr Linda Strettle, GP Partner, The Village Surgery
- Andrea McCann, Community Project Officer, Rotherham Healthwatch
- Kym Gleeson, Manger, Healthwatch Rotherham
- Jodie Goodall, Health and Wellbeing Manager, Rotherham United Community Trust (RUCT)
- Radhika Gosakan, Consultant Obstetrician and Gynaecologist, The Rotherham NHS Foundation Trust (TRFT)
- Jemma Hall, Communications and Engagement Officer, Rotherham, Doncaster and South Humber NHS Trust (RDaSH) Talking Therapies

Unfortunately, the ICB were unable to send representation to participate in the session on this occasion, as were the Women's Health Network.

2.2.3 Evidence gathering, round-table discussions and the development of agreed recommendations was undertaken during a three hour, in person session conducted under a workshop format.

## 2.3 Discussion themes and key insights

2.3.1 Discussions centred around the following themes:

### 2.4 Public Awareness and Information, Including Engaging Men and Young People:

2.4.1 Members benefited from a professional explanation and technical definition of perimenopause and menopause, including the varied presentation of symptoms experienced by women at different stages of their menopause journey, and noted that research reflected that 70-80% of women experienced some menopause symptoms, with as many as 25% of women experiencing severe symptoms that had significant adverse impacts on their daily lives. In the context of Rotherham's population based on 2024 Census data, that represented a number in the region of 98,000 to 113,000 women expected to experience some menopause symptoms, and up to 35,000 women expected to experience severe symptoms during their lifetime. Members felt this represented a significant health challenge.

2.4.2 They heard that women often struggled to recognise perimenopause and menopause symptoms and did not know where to seek support. Current

information was fragmented, lengthy, or too clinical in nature to be easily understood and translated into tangible actions that could be taken by affected individuals. Many were unaware of what constituted a menopause-related symptom, leading to fear, misattribution and delayed help being sought.

2.4.3 Members were advised about the role of Oestrogen and Progesterone in perimenopause and menopause, and given information in relation to the various types of HRT (Hormone Replacement Therapy) available to treat symptoms. Information was also shared regarding the risks of HRT including the risk of cancer, balanced against other behaviours such as the effect of diet, exercise, alcohol consumption and smoking on cancer risks. Members noted that whilst there had at one time been reticence in some quarters around HRT due to perceived risks, there had been increased uptake following a highly publicised TV documentary which challenged perceptions. Members noted the role of providing access to reliable and accurate information at scale in driving societal behavioural change.

2.4.4 RMBC Libraries, Healthwatch Rotherham and Rotherham United Community Trust (RUCT) were already providing well-attended menopause cafés and information sessions. However, it was acknowledged that:

- Coverage remained uneven across the borough.
- Sessions were not as widely publicised as they could be.
- Many women, especially those not engaged with healthcare services, were not aware that support existed.

2.4.5 Participants stressed the importance of peer support, particularly for those who felt isolated or misunderstood, as an effective tool for lessening the wider impacts of menopause symptoms.

2.4.6 Members were made aware of a report produce by South Yorkshire ICB (Integrated Care Board) in 2023 concerning Women's Health, including menopause, arising from the 2022 National Strategy for Women's health which reflected the following experiences of Rotherham women during perimenopause and menopause including women:

- Avoiding going out.
- Carrying spare clothing.
- Feeling disregarded by family members in terms of the symptoms they were experiencing.
- Feeling unsure of where to get help for anxiety and depression.
- Feeling the need to leave work as a result of the impact of symptoms.
- Being unwilling to admit to being perimenopausal or menopausal due to societal expectations and perceptions.
- Wanting greater awareness, advice, guidance and support to reduce embarrassment and stigma and to encourage more open conversations about perimenopause and menopause.

- 2.4.7 Members heard that perimenopause and menopause experienced women described a lack of understanding and awareness amongst partners and their children, which raised the potential of contributing to escalating family tensions and mental health pressures for both them and their loved ones. It was noted that in some cases, changes during menopause had driven or contributed to the failure of relationships and the breakdown of family units.
- 2.4.8 Members also considered the natural timeline of perimenopause and menopause often coinciding with women experiencing increased demands being placed upon them. In particular, it was noted that in England and Wales in 2024, the average age of mothers at childbirth was 31.0 years (Office for National Statistics Data) meaning that the pattern of parents increasingly having families later in life in turn increased the number of women experiencing perimenopause and menopause whilst also raising adolescent children addressing their own physical, hormonal and mental health challenges associated with puberty and pivotal educational milestones such as GCSEs, A-levels and University as they move toward and into adulthood.
- 2.4.9 It was likewise noted that through extended continuation of those patterns over time, increasingly many women were also simultaneously experiencing perimenopause and menopause whilst not only addressing those challenges, but whilst also seeing increased reliance from elderly relatives such as parents due to age-related general health issues and declining independence.
- 2.4.10 Members heard that the compounding nature of those competing demands and challenges exacerbated and intensified the adverse effects of perimenopause and menopause at time where the need for energy, emotional strength and personal resilience was arguably at its greatest for those women.
- 2.4.11 Members heard of the potential for the physical and mental health effects to contribute to difficulties in personal relationships, most notably within an individual's own household, and considered this in the context of the limitations to accessibility of information, support advice and guidance. Participants reflected that for many men, their first awareness or any level of understanding of the menopause is through experiencing the perimenopause stage when a woman is actively experiencing symptoms, whether as a son, partner, brother, friend, colleague or manager. It was noted that men had no personal experiences to draw on to aid their understanding and were not routinely educated in relation to the impacts of perimenopause and menopause and how to best respond to and support women around them experiencing symptoms, which affected their ability to do so. Members heard that within both personal and professional relationships, this was further compounded by reluctance to openly discuss highly sensitive and personal issues connected to Women's Health for fear of embarrassment or insensitivity, or responding inappropriately due to lack of experience, awareness or understanding. It was likewise noted that women who were not perimenopause or menopause experienced, predominantly those in younger age groups, were in that same position.

2.4.12 Members and participants agreed that there was merit in increasing awareness and understanding of perimenopause and menopause amongst the following groups, with the intention of reducing stigma and achieving improved family dynamics:

- Men (partners, carers, family members).
- Younger people including secondary school-age children.
- Employers.

2.4.13 Both Members and other participants emphasised the need for:

- Concise, clear and plain-English guidance.
- Clear symptom explanations.
- Simple instructions on what to discuss with a GP.
- Improved visibility of resources, support, advice and guidance in community settings.

2.4.14 They noted that this would not only be likely to deliver health and wellbeing benefits for those experiencing perimenopause and menopause, but also to those with whom they lived and their dependants by contributing to:

- Maintaining emotional stability in the home environment and family unit by increasing awareness and understanding.
- Supporting young people to achieve their full potential, particularly during key developmental and educational milestones, by supporting emotional health, wellbeing and stability within the home environment.

2.4.15 Similarly, they considered that this would also support maintaining financial stability and a thriving local economy by contributing to:

- Supporting financial stability through maintaining an environment in which women were supported to remain economically active during perimenopause and menopause.
- Creating workplace environments better prepared to respond positively to the needs of women experiencing perimenopause and menopause and increasing the proportion of the overall population that was economically active.

## 2.5 Primary Care Improvement:

2.5.1 GPs were represented in the discussion by Dr Strettle, who in addition to bringing their own opinion and professional expertise in relation to perimenopause and menopause through particular interest in Women's Health in their role as GP Partner which included teaching across Rotherham for GPs in relation hormone replacement therapy and menopause, had also gathered the views of GPs and patients across Rotherham through surveys conducted in the GP practice to provide a broader and more representative overview.

- 2.5.2 Members heard that women reported variable experiences when approaching their GP, including dismissal, lack of recognition of perimenopause, and mixed messages around treatment options. Whilst some practices had highly trained and knowledgeable clinicians, others lacked a designated lead, resulting in inequalities in care across the borough.
- 2.5.3 Participants reflected that it was encouraging to see a focus on Primary Care interventions and improvement as all too often, when individuals presented at Hospital Clinics and Secondary Care settings in relation to perimenopause and menopause issues, the depth or duration the issue or issues experienced had already caused significant harm, and broader health impacts than would have been seen if need had been identified and addressed at the earlier stage. Members welcomed that view and endorsed the importance of early stage identification and intervention to improve outcomes.
- 2.5.4 Members heard that there was a Menopause Clinic in operation at Rotherham Hospital with the ability to provide specialist advice, guidance and support to Primary Care as required and which also served as a referral point for more complex cases which could not be resolved within the Primary Care setting. A description outlining the types of complex cases that would necessitate referrals into the Menopause Clinic at the Hospital setting from Primary Care was provided. Members were also advised of the proportion of patients seen by the Menopause clinic who had sought Menopause care privately at great cost, and in some cases without having had face to face contact with a Clinician prior to prescriptions for HRT being issued, potentially exposing those with complex care needs to additional risks.
- 2.5.5 Dr Strettle shared that as part of their preparations for participation in the session, they had contacted all Rotherham GP surgeries and requested details of a GP willing to act as the menopause point of contact for their clinic. Whilst they were unable to confirm whether every practice had responded, a significant proportion had and there was therefore a defined list of GPs within the Rotherham footprint willing to lead on those issues. Members welcomed that as encouraging progress towards improved delivery and intention to achieve greater consistency in the services offered to Rotherham residents.
- 2.5.6 Discussions acknowledged pressures around Primary Care. Members were advised that as a result of financial pressures arising from squeezed funding streams and the implications of pay increases and National Insurance contributions, there was an increasing need for GP Practices to focus on delivering services that generated income such as immunisations, diabetes and blood pressure control, particularly in the context of maintaining CQC standards and meeting targets. Members were advised that there was no specific funding for perimenopause or menopause care which limited the ability to make significant progress in those areas of delivery whilst carefully managing the need to maintain financially viable GP Practices. Likewise, the role of South Yorkshire ICB in setting funding rates,

identifying regional priorities and commissioning, particularly in the context of the ongoing restructure of the organisation was considered along with the need to encourage direction of travel that supports issues identified locally.

#### 2.5.7 Discussions acknowledged that in relation to Primary Care:

- GPs wanted more structured training in relation to perimenopause and menopause.
- There was appetite to nominate suitably trained practice-level champions, despite challenges around funding, financial feasibility and competing health priorities.
- A standardised perimenopause and menopause pathway could improve consistency and address service, experience and treatment inequalities that existed across the borough.
- A Community Clinician that worked across Primary and Secondary Care to streamline service delivery and reduce waiting times from referrals would be a 'gold standard' ambition.

#### 2.6 Mental Health Support:

2.6.1 Members and other participants considered increased rates of incidence of anxiety, depression and suicidal ideation among midlife women, typically largely in the perimenopause and menopause window, and especially when racial variations relating to average onset of symptoms were taken into account.

2.6.2 Members heard that whilst clearly not all mental health issues affecting women in the relevant age ranges were attributable to perimenopause or menopause symptoms, there was clear evidence of correlation. Members hear that many women within the relevant age ranges did not recognise or consider the potential for mental ill health to be hormonally driven and potentially connected to perimenopause or menopause, including those that were indirectly driven by other menopause symptoms such as altered sleep, weight gain, loss of libido etc.

2.6.3 Members were advised that due to a lack of broad understanding around perimenopause and menopause, including the racial variations around symptom presentation and onset, GPs, Health Care Practitioners and Mental Health Professionals may not routinely ask about questions about perimenopause or menopause, and women attending their local surgeries or Talking Therapies due to mental health concerns may either not be aware of or volunteer the connection themselves.

2.6.4 Members heard about support available via Talking Therapies through RDaSH (Rotherham, Doncaster and South Humber NHS Trust).

2.6.5 Members heard that whilst male suicide rates were higher in Rotherham, a trend of increasing rates of suicide amongst women, particularly in certain age groups had been a source of concern for some time. Whilst there had been pockets of small scale regional research, in places such as Manchester and Liverpool, there had been no national research around the

drivers of suicide in women and ways in which perimenopause and perimenopause experience might contribute to deaths by suicide in women.

## 2.7 Community Support, Engagement and Outreach:

2.7.1 Members heard that menopause sessions were delivered in some Rotherham Libraries, with support and involvement from Connect Healthcare Rotherham CIC (Community Interest Company), Healthwatch Rotherham, Places Leisure and RUCT. It was also noted that support for broader community outreach had been offered and delivered by TRFT's Obstetrics and Gynaecology Department on order to provide information, advice and guidance to specific communities that were harder to engage. Members noted that the menopause café and information and chat sessions were predominantly funded by RUCT. Most sessions delivered by RUCT were free of charge, whilst some attracted a small fee in order to allow sessions to continue to be viable. Members were keen that to maintain free provision wherever possible.

2.7.2 Members were advised that TRFT had also recently established a Women's Health Network, whose aim was to drive the kind of systemic improvements that were being considered. Whilst the Women's Health Network Chair was unable to attend the session, they were keen to explore how they could support any work to improve the experiences of perimenopausal and menopausal women in Rotherham.

## 2.8 Workplace Health:

2.8.1 Members and other participants heard that women shared examples of struggling at work due to perimenopause and menopause symptoms, and of experiencing embarrassment or fear of stigma. It was noted that a proportion of perimenopause and menopause aged women left employment entirely because of poor support, whether directly in the workplace or indirectly due to insufficient advice, guidance, and practical treatment options being offered to effectively manage symptoms.

2.8.2 Participants reflected that normalising workplace conversations about perimenopause and menopause was critical to breaking down broader cultural barriers and stigma, and moving awareness and responsiveness in both professional and personal lives into a more open and comfortable space.

2.8.3 Members were advised that the Council's Public Health team had previously delivered some sessions on the menopause to Rotherham employers. It was noted that delivering training, information, advice and guidance through workplaces was an effective method of delivering information at scale and maximising reach.

2.8.4 Whilst members were advised that Public Health had delivered workplace menopause sessions, they heard that a borough-wide workplace health approach was needed, including:

- Practical adjustments guidance.
  - Employee and Manager training and ‘toolkits’.
  - Workplace champion networks.
- 2.8.5 Members heard that the Council’s Public Health Team did not have a Women’s Health Lead, but that rather different Public Health Specialists whose roles comprised various elements of Women’s Health.
- 2.8.6 Members heard that as significant employers in the region, the Local Authority and NHS infrastructures do not yet fully embody the behaviours discussions idealised around normalisation of and responsiveness to perimenopause and menopause in the workplace. Members welcomed a move towards those organisations becoming ambassadors for ‘menopause friendliness’ and embedding policies and procedures that aligned with the behaviours they wanted to see reflected across the borough as a whole under a broader ambition of being a ‘Menopause Friendly Borough’.
- 2.9 System Leadership:
- 2.9.1 The Women’s Health Network was identified as a potentially appropriate forum to co-ordinate borough-wide menopause work across Health Partners, Council Services and the Voluntary and Community Sector.
- 2.9.2 Participants reflected on the potential of ‘RotherHive’ as an online space for housing menopause, advice, guidance and resources for individuals and groups such as schools and employers under its ‘Life Stages’ area. Members welcomed the general idea of readily accessible and impactful information, resources and tools to support broader understanding and normalisation of perimenopause and menopause.
- 2.9.3 Members were advised that some Pharmacies in Rotherham were able to prescribe certain types of HRT in certain circumstances. However, what was not clear was which Pharmacies had that ability, whether there was any central record of that or if that information was shared widely with Rotherham residents whom it might benefit. Members were keen to see that information shared to address some of the systemic pressures affecting both Primary Care, and potentially partly driving the incidence of private menopause care being sought.
- 2.9.4 Members heard participants highlight that previous national funding for Women’s Health had been short-term and non-recurrent, which created challenges in long-term planning and supporting improvements in service provision. Views were shared that previous approaches to Women’s Health and in particular perimenopause and menopause could be considered tokenistic and did not generate an environment that facilitated broad cultural change or significant progress on the issue.

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

#### **3.1 Option A: Do nothing. (Not recommended)**

This option would result in no proactive changes and the maintenance of the status quo. The body of this report describes why Members felt that this would not sufficiently address the needs of Rotherham residents or contribute to the vision and Strategic Outcomes identified in the Council Plan.

#### **3.2 Option B: Support the recommendations outlined in this report. (Preferred Option)**

Members felt that tangible and sustained improvements for Rotherham residents could be achieved through the recommendations outlined within this report. They acknowledged that progress in this area was not in the Council's gift to deliver alone, and accepted that this would only be possible through effective collaboration with health partners over time. However, they were clear that there was the opportunity to realise meaningful collaborative systemic change when there was commitment to delivery of the identified recommendations. It was likewise felt that these recommendations supported multiple Strategic Outcomes described in the Council Plan.

### **4. Consultation on proposal**

4.1 Members have regard to the expressed views of their constituents in their formulation of scrutiny priorities and lines of inquiry. Recommendations from scrutiny are produced as outcomes from consultation by Members in their role as elected representatives of Rotherham residents.

4.2 In its review, the working group considered evidence from the officers and key partners. Those who participated are outlined in paragraph 2.2.2.

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

5.1 The accountability for implementing recommendations arising from this report will sit with Cabinet and relevant officers.

5.2 The Overview and Scrutiny Procedure Rules require Cabinet to consider and respond to recommendations from Overview and Scrutiny Management Board and the Select Commissions in no more two months from the date that Cabinet receives this report.

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

6.1 No financial implications arise directly from this report, although the response to the review will need to take account of any such implications arising from consideration of the scrutiny recommendations.

## 7. Legal Advice and Implications

7.1 There are no legal implications directly arising from this report.

## 8. Human Resources Advice and Implications

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

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

9.1 Implications for Children, Young People, and Vulnerable Adults are set out in the main body of the report.

## 10. Equalities and Human Rights Advice and Implications

10.1 Furthering equalities and human rights are scrutiny objectives; therefore, Members considered equalities in the development of scrutiny work programmes, lines of inquiry and in their derivation of recommendations designed to improve the delivery of council services for residents.

## 11. Implications for CO<sub>2</sub> Emissions and Climate Change

11.1 There are no climate or emissions implications directly associated with this report.

## 12. Implications for Partners

12.1 Implications for partners are set out in the main section of the report outlining the Commission's findings. Cabinet will need to consider the implications for partners in its response to the recommendations from scrutiny.

## 13. Risks and Mitigation

13.1 Members have regard to the risks and mitigation factors associated with the services under scrutiny and have made recommendations accordingly.

### Accountable Officer(s)

Emma Hill, Head of Democratic Services and Statutory Scrutiny Officer  
Kerry Grinsill-Clinton, Governance Advisor

Approvals obtained on behalf of:

	Name	Date
Service Director of Legal Services (Monitoring Officer)	Phillip Horsfield	22/04/26
The Executive Director with responsibility for this report	Chris Paddock, Interim Director of Policy, Strategy and Engagement	22/04/26

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