Rotherham Metropolitan Borough Council

Public Report
Health Select Commission

Committee Name and Date of Committee Meeting
Health Select Commission – 22 January 2026

Report Title
Access to Contraception Review Report

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

Strategic Director Approving Submission of the Report
Judith Badger, Strategic Director of Finance and Customer Services

Report Author(s)
Kerry Grinsill-Clinton, Governance Advisor
01709 807267 or kerry.grinsill-clinton@rotherham.gov.uk

Ward(s) Affected
Borough-Wide

Report Summary

This report summarises the findings and recommendations of the Health Select Commission review into access to contraception. The review was identified and prioritised as part of work conducted by the Commission in the 2024-25 municipal year following reports of inconsistencies in accessibility of Long Acting Reversible Contraception (LARC) at GP surgeries. Whilst LARC was one of the areas of concern identified, members elected to consider the full breadth of contraceptive options as part of the review process.

Recommendations

That Cabinet endorse the following recommendations:

1. Commissioning and Service Delivery

    a) That the relevant Council Services consider and review the feasibility of mobile outreach clinics or rotating sexual health outreach services where contraception, including LARC can be accessed in rural and underserved areas.

    b) That the relevant Council Services and relevant partners consider Including sexual health services, specifically including contraceptive advice guidance

and provision, in the new town centre health hub, ensuring flexible, reliable and discreet ‘drop-in’ access and reduced stigma.

2. Education, Public Awareness and Messaging

    a) That the relevant Council Services work in collaboration with appropriate partners to strengthen and extend the reach of a borough-wide, sex-positive public health campaign promoting safe, consensual, and informed sexual activity that makes effective use of the contraceptive and sexual health services available in Rotherham. The Commission particularly advocates the use of modern messaging strategies that harness the power of local ‘influencers’ via social media platforms (e.g. TikTok, Snapchat, Instragram) wherever possible to reach younger demographics with engaging, accurate contraception and sexual health messaging that reaches them directly in places they naturally frequent and counteracts disinformation.

    b) That the relevant Council Services encourage schools to deliver consistent, comprehensive PSHE, including ongoing practical contraceptive education and awareness of confidentiality rights and works with them to improve parental engagement and understanding of the benefits of making informed contraceptive and sexual health choices.

3. Digital Access and Information

    a) That the relevant Council Services work to improve Council public health websites to deliver youth-friendly information on contraception and sexual health services and providing/signposting to relevant sources of information, advice and guidance aimed at assisting that demographic to make informed choices.

    b) That the relevant Council Services work to develop a centralised digital resource or landing page consolidating sexual health information, service locations, and confidentiality guidance, with links to age group/demographic specific issues and information.

4. Youth Access and Confidentiality

    a) That the relevant Council Services consider how, ideally in collaboration with relevant partners such as schools and NHS services, to raise awareness of Fraser guidelines and NHS app privacy settings to reassure young people about confidentiality when accessing contraception.

    b) That the relevant Council Services work with MESMAC and other relevant youth services to expand outreach and ensure visibility and borough wide accessibility of services, particularly for LGBTQ+ and vulnerable groups.

5. Data, Monitoring and Strategic Alignment

    a) That the relevant Council Services include the location of sexual health clinics, drop-in centres, and pharmacies providing emergency contraception on the Rotherham mapping system (where grit salt bin locations, planning

applications etc. can be found), or create a standalone map resource to allow Rotherham residents to easily identify all locations in the borough where they can access contraception.

b) That relevant Council Services review local data on terminations and teenage pregnancies to assess emerging trends, identify the root causes and facilitate the formulation and implementation targeted interventions that address their drivers.

c) That relevant Council Services ensure that the recommendations, observations and broad ambitions from this review are considered in the next commissioning cycle in 2027, and in the development/revision of the borough's sexual health strategy and action plan.

6. That the recommendations and wider ambitions (Paragraph 6) as approved by Health Select Commission, be submitted to Cabinet for consideration and response.

7. Following submission to Cabinet, that those recommendations within the control and influence of external bodies, are shared with relevant health partners and commissioners for consideration and response.

List of Appendices Included

Appendix 1 Rotherham GPs Contraception Services
Appendix 2 Rotherham Hospitals Bus Guide
Appendix 3 Sheffield and East Riding Mobile Sexual Health Clinics
Appendix 4 Neighbourhood Health Services
Appendix 5 Media Articles
Appendix 6 Rotherham, Barnsley, Doncaster and Sheffield Councils' Sexual Health online information, advice and guidance.
Appendix 7 PSHE National and Local Information
Appendix 8 CQC Fraser Guidelines Guidance

Background Papers
Access to Contraception Background Information Briefing Paper (private report)
Rotherham Sexual Health Services Commissioning Briefing Paper (private report
Rotherham 2025-2028 Pharmaceutical Needs Assessment
Rotherham Council Plan 2025-30

Consideration by any other Council Committee, Scrutiny or Advisory Panel
None

Council Approval Required
No

Exempt from the Press and Public
No

Access To Contraception Review Report

1. Background

1.1 The Health Select Commission met to undertake scoping and prioritisation of a number of suggested topics for review in November 2024. During its consideration of these issues, the Commission defined a scope for the access to contraception review which aimed to improve access to advice, guidance and contraception of all kinds at the local level within communities, and in turn improve sexual health and reduce unplanned and unwanted pregnancies in borough.

2. Key Issues

2.1 Rotherham residents reported being unable to access contraceptive implants via local GP services, and were forced to travel outside the borough to access their preferred method of contraception which represented a barrier to access to some.

2.2 The Council's Public Health Service were involved in the commissioning of contraception services, which fell outside of the core GP contract, so were in a position to influence the availability/delivery of those services.

2.3 Whilst there had been improvement in the rates of sexually transmitted infections and diseases in Rotherham, teenage pregnancy rates whilst also reduced remained above national average.

2.4 It was important to understand the accessibility of the range of contraception available to Rotherham residents of all ages, in order to understand and assess whether barriers to access were adversely impacting on contraceptive choices, and levels of unplanned pregnancies within the Borough.

3. Review Methodology

3.1 A working group was convened which 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

3.2 The working group initially met to consider evidence gathering approaches and broad lines of questioning, which determined that evidence would be sought from the following commissioners, stakeholders and delivery partners:

- Yorkshire MESMAC* (Men who have Sex with Men – Action in the Community)
- RMBC Public Health Team

**MESMAC was the name the organisation at the time of its inception when it provided services associated with supporting gay men. Over time the organisations work has expanded to incorporate services for the general public and as such, it now goes by Yorkshire MESMAC.*

- RMBC Adult Strategic Commissioning Team
- The Rotherham NHS Foundation Trust (TRFT)
- South Yorkshire Integrated Care Board (ICB)
- GP Surgeries
- Healthwatch Rotherham

3.3 To gather the necessary evidence, the Commission sought information concerning the current offer across the borough. This was obtained via a combination of information requests from GP services, web research and briefing papers. These were built upon via a site visit and three evidence gathering sessions conducted between March and October 2025 which considered evidence and representations from all identified parties.

3.4 Contributors to site visits and evidence gathering sessions included:

- Harriet Bowen – Community Development Worker, MESMAC Rotherham
- Jennifer Armitage – Strategic Commissioning Manager, RMBC
- Anne Charlesworth – Head of Public Health Commissioning, RMBC
- Lizzie Bowden – Commissioning Officer, RMBC
- Amelia Thorp – Public Health Specialist, RMBC
- Dr Nadi Gupta – Clinical Lead, Integrated Sexual Health Service, TRFT
- Dr Sian Pearson - Specialty Registrar in Community Sexual and Reproductive Health, TRFT
- Dr Linda Strettle – GP Partner, The Village Surgery (Representing Rotherham GPs)
- Dr Sophie Holden - GP Partner, Market Surgery (Representing SY ICB as GP Lead for Primary Care)
- Kym Gleeson – Manager, Healthwatch Rotherham

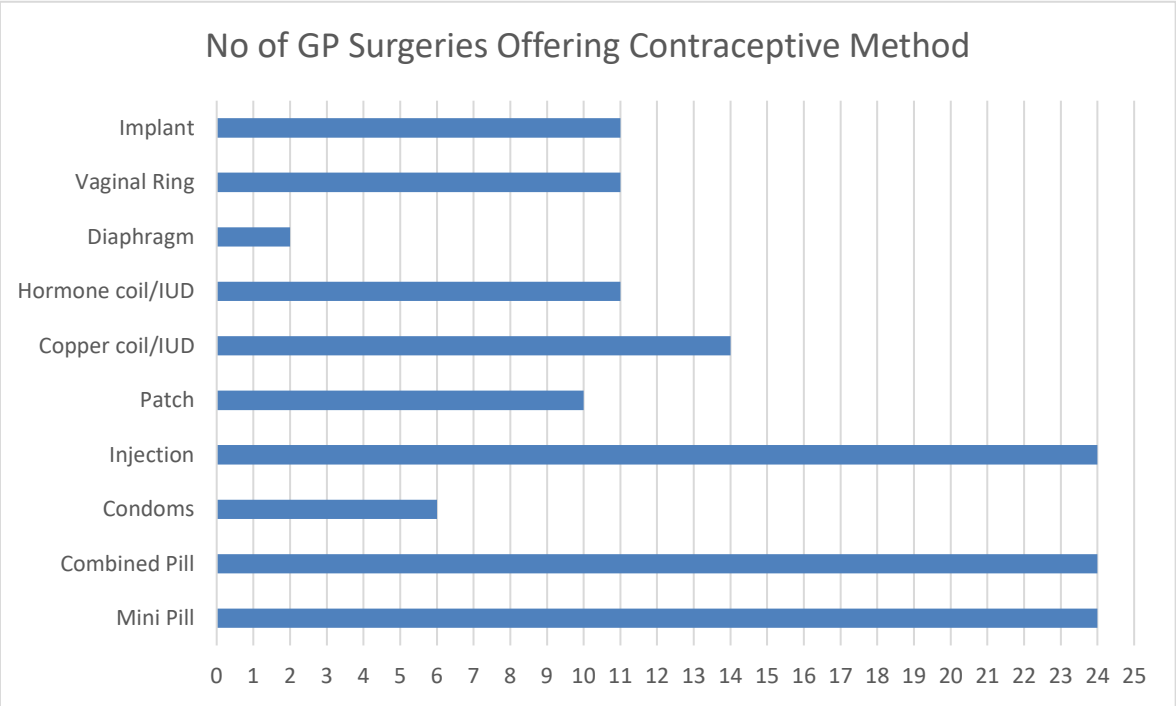
4. Discussion themes and key insights

4.1 The discussion themes centred around the categories into which the resulting recommendations have been grouped.

4.2 <u>Commissioning and Service Delivery</u>

4.2.1 Information regarding contraception offered was requested from all GP surgeries in the borough. 28 responses were received. The full detail of the information gathered and analysis conducted is attached at Appendix 1. The table below reflects the differences in consistency of approach by contraceptive type:

4.2.2 Table 1



4.2.3 There was a wide variation in the GP offer across the borough. Whilst combined/mini-pill and injections were widely available, provision of LARC (Long Acting Reversible Contraception) was patchy. Whilst provision of copper coil was the most commonly available type of LARC, offered at 14 of the 28 responding GP surgeries, even this only represented 50% of all surgeries who responded. Copper coils and implants were only available in 11(39%) of the 28 surgeries, leaving a significant proportion of Rotherham residents unable to access LARC within their local communities. It was noted that this was a reduction in the number of surgeries in the borough that had offered implants in surgery versus 2023-24.

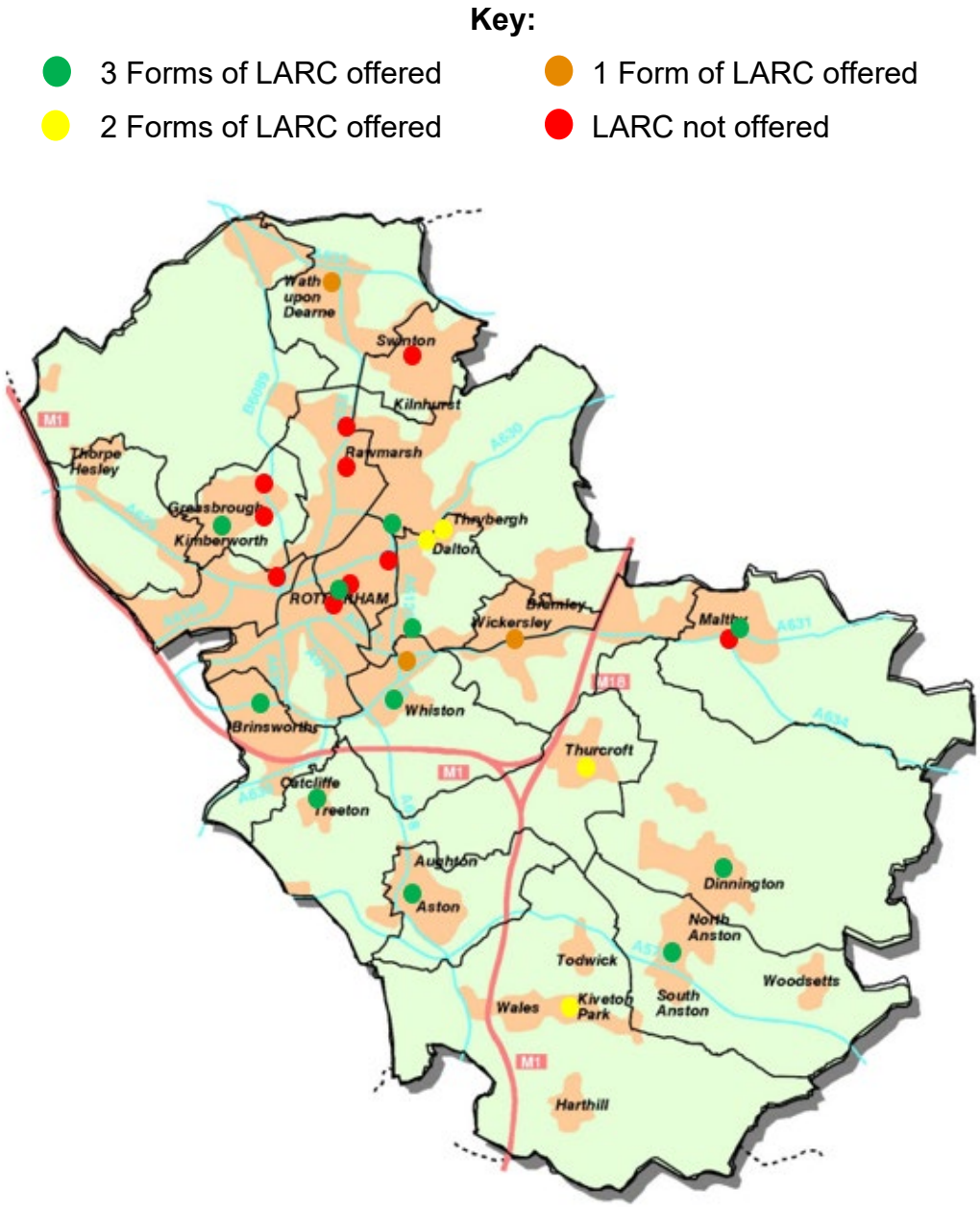
4.2.4 The provision of condoms via GP's was particularly low, offered by only 6 (21%) of the GP surgeries that responded, although it was noted that MESMAC had distributed 21,920 condoms during 2024-25. This data prompted concern given the effectiveness of condoms in respect of preventing sexually transmitted infections as well as unwanted pregnancies (especially when used in conjunction with another form of contraception).

4.2.5 Responses also reflected that whilst referrals for hysterectomy, and forms of contraception not routinely available in surgery were made to TRFT (or patient's preferred hospital) Sexual Health/Gynaecology department, in the case of vasectomy, a number of GP surgeries indicated that patients would be expected to self-refer. The combination of a reduced number of contraceptive options available for men, combined with the low availability of male contraception (i.e. condoms) in GP surgeries, and the increased requirement to self-refer for vasectomy appeared to indicate a distinct difference in the overall level support available to men wishing to take control of conception and sexual health versus women.

4.2.6 Of the 28 surgeries that responded, 10 of these (36%) did not offer any form of LARC. 3 (11%) offered only one type of LARC, 4 (14%) offered two types and 11

(39%) offered all three types of LARC. The following map details the distribution of these GP surgeries and the availability of LARC across the borough's geography:

4.2.7 Figure 1



4.2.8 Of the 17 GP surgeries who did not offer all or any LARC in house, all cited The Rotherham NHS Foundation Trust (TRFT) Sexual Health Service/Gynaecology as the routine referral point, whilst a small number noted patient preference for referrals to other hospitals in Bassetlaw and Sheffield.

4.2.9 Both MESMAC Rotherham and Healthwatch Rotherham cited difficulties in accessing LARC as a concern for them and the Rotherham residents they engaged with. Both cited examples where difficulties in accessing LARC locally had presented significant issues for patients, had directly led to unwanted pregnancies

and births and impacted on the physical, emotional and financial wellbeing of those individuals, and their wider family in some cases.

4.2.10 Whilst MESMAC provided outreach support under contract from Rotherham Council, which included HIV and STI Testing, sexual health advice and guidance and provision of free condoms, they were unable to prescribe contraception and would refer individuals either to their own GP or the Sexual Health Service at TRFT dependent upon their preferred method of contraception. Adult Strategic Commissioning advised members that pharmacy advanced services were able to offer oral contraception, however members felt that this was not universally understood by members of the public, including where and how to access oral contraception via pharmacy advanced services with no clear links to this information from the Council's website. As such, they felt this did not alleviate individual barriers to accessing contraception at a time and place that suited the person concerned.

4.2.11 Discussions considered whether inter-GP referrals utilising existing Primary Care Networks (PCNs) were or could be utilised to support more locally available access to contraception including LARC for residents whose local GP did not offer their preferred form of contraception or LARC. It was explained that this was a matter for individually owned GP practices and those PCNs and whilst was theoretically possible, and may occur for certain patient services, this may not be an established route for contraception. Information was shared which indicated that funding rates and disparities may factor into individual GP practice's ability or willingness to offer this type of mutual aid, or collaborative approach to service delivery.

4.2.12 Members were advised that coil fittings for purely contraceptive reasons were funded at a rate notably lower than coil fittings for menopausal or menstrual purposes, with the funding for implants around half of the rate for contraceptive coil fitting. Whilst training was freely available to Rotherham GPs, take up was low with some GPs citing difficulties in releasing staff for training for due to workload demands alongside the funding elements for service delivery once trained affecting the financial viability of offering those services.

4.2.13 It was also noted that there was a greater appetite to access LARC training for GPs outside of Rotherham, such as Sheffield, despite this being a charged service. The reasons for this were not fully understood, however funding rates appeared comparable in both areas so did not appear to be a significant influence in the variance observed.

4.2.14 Discussions also considered the relocation of the Sexual Health Clinic at TRFT which Members were made aware of during the March 2025 Health Select Commission meeting, which focussed the development of the SDEC (Same Day Emergency Care) Centre at TRFT, but which also outlined other estates changes. Members were advised that the Sexual Health Clinic, which had previously been housed to the rear of the main hospital building, was being relocated to the very front of the building.

4.2.15 Members expressed concern that such a prominent location in clear view of all attending the hospital site either as a patient, visitor or member of staff might be counterproductive and increase reluctance to access services at the site for fear of stigma associated, by some, with accessing Sexual Health services. There were

also concerns around limitations to public transport serving the hospital site, and known, long held concerns around the sufficiency of parking at the site.

4.2.16 Similar concerns were raised in relation to discussions around seeking consultations, advice and guidance at GP surgery receptions in relation to contraception and sexual health given the often open nature of the reception desks. Discussions raised the importance of providing discreet locations within surgeries for sensitive conversations, and the potential benefits of instituting 'Sexual Health Champions' within GPs surgeries to promote awareness of sensitivities around contraception and sexual health and ensure all staff are cognisant of patient needs and enabled to support them effectively when they present at surgeries.

4.2.17 Barriers to access more generally, given the uneven spread of contraception within surgeries across the Borough's geography and the parking and public transport limitations at the Rotherham Hospital site, gave rise to discussions concerning outreach and community clinics. Whilst it was acknowledged that some outreach work was contracted to MESMAC, this predominantly concerned the provision of advice and guidance, HIV and STI testing, and support with accessing appointments for the provision of contraception including LARC, which were in turn subject to the same limitations imposed by the infrastructure within the borough.

4.2.18 Discussions considered the potential for a mobile sexual health clinic, able to access parts of the ward where LARC was not readily available and provide outreach advice and support to underserved communities. The example of the mobile clinic used in Sheffield was cited and other examples such as the East Riding Mobile Clinic were also identified (Appendix 3), though it was accepted that this type of resource came with financial implications requiring capital investment which presented difficulties in terms of budgetary constraints and existing contract arrangements based on the advice of Commissioning staff. Nonetheless, Members felt that there were potential tangible benefits as evidenced by the Sheffield model, which had the potential to address gaps in the Rotherham infrastructure and provide a more equitable level of service to all residents, which should be considered at the appropriate stage when budget allocations and contract reviews allowed.

4.2.19 Commissioning confirmed that the current contract would remain in place until 2027, with the potential to extend the existing contract arrangements until 2032.

4.2.20 Other options were discussed aimed at enhancing the borough wide accessibility of contraception including LARC and advice and guidance. These included providing outreach sexual health clinics within existing clinical settings such as GP surgeries on a fixed or rotating basis to improve accessibility. Members were also minded, having had the opportunity to scrutinise proposals regarding the Town Centre 'Health Hub' intended to occupy the former 'Boots' site on Effingham Street, that this likewise represented a good opportunity for accessing contraception and broader sexual health services, in a location whose accessibility via public transport exceeded that of the Rotherham Hospital site.

4.2.21 Likewise, Members considered Rotherham's inclusion in the first wave of 43 areas of the country identified for Neighbourhood Health Services as an opportunity to bridge identified gaps in service delivery such as those around access to contraception. Members felt that there was evidence of the need for community based Sexual

Health Services, which aligned with the intentions identified within the information shared by the Secretary of State for Health and Social Care (Appendix 4).

4.2.22 Healthcare professionals involved in the discussions also acknowledged that there were missed opportunities to address contraception needs including the provision of advice and guidance and planning of fitting for LARC as part of the antenatal appointments, or during conversations post-partum but prior to hospital discharge where those discussions had not taken place prior to giving birth. Members felt that due to commissioning responsibilities, it was not in the Council's gift to directly impact change in this area, but understood the importance and potential impact of effective advice and guidance during pregnancy, and timely provision of appropriate contraception post-partum and were keen to see the relevant commissioners to work with service providers to consider how this might be optimised. Members were in a position to monitor progress in this area through updates brought to the Health Select Commission in relation to maternity services in the borough.

4.3 <u>Education, Public Awareness and Messaging</u>

4.3.1 Members heard that social media such a Tik-Tok and Instagram, along with high-profile 'influencers' were increasingly impacting perceptions around contraception, family planning and sexual health (Appendix 5). Much of the information shared could be categorised as 'misinformation' which did not reflect an evidence based, balanced overviewed and was heavily weighted towards a particular narrative or personal preference. Data from various parts of the country demonstrated a notable reduction in the numbers of young people using more traditional methods of contraception, including condoms, and moving towards cycle-tracking apps known as 'natural family planning' approaches. Evidence suggested that this had contributed to an increase in the rate of pregnancy terminations and the incidence of Sexually Transmitted Infections. Likewise, even if the local picture in Rotherham,

4.3.2 Public Health Staff advised that whilst this may be the trend observed nationally, take up of LARC was particularly strong in Rotherham in comparison to statistical neighbours and reflected more of a shift from short acting to long acting contraception locally. However, Members felt that this nonetheless impacted negatively on overall sexual health whilst the general decline in condom use across a number of age ranges impacted remained.

4.3.3 Additionally, there was some conflicting information shared regarding the position on pregnancy termination rates in Rotherham. Members heard that data available to Commissioning staff, which formed part of the basis for commissioning decisions and the contents of the draft Rotherham Sexual and Reproductive Health Needs Assessment 2025 shared with the working group, and that provided to other health partners by Rotherham's Pregnancy Advisory Service differed.

4.3.4 Data held by the Council suggested that 'the number of abortions performed under 10 weeks is increasing (getting better) both locally and nationally, indicating that most people seeking abortion have prompt access to services and reduced risk of complications. However, whilst data provided by health professionals, shared with them by the Pregnancy Advisory Service for Rotherham partially support this, it also indicated that whilst the number of in-patient Medical Termination Of Pregnancy (MTOP) undertaken for pregnancies over 10 weeks or for high risk cases had

reduced from 252 in 2023 to 221 in 2024 and the number of out-patient MTOP had increased from 206 in 2023 to 245, Surgical Termination Of Pregnancy had increased from 14 in 2023 to 25 in 2024 and Manual Vacuum Aspiration (MVA) under local anaesthesia had increased from 18 in 2023 to 22 in 2024. That represented a total of 490 terminations in 2023 where 284 were in-patient cases and a total of 513 terminations in 2024 where 268 were in patient cases.

4.3.5 Whilst this did reflect that there had been an increase in the percentage of terminations undertaken before 10 weeks, it nonetheless represented an increase in the number of terminations overall during that period, averaging an additional two terminations per month over the calendar year. Whilst it has not been clarified whether the figures reflected in paragraph 4.3.3 includes unwanted pregnancies only, or is also inclusive or planned/wanted non-viable pregnancies, when taken at face value this trend was at odds with the targeted outcome of this review, which aimed to reduce unplanned and unwanted pregnancies in the borough.

4.3.6 Members considered the role of schools through PSHE (Personal, Social, Health and Economic) education which included Relationships and Sex Education incorporating contraception.

4.3.7 The Council's School Improvement Service confirmed that '[Rotherham Council] do not provide a syllabus for PSHE. The DfE (Department for Education) signpost to the PSHE Association to support schools to build their own syllabus. This includes guidance on statutory subjects like Relationships and Sex Education (RSE) and Health Education, as well as careers and financial education. Schools are expected to adapt these resources to meet their specific student needs, as a one-size-fits-all approach is not suitable for every community'. National and statutory guidance in relation to PSHE and RSE alongside a sample of Rotherham's Secondary Schools publicly available PSHE syllabuses are provided at Appendix 7.

4.3.8 Members heard that often, there were inconsistent approaches to PSHE including the extent and frequency with which contraception featured within the syllabus adopted by different schools. This was supported by the Rotherham Secondary Schools sample PSHE information included in Appendix 7. Whilst Members appreciated that different communities may have different needs, and there may be religious or cultural factors that influenced the approach in some school environments, they felt strongly that the quality and depth of information provided in relation to contraception, including signposting, confidentiality and competency of under 16's should be consistent across all Rotherham schools, and ideally delivered on more than one occasion to ensure understanding if this were to create a truly level playing field for Rotherham's young people with regards to taking ownership of their contraceptive choices and wider sexual health.

4.3.9 Whilst Members also appreciated the reasons why parents were given the opportunity to 'opt-out' of aspects of PSHE on their child's behalf, this raised concerns that if parents elected to deny young people access to information in relation to contraception delivered through school, this may expose them to an increased risk of unwanted pregnancy or Sexually Transmitted Infections due to gaps in knowledge and understanding, which would impact their ability to make informed choices when they became sexually active. As a result, Members felt that realising improvements in parental engagement in PSHE including RSE syllabuses

was vitally important, to minimise the likelihood of parental consent being withheld for a young person to participate in contraception based PSHE and RSE lessons.

4.3.10 Members likewise heard that the voices of social media influencers, who in some cases advocated or promoted misogynistic views that minimised the role the male in contraceptive choices and promoted procreation as a masculine purpose, needed to be counter-balanced with factually accurate, impartial information advice and guidance that was as readily accessible as the more weighted content that was understood to be influencing the views and actions of the general public, and in particular younger males. Whilst it was accepted that this was part of a wider issue that schools were already addressing through PSHE syllabus', it was nonetheless felt that there was clear potential for this to impact upon decision-making in relation to the use of contraception, and the prevention of unwanted pregnancies and STIs and that therefore those clear links should be drawn.

4.3.11 The proliferation of misinformation via social media on subjects such as contraception, hyper-masculinity and misogyny described during evidence gathering led members to consider the Council's role in presenting an alternative narrative, alongside the extent to which Rotherham residents and the general public more broadly felt able to openly discuss contraception and sexual health. Whilst it was understood that MESMAC had a presence on Tik-Tok, Instagram and X, and Public Health messaging is communicated via Facebook by Rotherham Council, given the relatively low number of 'subscribers' for MESMAC (871 followers on Tik-Tok– UK wide not Rotherham specific, 341 followers on Instagram, 316 friends on Facebook and 231 followers on X) and TRFT's Sexual Health Service (138 followers on Facebook, no obvious presence on Tik-Tok, Instagram or X) versus Rotherham Council's (5 followers on Tik-Tok – official account only appears to have been in existence for approximately one week at the time of writing, 3,158 followers on Instagram, 22,000 followers on Facebook and 16,200 followers on X), it appeared at face value that by failing to communicate contraception and sexual health based messaging via the Council's social media presence, the reach of such information, advice and guidance was significantly diminished.

4.3.12 Members felt that there was a need for 'sex positive' public messaging across the Council's social media presence, intended to address issues such as contraception and STI prevention to normalise and destigmatise conversations about sexual health, and challenge misinformation and harmful content from other sources through demographically targeted content. Whilst existing partners could contribute to this, Members felt that more collaborative approaches in this area would increase reach and exposure, and they encouraged the use of high-profile local figures with existing broad, or demographic-specific appeal, who could support such campaigns in promoting public health messaging to further extend reach and encourage discussion and informed decision-making around contraception and sexual health.

4.4 <u>Digital Access and Information</u>

4.4.1 Members considered the information available to Rotherham residents via the Council's website in relation to contraception and Sexual Health, and compared these with the offer from neighbouring Councils within the SYMCA (South Yorkshire Mayoral Combined Authority) geographical footprint (Appendix 6).

4.4.2 Members championed the need for ease of navigation and accessibility, and visually appealing information that made it easy for Rotherham residents to access the information, advice and guidance they needed in relation to contraception and sexual health.

4.4.3 Members considered the existing offer for online information advice and guidance in relation to contraception and sexual health from the Council. This was limited to a small number of pages associated with 'Sexual Health Support' which were noted in themselves as not being straightforward to locate.

4.4.4 The relevant pages of the Council website referred to Rotherham Sexual Health Service, housed within Rotherham Hospital through TRFT. Whilst services offered by TRFT were listed, there was no link to the TRFT Sexual Health Service website, which meant separate searches would have to be performed to locate this. There were however direct links to the Rotherham MESMAC website, a list of the pharmacies where emergency contraception was available (which was housed on a sub-section of the TRFT Sexual Health Service site), and SH24 (which was also housed on a sub-section of the TRFT Sexual Health Service site).This meant that that was no one online location via which all information relating to the contraception and sexual health was housed, with Rotherham residents needing to access three different individual websites in order to form a holistic view of the offer in the Borough.

4.4.5 In the case of each of those individual websites, some of the information listed was identified as inaccurate or misleading. An example of this was the Council website indicating that Rotherham GPs provided implants, IUDs and chlamydia screening. However, the information gathering exercise undertaken by the working group established that a significant number of Rotherham GPs did not offer either implants, IUDs or both. Equally, this did not reference the other forms of contraception that GPs reported that they offered. This had the potential to give Rotherham residents the impression that IUDs and implants were a universal offer from Rotherham GPs, when in reality this was not the case.

4.4.6 Likewise, once Rotherham residents successfully navigate to the TRFT Sexual Health Website, this too provides information which is misleading. It indicates that free condoms can be obtained via both the Sexual Health Service, or via MESMAC Rotherham, both of which are based in the S60 geographical area. However, MESMAC's website describes that free condoms can only be provided to the 'most at risk' groups. It describes these groups as Black, Asian and Minority Ethnic communities, Trans people and gay men. This did not account for both heterosexual men and women whose chosen method of contraception was condoms, or who wanted to take additional steps to prevent transmission of STIs alongside another form of contraception, particularly those living in deprivation or low income families.

4.4.7 Similarly, the postal delivery free condom service detailed on MESMAC's website appeared subject to the same restrictions, and has been suspended for an extended period affecting the accessibility of the offer to those who were eligible.

4.4.8 Listings were provided of locations at which out of hours emergency contraception could be obtained within the borough via the TRFT Sexual Health service, however it was felt that it would be helpful if were easier for Rotherham residents to be able to

visualise which of these locations were closest to them, and links to individual websites provided so that opening times and contact information could be readily accessed. Likewise, although Adult Strategic Commissioning advised members that pharmacy advanced services were also able to offer oral contraception, however members felt that this was not universally understood by members of the public, including where and how to access oral contraception via pharmacy advanced services with no clear links to this information from the Council's website.

4.4.9 The 'Contraception' section of the TRFT Sexual Health Service website referred to 'sexwise' website, and suggested that this was a great source of information that enabled individuals to consider the method of contraception most appropriate for their needs and circumstances. However, the sexwise website had been decommissioned since mid-2024.

4.4.10 This caused Members to reflect on the overall online information advice and guidance offer for Rotherham (Appendix 6). Compared to the online offer from neighbouring Local Authorities, Barnsley, Doncaster and Sheffield which each boasted bespoke 'one stop shop' websites, the Rotherham online offer appeared more disjointed, harder to navigate and less comprehensive. Some had dedicated 'zones' for young people, with tailored content, resources and signposting which Members felt was beneficial.

4.4.11 Members were particularly keen to see a more targeted online space for Rotherham's young people as a source of advice, guidance, and signposting to relevant services and health professionals who could assist them to make considered decisions and take charge of their contraceptive choices and sexual health. They felt that this would augment and support a robust and quality PSHE and RSE syllabus that, cumulatively, could encourage young people to develop positive habits around contraception and sexual health and retain them through all stages of life as individual needs and circumstances changed over time. They considered that this could be particularly effective if linked to and supported by associated social media campaigns to raise the profile of the online offer.

4.4.12 It was also noted that other Local Authorities operated services which enabled those 25 and under to access free condoms online, such as the C Card Scheme (see Appendix 6), negating the need for potentially awkward or embarrassing personal or public interactions which Members felt might be a deterrent for obtaining condoms via more traditional means. This was considered an innovative approach which removed one of the barriers to increased condom use and reducing the incidence of STIs.

4.4.13 This gave Members cause to reflect on the impact and success of the 'period poverty' initiative which saw feminine sanitary products made freely available in public spaces and other locations such as work environments, sports and entertainment venues. Whilst Members recognised and supported the potential impact of the adoption of an online service providing free condoms to under 25's, given the increased incidence of STIs and unwanted pregnancies in some older age groups, Members felt that there would be potentially meaningful impact from following the 'period' poverty model and making condoms freely available to everyone who might want to use them in similar public spaces and other appropriate locations. Whilst it was appreciated that there may be some challenges associated

with this, given the shelf life of the products, it was nonetheless felt worthwhile to address those challenges given the potential to influence a positive culture shift in the face of declining condom use and increasing STI rates.

4.5 Youth Access and Confidentiality

4.5.1 Members considered the impact of increased use of digital records and processes in healthcare settings, and how these might impact public perceptions of privacy and the confidentiality of their sensitive personal data – particularly in the case of those below the age of 18 where parental oversight may be a factor. Members discussed the ability to access an individual's full medical records via the NHS App, in addition to its uses for booking medical consultations, appointments and procedures amongst other uses.

4.5.2 Members heard that physicians, clinicians and other health professionals were able to 'hide' or withhold certain records from appearing in the NHS App as appropriate to preserve the confidentiality of sensitive personal data, including information concerning contraception and sexual health. They felt that greater information concerning the measures taken to safeguard personal data within the NHS app, including the ability to hide or cloak certain information from inclusion in the digital record should be communicated more clearly to address concerns around information security.

4.5.3 Members also heard that the Fraser Guidelines (Appendix 8) were particularly relevant in considering the confidentiality afforded to young people around their contraceptive choices and sexual health information. Members believed that the Fraser Guidelines were not widely known or understood by many young people, and that greater awareness had the potential to positively influence the level of interaction between young people and health professionals best placed to assist them in making informed choices in relation to contraception and sexual health.

4.6 Data, Monitoring and Strategic Alignment

4.6.1 Members heard that whilst significant progress had been made in reducing the number of teenage pregnancies in the Borough, there was an increase in local (Paragraphs 4.3.2 to 4.3.4 refer) and national (Appendix 5 refers) termination rates. This was a trend that Members were keen to see reversed and as such, particularly given uncertainty around the reliability of the data used to inform Council planning. Members believed it would be beneficial to review and quality assure local data on terminations and teenage pregnancies at regular intervals in order to allow the relevant services to assess emerging trends, explore and identify the root causes of any adverse variances and facilitate the formulation and implementation targeted interventions that addressed their drivers.

4.6.2 Likewise, Members heard that whilst there were existing, established PCNs within Rotherham's geographical footprint, it was not widely understood which practices had formed collaborative partnerships in terms of service delivery, or which services were covered by such arrangements, including access to contraception. Members were advised that it was a matter for individually owned GP practices to determine those arrangements given the complex landscape concerning contracting and remuneration.

4.6.3 Whilst it was accepted that the Council were not in a position to broker or make decisions concerning such arrangements, Members felt that there was the potential for the Council to promote more effective use of local resources by harnessing existing community facilities and services by encouraging the expansion and enhancement of partnership working approaches where this would deliver health and wellbeing benefits to Rotherham residents. They considered that in order to facilitate this the relevant Council services could work with partners to map Primary Care Networks (PCNs) across Rotherham to better understand service coverage and inform future planning and commissioning, with ongoing monitoring to ensure information held remained current and valid.

5. Long-Term Broad Ambitions

5.1 Members recognised that whilst there was tangible short-term impact that could be achieved through the implementation of the recommendations set out within this report, they were also cognisant of the need for a collaborative, whole system approach in order to achieve lasting change and maximum impact, which extended beyond the immediate influence or control of the Council. As such, in addition to the recommendations, Members developed the following long-term broad ambitions to which it asked the Council and all relevant partners to commit.

5.2 They were as follows:

i. To explore and encourage, where possible, cross-practice referrals within Primary Care Networks (PCNs) to improve access to LARC services locally.

(Paragraphs 4.2.2 to 4.2.21, 4.6.2 and 4.6.3 refer).

ii. To map Primary Care Networks (PCNs) across Rotherham to better understand service coverage and inform future planning and commissioning, including but not limited to access to contraception and sexual health services.

(Paragraphs 4.2.11, 4.6.2 and 4.6.3 refer).

iii. To encourage GP practices to appoint contraception and sexual health champions, with visible signage and private consultation options in every surgery in the Borough.

(Paragraphs 4.2.16 refers).

iv. To promote condoms as a free and accessible contraceptive option, which also offers high levels of protection against sexually transmitted infections, and ensure widespread and discreet availability in community settings.

(Paragraphs 4.2.4, 4.2.5, 4.3.1, 4.4.6, 4.4.7, 4.4.12, 4.4.13 refer and a Appendix 5 refers).

v. The creation of a programme/initiative akin to the 'period poverty' campaign which would see freely available condoms in public spaces and other suitable locations such as workplaces, sports and entertainment venues.

(Paragraphs 4.2.4, 4.2.5, 4.3.1, 4.4.6, 4.4.7, 4.4.12 and 4.4.13 refer).

6. Options considered and recommended proposal

6.1 ***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.

6.2 ***Option B: Support the recommendations only. (Not recommended)***

Whilst this option would deliver tangible short-term improvements for Rotherham residents that were sustainable in the long term, Members felt it would not achieve maximum benefit as the recommendations alone did not harness the collective power of collaborative systemic change achievable when delivery partners were engaged.

6.3 ***Option C: Support the recommendations and long-term broad ambitions. (Preferred option)***

Members felt that whilst tangible short-term improvements for Rotherham residents that were sustainable in the long term could be achieved solely through the recommendations outlined at the head of the report, there was the opportunity to realise meaningful collaborative systemic change when there was commitment to delivery of the long-term broad ambitions outlined at paragraph 5.2. It was felt that this represented the option that most closely reflected the vision and strategic outcomes described in the Council Plan, and had the potential to deliver improvement in health and wellbeing for generations to come.

7. Consultation on proposal

7.1 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.

7.2 In its review, the working group considered evidence from the officers and key partners. These are outlined in paragraphs 3.2 to 3.4.

8. Timetable and Accountability for Implementing this Decision

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

8.2 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.

9. Financial and Procurement Advice and Implications

9.1 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.

10. Legal Advice and Implications

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

11. Human Resources Advice and Implications

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

12. Implications for Children and Young People and Vulnerable Adults

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

13. Equalities and Human Rights Advice and Implications

13.1 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.

14. Implications for CO2 Emissions and Climate Change

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

15. Implications for Partners

15.1 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.

16. Risks and Mitigation

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

17. Accountable Officers

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

Approvals obtained on behalf of Statutory Officers: -

	Named Officer	**Date**
Chief Executive	John Edwards	Click here to enter a date.
Strategic Director of Finance & Customer Services (S.151 Officer)	Judith Badger	Click here to enter a date.
Assistant Director of Legal Services (Monitoring Officer)	Phil Horsfield	Click here to enter a date.

Report Author: *Kerry Grinsill-Clinton*
01709 807267 or kerry.grinsill-clinton@rotherham.gov.uk

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