

Committee Name and Date of Committee Meeting

Cabinet – 08 June 2026

Report Title

Response to the Health Select Commission's Recommendations – Access to Contraception Scrutiny 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

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

Report Author(s)

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Ward(s) Affected

Borough-Wide

Report Summary

At its meeting on 21 November 2024, the Health Select Commission agreed to proceed with undertaking a scrutiny review into access to contraception in Rotherham, recognising the importance of supporting residents to make informed choices about their reproductive health. The findings of the Review were approved by the Health Select Commission on 22 January 2026, endorsed by the Overview and Scrutiny Management Board (OSMB) at its meeting on 3 February 2026 and presented to Cabinet on 16 March 2026.

This report sets out the proposed Cabinet response (detailed in Appendix 1) to the findings and recommendations from the scrutiny review of Access to Contraception in Rotherham.

Recommendations

That the proposed Cabinet response to the Health Select Commission recommendations in respect of the Access to Contraception Review, as set out in Appendix 1 of this report, be approved.

List of Appendices Included

- Appendix 1 Response to the Health Select Commissions' Recommendations –
Access to Contraception Scrutiny Review
- Appendix 2 Part A – Initial Equality Screening Assessment
- Appendix 3 Climate Impact Assessment

Background Papers

[Access to Contraception Review Report](#)

Consideration by any other Council Committee, Scrutiny or Advisory Panel

Health Select Commission – 22 January 2026

Overview and Scrutiny Management Board – 03 February 2026

Council Approval Required

No

Exempt from the Press and Public

No

Response to the Health Select Commission's Recommendations – Access to Contraception Scrutiny Review

1. Background

- 1.1 The Health Select Commission met in November 2024 to scope and prioritise potential review topics. From this, the Commission established the focus for the Access to Contraception Review, which sought to strengthen community-level access to advice, guidance and all forms of contraception, to support residents to make informed choices about their reproductive health.
- 1.2 The Review was undertaken throughout 2025, beginning with the formation of a working group to agree the evidence gathering methods and key lines of inquiry.
- 1.3 The working group included the following Health Select Commission Members:
 - Councillor Keenan (Chair)
 - Councillor Bennett-Sylvester
 - Councillor Havard
 - Councillor Fisher
 - Councillor Duncan
 - Councillor Thorp
 - Councillor Brent
 - Councillor Harper
- 1.4 Evidence was shared and submitted by experts and operational colleagues from the Council and its partners. Topics such as availability of contraception in Primary Care, barriers to access, and wider societal influences on access were discussed.
- 1.5 The resulting recommendations were approved by the Health Select Commission on 22 January 2026 and endorsed by the Overview and Scrutiny Management Board (OSMB) on 3 February 2026. The recommendations were then presented to Cabinet for consideration at its meeting on 16 March 2026.
- 1.6 This report sets out the proposed Cabinet response to the findings and recommendations from the scrutiny review.

2. Key Issues

- 2.1 The evidence presented to the Health Select Commission included reports of Rotherham residents being unable to access long-acting reversible contraception (LARC) within the borough. Recent data shows that overall, the number of LARC prescriptions in Rotherham has increased between 2016 and 2024. Within this period the types of services issuing LARC in Rotherham has changed, with more LARC being prescribed at specialist

sexual health services. Whilst evidence pertaining to LARC served as a starting point, the working group opted to expand the scope of the review to gain an overview of the current offer of all types of contraception across the borough.

- 2.2 Evidence was obtained via requesting information from GP practices, web research and reviewing briefing papers. Following this a site visit and three evidence gathering sessions with partners involved in delivering and commissioning contraception across the borough were conducted.
- 2.3 The evidence gathering was structured around five key themes within which the resulting recommendations were grouped. These are:
- 2.4 1. Commissioning and Service Delivery
 - 2.4.1 This recommendation focuses on improving equitable access to contraception across Rotherham by strengthening how and where services are delivered. It recommends that relevant Council services explore the feasibility of mobile or rotating sexual health outreach clinics, enabling access to a full range of contraception, including long-acting reversible contraception (LARC), in rural and underserved communities. In addition, it proposes integrating sexual health services within the new town centre health hub, offering flexible, reliable and discreet drop-in access. Together, these measures aim to reduce geographical and practical barriers, tackle stigma, and ensure more consistent access to contraception for residents.
 - 2.4.2 It is proposed that Cabinet accepts this recommendation, with an action for Public Health and Commissioning services to work with the current sexual health provider to review existing outreach provision and consider the feasibility of further expansion within the scope of the current Sexual Health Contract. In addition, it is proposed that relevant Council Services and partner organisations explore the feasibility of delivering sexual health services, including contraceptive advice, guidance and provision, within the new town centre health hub.
- 2.5 2. Education, Public Awareness and Messaging
 - 2.5.1 Recommendation 2 focuses on strengthening education, public awareness and communications on contraception and sexual health across Rotherham. It calls for the Council to work with partners to deliver a borough-wide, sex-positive public health campaign that promotes safe, informed and consensual sexual activity, using modern and targeted messaging to reach young people and challenge misinformation. It also encourages schools to provide consistent, comprehensive PSHE, including practical contraception education and clear information on confidentiality, alongside improved engagement with parents to support understanding of the benefits of informed sexual health choices.
 - 2.5.2 It is proposed that Cabinet partially accepts this recommendation. Specifically, it is suggested that relevant Council Services work with the Sexual Health Provider to explore opportunities to expand existing

promotional activity. This should include, but not be limited to, increased promotion of the sexual health and contraception offer across other services to support effective signposting into sexual health provision, as well as promotion through appropriate websites and social media channels. Any promotional activity should be informed by the findings of the Sexual Health Needs Assessment to enable targeted messaging and ensure alignment with the actions set out in the Sexual Health Action Plan. In addition, it is proposed that assurance is sought from all schools that comprehensive Relationships and Sex Education (RSE) is being delivered consistently across the borough, with support provided to schools where required.

2.6 3. Digital Access and Information

2.6.1 Recommendation 3 focuses on improving digital access to clear, accurate and youth-friendly contraception and sexual health information. It proposes improving Council public health webpages to make them easier to navigate and more relevant for younger audiences, with clear signposting to services, advice and guidance. It also recommends developing a single, centralised digital landing page that brings together information on sexual health, contraception and available services, enabling residents to more easily find and use the support they need.

2.6.2 It is proposed that Cabinet partially accepts this recommendation. An action is proposed to review the Rotherham Council website to ensure it effectively signposts users to reliable information on sexual health, contraception and local services. Following this review, it is suggested that the need to develop a dedicated landing page is considered.

2.7 4. Youth Access and Confidentiality

2.7.1 This recommendation focuses on improving young people's confidence in accessing contraception by strengthening understanding of confidentiality and expanding targeted outreach. It recommends raising awareness of the Fraser Guidelines and NHS App privacy settings to reassure young people that their information can be kept confidential when seeking contraception and sexual health support. It also calls for closer working with youth-focused partners, including MESMAC and other relevant services, to expand outreach, improve visibility and ensure inclusive, borough-wide access, particularly for LGBTQ+ young people and other vulnerable groups.

2.7.2 It is proposed that Cabinet partially accepts this recommendation. It is suggested that an action is taken forward to ensure any awareness-raising activity is aligned with the actions set out in Recommendation 3, to support a consistent approach to promotion. In addition, it is proposed that any actions to expand existing outreach provision or development of potential partnership working are linked to the actions outlined in Recommendation 1, ensuring activity is considered in partnership with the current sexual health provider and aligned with the existing Sexual Health Action Plan.

2.8 5. Data, Monitoring and Strategic Alignment

2.8.1 Recommendation 5 focuses on strengthening the use of data and strategic alignment to inform future decision-making on contraception and sexual health. It recommends improving the visibility of local contraception services by mapping clinic, pharmacy and drop-in locations, making it easier for residents to identify where support is available. It also calls for the regular review of local data on teenage pregnancies and terminations to identify emerging trends and target interventions effectively, and for the findings and recommendations of the review to be embedded into the next commissioning cycle and the development or refresh of the borough's sexual health strategy and action plan.

2.8.2 It is proposed that Cabinet partially accepts this recommendation. It is suggested it is aligned to proposed actions relating to Recommendation 3 which is to ensure that information about local services is appropriately signposted online and via other services working in the community. It is recognised that local data is already routinely monitored by Public Health and Commissioning to inform the delivery and commissioning of the current sexual health service. It is suggested that the review recommendations are considered within the commissioning cycle and the development or refresh of the borough's sexual health strategy and action plan.

2.9 Recommendations 6 and 7 focus on oversight, accountability and partnership working. They propose that the full set of recommendations and wider ambitions agreed by the Health Select Commission are formally submitted to Cabinet for consideration and response. Following Cabinet consideration, any recommendations that fall within the remit or influence of external organisations should then be shared with relevant health partners and commissioners to support collaboration, alignment and collective action in improving access to contraception and sexual health services.

2.9.1 It is proposed that Cabinet accepts these recommendations. It is acknowledged that the progression of this work requires collaboration from a wide range of stakeholders, therefore it is suggested that the proposed actions are overseen by the Health and Wellbeing Board.

3. Options considered and recommended proposal

3.1 Option 1: that Cabinet approves the proposed responses to the scrutiny review recommendations, as set out above and at Appendix 1. This is the recommended option.

3.2 Option 2: that Cabinet rejects the proposed responses to the scrutiny review recommendations. This is not recommended since without responding as summarised above, the proposed measures to improve contraception accessibility for Rotherham residents would not be implemented.

4. Consultation on proposal

- 4.1 Since Cabinet received the scrutiny review recommendations in respect of access to contraception in Rotherham on 9 February 2026, there has been no further consultation.

5. Timetable and Accountability for Implementing this Decision

- 5.1 Scrutiny review recommendations in respect of Access to Contraception were considered by the Health Select Commission on 22 January 2026 and OSMB at its meeting on 3 February 2026. They were received by Cabinet at its meeting on 16 March 2026. Under the Council's Overview and Scrutiny Procedure Rules, Cabinet must formally consider its response to the scrutiny review recommendations within two months of receipt.
- 5.2 Proposed responses to each scrutiny review recommendation are detailed in Appendix 1 to this report: each proposed response has an associated timescale for delivery or further consideration, as detailed at Appendix 1.

6. Financial and Procurement Advice and Implications

- 6.1 There are no immediate financial implications from adopting the recommendations.
- 6.2 Any future plans will need to be fully costed and funding identified.
- 6.3 Where recommendations propose to engage third party suppliers or modify existing contracts with providers this must be done in compliance with relevant procurement legislation (Procurement Act 2023, Public Contracts Regulations 2015 or the Health Care Services (Provider Selection Regime) Regulations 2023) dependent on the action required and route to market identified.

7. Legal Advice and Implications

- 7.1 Some of the scrutiny review recommendations involve considering feasibility of proposals which may involve amendments to the current Sexual Health Contract. Any such changes to the current contractual arrangements will need to be agreed with the provider and documented through appropriate contract variations.
- 7.2 Other than the above there are no direct legal implications arising from the Recommendation within the report.

8. Human Resources Advice and Implications

- 8.1 There are no direct HR implications for the council, however, should there be additional resource required to deliver on the recommendations this should be done in line with appropriate HR policy and procedure.

9. Implications for Children and Young People and Vulnerable Adults

- 9.1 In order to agree the recommendations there are partnership implications which need to be considered in relation to young people and vulnerable adults.
- 9.2 If agreed, the recommendations will be incorporated into the Sexual Health Action Plan. The Sexual Health Action Plan will be overseen by the Sexual Health Partnership any implications for children, young people and vulnerable adults will be considered within its development.

10. Equalities and Human Rights Advice and Implications

- 10.1 An equalities screening assessment can be found in Appendix 2 and supports the recommendations in Appendix 1.

11. Implications for CO₂ Emissions and Climate Change

- 11.1 A carbon impact assessment (Appendix 3) has been completed and indicates that the recommendations may influence CO₂ emissions; however, it is not yet possible to determine whether this impact will constitute an increase or a decrease.
- 11.2 Delivery of outreach services may result in an increase in emissions due to the travel required by the service provider; however, the increased accessibility should reduce the travel required by the service user, and more convenient outreach locations could also make services accessible by public transport routes.

12. Implications for Partners

- 12.1 The recommendations from the Access to Contraception Review require coordinated action among key stakeholders. If agreed, the actions will be incorporated into the Sexual Health Action Plan, overseen by the Sexual Health Partnership, to ensure effective collaboration across all partners.

13. Risks and Mitigation

- 13.1 Risks are that the agreed actions will not be completed. This will be mitigated by partnership agreement for an appropriate action plan and partners agreeing to lead on areas of the plan which will be reported to the Sexual Health Partnership. The Public Health Senior management team will receive service reports on a quarterly basis to ensure compliance with the contract for sexual health services.

14. Accountable Officers

Ian Spicer, Executive Director Adult Care, Housing and Public Health.

Approvals obtained on behalf of Statutory Officers: -

	Named Officer	Date
Chief Executive	John Edwards	14/05/26
Executive Director of Corporate Services (S.151 Officer)	Judith Badger	12/05/26
Service Director of Legal Services (Monitoring Officer)	Phil Horsfield	12/05/26

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