Public Report
Cabinet

Committee Name and Date of Committee Meeting
Cabinet – 14 September 2026

Report Title
Response to the Health Select Commission's Recommendations – Menopause

Is this a Key Decision and has it been included on the Forward Plan?
No

Executive Director Approving Submission of the Report
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Ward(s) Affected
Borough-Wide

Report Summary

Menopause and perimenopause were the focus of a Health Select Commission Workshop arising from its 2025/26 work programme. Subsequent consideration by the Health Select Commission Chair in conjunction with the Governance Manager and Head of Democratic Services resulted in conducting a Spotlight Review of the topic, with a view to delivering the progress and impact sought by that workshop.

Recommendations made by the Spotlight Review were set out in a report, endorsed by the Health Select Commission during its 14 May 2026 meeting, and subsequently by the Overview and Scrutiny Management Board at its 3 June 2026 meeting, and then presented to Cabinet for consideration on 6 July 2026.

This report sets out the proposed Cabinet response to the findings and recommendations from the Health Select Commission Spotlight Review into the Menopause.

Recommendations

1. That the proposed Cabinet response to the Health Select Commission recommendations arising from their Spotlight Review into the Menopause (as set out in Appendix 1 of this report) be approved.

List of Appendices Included

Appendix 1 Action plan of responses to recommendations
Appendix 2 Part A – Initial Equality Screening Assessment
Appendix 3 Climate Impact Assessment

Background Papers
Menopause Cabinet Report.pdf

Consideration by any other Council Committee, Scrutiny or Advisory Panel
Health Select Commission – 14 May 2026
Overview and Scrutiny Management Board – 03 June 2026

Council Approval Required
No

Exempt from the Press and Public
No

Response to the Health Select Commission's Recommendations – Menopause

1. Background

1.1 This piece of work was originally 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 of the discussion and the level of engagement was such that there was a strong desire from all participants to see progress made in relation to the recommendations developed during the session. Following further 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 in the workshop. 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 were set out in a report.

1.2 The report was endorsed by the Health Select Commission during its 14 May 2026 meeting, and subsequently by the Overview and Scrutiny Management Board at its 3 June 2026 meeting for progression and consideration and was presented to Cabinet on 6 July in line with the scrutiny review process.

1.3 A large number of the recommendations in the report relate to actions that require collective partnership effort, or seek changes within settings or agencies outside the council's direct control. For this reason, many of the recommendations are only partially accepted, reflecting the limited scope of the council to effect change.

2. Key Issues

2.1 <u>Public Awareness and Information, Including Engaging Men and Young People</u>

2.1.1 The first part of this recommendation focuses on improving public awareness of perimenopause and menopause through 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.

2.1.2 It is proposed that Cabinet partially accept this recommendation. Online menopause resources are already hosted on RotherHive. However, these should be kept under regular review to ensure they remain accurate, up to date, and accessible. The provision of printed resources has not been fully explored. Further work will be carried out to assess if printed resources

exist and to assess the feasibility of making accessible printed information available for residents that may be digitally excluded.

2.1.3 The second part of this recommendation focuses on improving public awareness of perimenopause and menopause through bespoke targeted content aimed at men, young people and employers included within that resource to ensure a holistic and borough wide approach to raising awareness.

2.1.4 It is proposed that Cabinet accept this recommendation. While menopause information is already available, additional work will be undertaken to identify, develop and promote appropriate resources specifically aimed at men and young people.

2.1.5 The third part of this recommendation focuses on improving public awareness of perimenopause and menopause through the Council working 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.

2.1.6 It is proposed that Cabinet partially accept this recommendation. While the Council is supportive, the content and delivery of age-appropriate education is up to education providers and is determined through the national curriculum and individual school policies. New guidance for Relationships, Sex and Health Education (RSHE) curriculum content for schools has been published, with schools given until September 2026 to prepare their delivery. This includes more learning about menstrual and gynaecological health, including menopause. Whilst this sits outside of the Council's direct remit, Council officers can offer and provide support where this is appropriate and achievable.

2.2 <u>Primary Care Improvement</u>

2.2.1 The first part of this recommendation suggests that the Council seeks to support Primary Care improvement in relation to perimenopause and menopause through encouraging the adoption of a 'Menopause Champion' in every GP Practice in Rotherham, and sharing information regarding GPs' Menopause Champions once achieved.

2.2.2 It is proposed that Cabinet partially accept this recommendation. Primary care partners have been contacted to identify whether menopause champions already exist in GP practices. Where they do not, practices will be encouraged to explore opportunities for introducing the role or incorporating menopause into existing champion roles where appropriate. However, it is important to note that responsibility for establishing and maintaining menopause champion roles lies with individual GP practices which operate autonomously.

2.2.3 The second part of this recommendation is around 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 (The Rotherham NHS Foundation Trust), RDaSH (Rotherham, Doncaster and South Humber NHS Trust) and South Yorkshire ICB (Integrated Care Board), the establishment of a clear and consistent menopause pathway, including consistent assessment tools and referral guidance.

2.2.4 It is proposed that Cabinet partially accept this recommendation. The Council will work with primary care partners to support an exploration of opportunities to review existing menopause pathways, which could include the adoption of the Menopause Pathway Toolkit. The Council is supportive of seeking to identify opportunities to improve consistency in assessment, referral and ongoing care, whilst recognising that implementation rests with individual GP practices. The Women's Health Network is well positioned to explore whether a pathway audit is feasible, to inform proposals to adopt a more consistent system-wide approach.

2.2.5 The third part of this recommendation is around 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.

2.2.6 It is proposed that Cabinet partially accept this recommendation. An expansion of professional knowledge, awareness and skills within the healthcare system in relation to perimenopause and menopause will be encouraged through partnership discussion, with an acknowledgement that this sits outside the Council's direct sphere of influence.

2.3 <u>Mental Health Support</u>

2.3.1 The first part of this recommendation is around encouraging health partners, including GPs to embed menopause screening questions within Talking Therapies and other mental health pathways.

2.3.2 It is proposed that Cabinet partially accept this recommendation. Advice from the relevant clinical lead indicates that it is not possible to embed additional screening questions to an already tight mental health screening process; however, they can promote the considerations of menopause among clinicians and explore Continuing Professional Development (CPD) in this area. Patients are also offered a menopause workshop. Guidance is expected in due course for the NHS Health Check service, proposing the introduction of routine questions relating to perimenopause and menopause. As commissioners of the health checks service in Rotherham, Council officers will review the guidance and consider the feasibility of changes to the service specification.

2.3.3 The second part of this recommendation is to increase the visibility of mental health support options within all menopause information, advice and guidance materials.

2.3.4 It is proposed that Cabinet accept this recommendation. Information on mental health support options is available on the menopause page on RotherHive. However, these should be kept under regular review to ensure they remain accurate, up to date, and accessible.

2.4 Community Support and Engagement

2.4.1 The first part of this recommendation focuses on working with relevant Council Services, Health Partners and the Voluntary and Community Sector to expand menopause cafes and community information sessions across more venues.

2.4.2 It is proposed that Cabinet accept this recommendation. Menopause cafes and information sessions have been previously delivered. However, the current position needs to be reviewed to establish ongoing delivery.

2.4.3 The second part of this recommendation is around 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.

2.4.4 It is proposed that Cabinet partially accept this recommendation. The Council and its partners should seek to understand the support that currently exists across Rotherham in this regard, and to learn from best practice elsewhere, and explore the capacity and options for expanding such support.

2.5 Workplace Health

2.5.1 The first part of this recommendation is about 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 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.

2.5.2 It is proposed that Cabinet partially accept this recommendation. The Council's Human Resources service already has menopause guidance in place (published in October 2024). The guidance is reviewed every 3 years or whenever there is a change in best practice. The guidance is due to be reviewed in 2027, which will bring it into alignment with these proposed changes. The value and applicability of bespoke or existing resources in this space will be considered as part of that review, as possible examples of best practice for raising awareness and better supporting menopause in the workplace.

2.5.3 The second part of this recommendation is about promoting workplace 'Menopause Champions' in local organisations and businesses, starting

with RMBC (Rotherham Metropolitan Borough Council) as an exemplar employer.

2.5.4 It is proposed that Cabinet accept this recommendation. The RMBC in-house Women's Workforce network is well placed to progress menopause champions within the council with support from the Organisational Development Service, and the Rotherham Women's Health Network can encourage a similar approach among partners, where this is not already in place.

2.5.5 Women's health is a key priority of the RMBC Women's Workforce Staff Network, however all members of the network have varying capacity due to job-role and service-specific needs. Therefore, the network will be supported by the Organisational Development service where necessary to progress any work relating to the actions recommended within this document.

2.6 <u>System Leadership</u>

2.6.1 The first part of this recommendation seeks to improve system leadership in the context of perimenopause and menopause by 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.

2.6.2 It is proposed that Cabinet accept this recommendation, given that this fits well within the purposes of the Rotherham Women's Health Network, where some work is already happening to support menopause related engagement and awareness. However, the acceptance of this recommendation must sit alongside an acknowledgement that this group has a wider remit that includes other priorities for women's health, and that there is no specific resource to support the network, which is a recently formed group of engaged partner representatives.

2.6.3 The second part of this recommendation focuses on 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'.

2.6.4 It is proposed that Cabinet partially accept this recommendation. It is proposed to pursue this through promoting this as a topic for discussion at the upcoming Women's Health Conference being planned for March 2027.

2.6.5 The third part of this recommendation focuses on 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.

2.6.6 It is proposed that Cabinet accept this recommendation. These recommendations and associated actions form the skeleton of a partnership-wide plan for this topic, as set out in Appendix 1 to this report. It is proposed that the Rotherham Women's Health Network be asked to have oversight for this plan, and to refine it as necessary, and to address its actions and outcomes for menopause as a key workstream aligned to the Joint Health and Wellbeing Strategy.

2.6.7 The fourth part of this recommendation focuses on 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.

2.6.8 It is proposed that Cabinet accept this recommendation. With oversight from the Rotherham Women's Health Network, it makes sense that partners should explore any relevant funding opportunities that exist and pursue them where this is reasonable and achievable within resource constraints.

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 advice, guidance and support for perimenopause and menopause in Rotherham would not be implemented, and identified concerns would remain unaddressed.

4. Consultation on proposal

4.1 Since Cabinet received the scrutiny review recommendations in respect of perimenopause and menopause in July 2026, there has been no further consultation.

5. Timetable and Accountability for Implementing this Decision

5.1 Scrutiny review recommendations in respect of perimenopause and menopause were considered by the Health Select Commission on 14 May 2026 and OSMB at its meeting on 3 June 2026. They were received by Cabinet at its meeting on 6 July 2026. Under the Council's Overview and Scrutiny Procedure Rules, Cabinet is expected to consider its response to the scrutiny review recommendations within two months of receipt.

5.2 Proposed responses to each scrutiny review recommendation are summarised in Appendix 1 to this report, in the form of an action plan.

6. Financial and Procurement Advice and Implications

6.1 There are no direct procurement implications associated with the recommendations detailed in the report. If there is a need to engage third party suppliers to support the delivery of any of the actions these must be procured in compliance with relevant procurement legislation dependent on the route to market (Procurement Act 2023, Public Contracts Regulations 2015 or the Health Care Services (Provider Selection Regime) Regulations 2023). This includes any modifications to existing contractual arrangements.

6.2 There are no financial implications at this stage. Any work undertaken will be within existing resources.

6.3 Once a strategy or delivery plan is developed, the expectation is that it would be presented with a request for new resourcing if required should it not be possible to reconfigure existing provision.

7. Legal Advice and Implications

7.1 The report seeks Cabinet approval of the Council's response to recommendations arising from the Health Select Commission Spotlight Review into the Menopause. Cabinet's consideration of scrutiny review recommendations is consistent with the Council's constitutional arrangements and the Overview and Scrutiny Procedure Rules, which require Cabinet to consider and respond to recommendations received from scrutiny bodies.

7.2 The recommendations primarily relate to awareness raising, health improvement, information provision and partnership working. These activities are consistent with the Council's public health functions under section 2B of the National Health Service Act 2006, as amended by the Health and Social Care Act 2012, which places a duty on local authorities to take such steps as they consider appropriate to improve the health of people in their area. The proposals support that objective through the promotion of health information, prevention activity, community engagement and partnership working to improve understanding and support relating to perimenopause and menopause.

7.3 The report also aligns with the Council's wider public health leadership role within the local health and care system, including its responsibilities for improving population health and reducing health inequalities. The report appropriately recognises that responsibility for clinical services, treatment pathways and educational information provision rests with NHS organisations and education providers respectively.

7.4 As such, there are no direct legal implications arising from the decision to approve the proposed response to the scrutiny recommendations. However, should implementation of any recommendation require the procurement of goods, services or external support, the Council must

ensure compliance with all relevant procurement and contractual requirements, as referred to in paragraph 6 above.

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 Menopause is a topic which sits largely within the adult population. However, there are some recommendations in respect of awareness raising and education, which will impact on children and young people. Any agreed actions in this respect are expected to have positive impacts, but warrant due consideration in relation to children, young people and vulnerable adults.

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 CO_2 emissions. It is not yet possible to determine whether this impact will constitute an increase or a decrease, but the overall impact is expected to be marginal.

12. Implications for Partners

12.1 The recommendations from the menopause scrutiny review require some coordinated action among key stakeholders. If agreed, the Rotherham Women's Network will be expected to take an oversight role for the agreed action plan, noting that the Network is an informal group of partner representatives without dedicated resources.

13. Risks and Mitigation

13.1 Risks are that the agreed actions will not be completed. This will be mitigated by partnership agreement to have oversight for an appropriate action plan and identification of willing partners to lead on specific actions. Alignment of this with the Joint Health and Wellbeing Strategy would enable a more formal mechanism of reporting and escalation to be established.

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	21/08/26
Executive Director of Corporate Services (S.151 Officer)	Judith Badger	11/08/26
Service Director of Legal Services (Monitoring Officer)	Phillip Horsfield	18/08/26

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This report is published on the Council's website.