

HEALTH SELECT COMMISSION
Thursday 22 January 2026

Present:- Councillor Keenan (in the Chair); Councillors Yasseen, Adair, Ahmed, Baum-Dixon, Brent, Clarke, Duncan, Garnett, Harper, Havard, Fisher, Harrison and A. Carter.

Apologies for absence:- Apologies were received from Knight, Tarmey and Thorp.

The webcast of the Council Meeting can be viewed at:-

<https://rotherham.public-i.tv/core/portal/home>

43. MINUTES OF THE PREVIOUS MEETING HELD ON 20 NOVEMBER 2025

Resolved:-

That the minutes of the meeting held on 20 November 2025 were approved as a true and correct record of the proceedings.

44. DECLARATIONS OF INTEREST

There were no declarations of interest.

45. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no questions from members of the public or the press.

46. EXCLUSION OF THE PRESS AND PUBLIC

There were no items on the agenda that required the exclusion of the press or members of the public.

47. ROTHERHAM SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2024-2025 AND STRATEGIC PLAN 2025-2028

The Chair welcomed Moira Wilson, the Independent Chair of the Rotherham Safeguarding Adults Board (RSAB), Jackie Scantlebury, Safeguarding Adults Board Manager, Sally Morris-Shaw, Head of Service for Localities and acting Head of Service for Safeguarding and Gemma Cross, Head of Safeguarding, The Rotherham NHS Foundation Trust (TRFT) to the meeting and invited Moira Wilson to introduce the reports and presentations.

Members received a detailed presentation on both the RSAB Annual Report for 2024-2025 and the RSAB Strategic Plan for 2025-2028. The RSAB Independent Chair explained that the annual report summarised work completed by March 2025, and confirmed that the Board intended to present future reports to the Health Select Commission in a more timely manner.

They described that the previous three-year plan, covering 2022-2025, had focused on re-establishing core safeguarding principles following the disruption caused by the COVID-19 pandemic. The emphasis during that period had been on reinforcing fundamental safeguarding practice, embedding the principles of 'Making Safeguarding Personal', and strengthening multi-agency partnerships, which was described as a long-standing strength in Rotherham.

The RSAB Independent Chair then highlighted the work delivered during 2024-2025. This included a joint multi-agency self-assessment with Children's Services, which facilitated candid discussion about cross-sector safeguarding practice and helped shape priorities for the new Strategic Plan. Considerable progress had been made in refreshing the RSAB website to improve accessibility for both professionals and the public, although further development work remained ongoing. A quarterly newsletter had also been launched and widely disseminated across the partnership and community to maintain and improve safeguarding awareness.

The RSAB Independent Chair outlined the programme for Safeguarding Awareness Week in November 2024, during which partners delivered workshops and activities on themes such as homelessness, rough sleeping, cuckooing, suicide prevention, professional curiosity, and domestic abuse affecting older people. They noted that domestic abuse among older adults was often overlooked, and the Board had sought to raise its profile during that year's events.

In respect of safeguarding performance data, The RSAB Independent Chair explained that a 22 per cent rise in safeguarding contacts over two years reflected national trends and likely indicated increased awareness rather than increased risk. Despite the rise in demand, they confirmed that enquiries continued to be handled promptly. They also described the Board's intention to strengthen its engagement with people who had lived experience of safeguarding by creating a new voice subgroup and recruiting an expert with experience to sit on the Board itself.

The Commission heard that work had progressed on creating a 'Shared Learning Hub' for adults' and children's services, allowing learning from safeguarding adults reviews, children's case reviews, and domestic homicide reviews to be shared more consistently across partners.

Another key development during 2024-2025 was the introduction of the Vulnerable Adults Pathway, which was designed to support adults who

did not neatly fit statutory safeguarding categories but faced heightened risks due to issues such as mental health needs, substance misuse, homelessness, or other vulnerabilities. This pathway brought together the Local Authority, Police, Probation Service, NHS, and the Voluntary and Community Sector to respond collaboratively, particularly where individuals were at risk of losing their accommodation.

The year had concluded with the Safeguarding Champion Awards, which celebrated exceptional safeguarding contributions from individuals across Rotherham, including community members and frontline workers.

With regards to the statutory three-year Strategic Plan for 2025-2028, The RSAB Independent Chair explained that the plan had been developed following a multi-agency development session undertaken in January 2025 and was finalised in September of the same year. They described the plan as a genuinely multi-agency commitment, setting out shared priorities rather than actions for any single organisation.

The first priority concerned communication, engagement and voice, with an emphasis on improving public understanding of safeguarding and ensuring that the voices of people with lived experience, especially seldom-heard voices, were represented meaningfully within the Board's work.

The second priority focused on prevention and early intervention, and aimed to support people before abuse or harm occurred. This included continued work on the Vulnerable Adults Pathway and a strengthened approach to issues such as neglect, self-neglect and hoarding, where early support could significantly improve outcomes.

The third priority related to leadership and partnership working. The RSAB Independent Chair reiterated that safeguarding relied fundamentally on multi-agency practice and stated that although disagreements sometimes occurred, Rotherham's partnerships were robust, constructive, and consistently centred on supporting residents. As part of this priority, the Board planned to explore the development of a Multi-Agency Safeguarding Hub, bringing partners together at the point of first contact to improve coordinated responses.

The fourth priority focused on 'Making Safeguarding Personal', requiring a renewed review of procedures, strengthened audit activity, and closer attention to the application of the Mental Capacity Act.

Finally, they explained that the fifth priority centred on learning and development, ensuring that staff across the partnership received high-quality training and that learning from safeguarding adults reviews and other serious incident reviews was consistently applied. A new multi-agency audit approach would also be developed to support that continuous improvement.

The RSAB Independent Chair invited the Board to note the development of the strategic plan, which reflected both the learning identified in the annual report and the refreshed strategic priorities agreed through partnership engagement. They confirmed that detailed action plans would sit beneath each priority and that the Board would provide updates on progress as necessary.

The Chair thanked the Officers for the presentation and invited questions and comments from Members.

Councillor Brent observed that the annual report and strategic plan contained many forward-facing phrases such as “I will” and “we will”. They noted that, if read literally, such phrasing might suggest that objectives were not yet being delivered. They emphasised that they did not believe this was the case, and queried whether the language had been a conscious choice to signal fresh intent rather than a lack of existing delivery.

The RSAB Independent Chair responded that wording such as “we will further strengthen” could add to a sense of forward momentum and would consider that approach in future, but confirmed that the language used had been intended to reaffirm commitment to safeguarding, linked to the “Think Local, Act Personal” approach, which encouraged the use of personalised “I” and “we” statements. They stressed that much of the activity was already in place with the statements worded to express renewed commitment and added that the underlying action plan would be explicit about what would be done under each objective and how progress would be evidenced, enabling visibility of improvement or corrective action where needed.

Councillor Duncan raised questions regarding the learning and development objective, noting the commissioning of a three-year training package for staff. They sought reassurance that the programme would reach all relevant personnel, be effective, and remain flexible as needs evolved over the three-year period.

The RSAB Independent Chair invited the Safeguarding Adults Board Manager and the Head of Service for Localities and acting Head of Service for Safeguarding to respond. The Safeguarding Adults Board Manager explained that the Workforce Development Sub-group, reporting through the Board and Executive, had adopted a three-year strategy to avoid gaps that had previously arisen due to lengthy procurement cycles. The commissioned training was offered free across the partnership, including the Voluntary and Community Sector, and the three-year horizon allowed quality assurance of upcoming content and scope to adjust in year three for legislative or practice changes. They added that the arrangement fostered a strong relationship with the training provider, who liaised regularly with the Council’s training lead, which enabled timely tweaks for emerging needs. They confirmed the strategy would be refreshed annually on the website, and advised that the offer was

repeatedly promoted to partners, which had resulted in strong uptake of core courses. Where specific courses had lower take-up, the adults' and children's partnerships had explored joint delivery to improve reach and deliver value. They emphasised that ad-hoc training would continue to be added alongside the core offer, citing recent attendance at a children's sector session on spiritual and ritual abuse that had been so valuable it was being considered for adults' training and for dissemination across the partnership and Voluntary and Community Sector.

Councillor Harper referred to the performance data which indicated a 22 percent increase in contacts and a 37 percent rise in Section 42 enquiries. They noted a decrease between 2023 and 2024 followed by a sharp increase in the most recent 12 months, and asked whether the causes of the earlier decrease and subsequent increase had been analysed, and whether the Board was confident it had the tools to manage continued rising demand.

The RSAB Independent Chair replied that the Performance Sub-group scrutinised data derived largely from the Safeguarding Adults Collection submitted to the Department of Health and Social Care. They suggested that recording issues immediately post-COVID might have contributed to earlier patterns, and explained that the Board intended to incorporate data from agencies such as the Police and health services alongside Local Authority data. They were confident in the support available from the Local Authority performance team and invited the Head of Service for Localities and acting Head of Service for Safeguarding to add detail.

They described rich data from the Council's Performance and Business Improvement Service, including a live dashboard and regular reporting that enabled swift trend identification and risk escalation. They also explained that the Performance and Quality Sub-group offered a multi-agency forum for reviewing referral levels from partners, and that threshold guidance had been developed with commissioned providers to ensure consistent reporting, with further threshold work planned for the Housing and Voluntary and Community Sectors. They highlighted high volumes of concern from South Yorkshire Police and said fortnightly sessions had been established with Police colleagues to agree best pathways, linked to the Vulnerable Adults Pathway previously described.

Councillor Harper sought reassurance regarding whether a similar increase over the next year could be managed and whether resources in place were sufficient to meet that level of need, the Head of Service for Localities and acting Head of Service for Safeguarding advised that recent performance had actually been amongst the strongest of the past year despite rising demand. They emphasised the close monitoring undertaken through dashboards and partnership discussions, and described ongoing refinement of processes and triage with partner agencies. The situation was manageable at present but would continue to be monitored closely.

Councillor Harrison asked about progress in embedding the Vulnerable Adults Pathway and how its impact was being monitored. They wanted to understand how the Community Multi-Agency Risk Assessment Conference (CMARAC), the Vulnerable Adults Risk Management Meeting (VARMM), and the Vulnerable Adults Panel (VAP) were being used to support adults with complex needs who fell below safeguarding thresholds.

The Head of Safeguarding, TRFT explained that outcomes for individuals discussed in those forums were monitored, and that cases of multiple disadvantage typically involved combinations of mental health issues, unstable housing, substance misuse, and physical illness. They described that partners had been dynamically reviewing plans and risk assessments to sustain engagement with people who did not access services in traditional ways and added that the process was under constant review. It was noted that the system usually achieved decisions earlier in the pathway, with very few cases elevated to the highest threshold of the Vulnerable Adults Panel, which was reserved for commissioning gaps. On those occasions, the panel considered commissioning options, including specialist out-of-area provision, to address specific needs.

Councillor Harrison enquired how learning from Safeguarding Adults Reviews and thematic reviews led to measurable improvements. The Head of Safeguarding, TRFT, who was also the co-chair of the Safeguarding Adult Review Group, explained that the group scrutinised learning from national, regional and local reviews to test the reliability of processes and procedures. They described that the group worked with audit colleagues to commission specific audits where assurances were sought, reviewed individual organisations' audits, and shared assurances through vehicles such as the newsletter, "seven-minute briefings," and short videos to improve accessibility of resultant learning. They confirmed that the primary focus was embedding learning and anticipating lessons from other areas before issues arose locally.

Councillor Clarke referred to statistics on abuse types. They noted that neglect accounted for almost half of all recorded abuse and financial abuse for 26 percent. Councillor Clarke wanted to understand what the Board's data revealed about patterns, inequalities, and repeat victimisation, and how prevention and intervention were shaped and targeted in response to the metrics.

The RSAB Independent Chair responded that the Performance Sub-group examined themes and trends in detail. They explained that neglect, financial abuse and other main categories tended to persist year on year, although neglect and self-neglect had increased in recent years. They explained that this recognition had led to the development of a neglect strategy and additional training.

Councillor Clarke sought further detail around how prevention plans were adjusted based on data trends.

The RSAB Independent Chair reiterated that a stronger preventative approach was one of the new strategic objectives and that insights from performance monitoring would directly inform the prevention and early intervention strategy. The Head of Service for Localities and acting Head of Service for Safeguarding added that neglect, whether by others or self-neglect, had long been a significant concern in Adult Social Care and remained a focus for learning and staff development. They referenced a self-neglect workshop delivered with a national Safeguarding Adults Review (SAR) author, acknowledged the pressures of austerity which had highlighted financial abuse as another major area requiring early identification and swift response across the partnership. The Head of Safeguarding, TRFT emphasised the importance of professional curiosity and described how quarterly dashboard reviews triggered targeted reminders. They described a health-sector example in which training on self-neglect resulted in increased referrals in that category and prompted reinforcement of key messages in areas such as financial abuse. They outlined an example where a seemingly innocuous question “What is Just Eat?” led, through the professional curiosity of a community nurse, to the discovery of fraudulent takeaway charges and the identification of a safeguarding concern. They advised that such examples demonstrated the value of professional curiosity and of sharing learning from reviews to shape frontline practice. The Safeguarding Adults Board Manager added that Safeguarding Awareness Week was also used to cover topics that did not have dedicated training, drawing in partners from Children’s Services, the Police, and the Safer Rotherham Partnership. They described that the RSAB collaborated across South Yorkshire through the Working Together Group, with boards pooling funds for annual training and two annual conferences on shared ‘hot topics’, such as homelessness, substance abuse, and the specific challenges for people who were street homeless, sofa-surfing or living in cars.

Councillor Clarke raised a query in relation to ‘Voice’. They noted multiple references to working with voluntary groups and requested details of which organisations were involved. They also wanted to know how to subscribe to the RSAB newsletter.

The RSAB Independent Chair explained that the Board had been strengthening work on voice and had held a successful session with support from Voluntary Action Rotherham, which drew on a wide range of local organisations interested in amplifying lived experience in safeguarding. They described that organisations such as Age UK, the Citizens Advice (CAB), mental health organisations, the Boat Club, patient forum representatives linked to GP practices, and Healthwatch were amongst those engaged. They added that many had offered to help take the work forward and that follow-up activity was planned over the coming weeks. The Safeguarding Adults Board Manager proposed that the sign-up details for the RSAB newsletter be circulated to all Rotherham Councillors.

Councillor Brent queried whether incident data, such as neglect, could be broken down, by location for example, to aid understanding of patterns and trends.

The RSAB Independent Chair indicated the information existed and invited the Head of Service for Localities and acting Head of Service for Safeguarding to expand. They explained that whilst they did not have the precise figures to hand, location data formed part of the quarterly performance reports via the live dashboard, which could be interrogated. They confirmed that if a regular pattern by location emerged, the Board would act, and noted that commissioning colleagues sat on the Board to support the necessary responses.

Councillor Brent also asked who spoke for residents who could not advocate for themselves, such as those with language barriers or communication impairments, and queried whether a proxy or other arrangement existed.

The RSAB Independent Chair explained the system used advocacy, including commissioned advocacy services along with Voluntary and Community Sector organisations, to ensure such voices were heard. They were clear that the Board wanted to explore every avenue, including tenant and resident associations and councillors' ward networks, to reach people whose voices were seldom heard.

Councillor Brent asked specifically about people whose first language was not English or who could not articulate needs due to medical issues such as a stroke.

The RSAB Independent Chair invited an operational perspective from the Head of Service for Localities and acting Head of Service for Safeguarding. They explained that a full range of translation and interpretation services was available, including sign language and Makaton, and that advocacy needs were considered as part of safeguarding and wider care processes under the principle of "no decision about me without me." They added that the service identified whether an individual had someone appropriate within their own network for informal advocacy and, where not, commissioned formal advocacy. They further elaborated that that communication aids such as Talking Mats were used to support participation where appropriate.

Councillor Ahmed wanted to know whether all social workers picked up safeguarding cases and concerns, or whether some were qualified in particular areas. In general, they wanted to understand how local resources were involved and overseen by the RSAB to ensure effectiveness. They commended the Single Point of Access and asked how cases were triaged and allocated for urgency, particularly across adult and children's pathways.

The Head of Service for Localities and acting Head of Service for Safeguarding confirmed that all social workers and social care assessors were trained to respond to safeguarding issues. Assessors worked primarily at the contact stage and undertook initial enquiries with managerial support. All social workers received the same safeguarding training and refreshers. They added that complexity influenced allocation and safeguarding managers matched cases to the most appropriate practitioner. They noted that the Adult Contact Team was busy and staffed by between eight and ten social workers who undertook initial enquiries before onward allocation to community or hospital teams where further work was needed.

Councillor Ahmed sought information about how the 'Think Family' approach would be embedded across adults' and children's services.

The RSAB Independent Chair emphasised that practitioners needed to consider whole-family contexts regardless of entry point and that cross-service learning was picked up during Safeguarding Awareness Week and through training. The Head of Safeguarding, TRFT added operational examples and confirmed that 'Think Family' was already embedded at TRFT, with safeguarding training designed on that basis. They described a current joint review with children's services where an adult safeguarding referral involved children, and referenced shared practice on hoarding, including the use of the 'Clutter Scale' developed with the Fire and Rescue Service to provide objective risk assessment. They explained that tools first embedded in adult practice were being implemented in children's services where households included children, and noted that Single Point of Contact processes considered who else lived in the home to ensure concerns for adults prompted consideration of children, and vice versa.

Councillor Havard raised a query about Family Hubs. They asked whether the Board was involved in their work and whether their approach would resemble Sure Start.

The RSAB Independent Chair advised that children's services were leading the Family Hubs work, with adult services involved as needed. The Head of Safeguarding, TRFT added that she sat on the Families First Delivery Group and that some adult-focused services, such as benefits and employment support, were being designed to help families access early help and practical services, including midwifery clinics, mental health or substance misuse access. They clarified that Family Hubs were primarily an early help and access model rather than a safeguarding forum.

Councillor Havard wanted to know whether the programme was still evolving and wanted to understand any weaknesses within the partnership. They cited scenarios in which older people returned home from hospital to hoarding environments without support.

The Head of Service for Localities and acting Head of Service for Safeguarding acknowledged that such cases were seen in health and social care and advised that support was available once the service became aware. They noted that home situations often only became known during an acute episode, and that the Board worked closely with Yorkshire Ambulance Service and South Yorkshire Fire and Rescue Service to assess risk. They also described multi-agency work with Housing on deep cleans and home support to enable people remain at home safely, alongside delivering support for carers.

Councillor Fisher explored the theme of rising contacts and queried whether the data distinguished types of contact so that resources, public awareness and where relevant budgets, could be targeted to respond to insights.

The RSAB Independent Chair explained that contacts were categorised by source and reason, and added that performance monitoring flagged spikes for follow-up. The Safeguarding Adults Board Manager added that reporting could be broken down by care homes, domiciliary providers, Police and other sources, and that performance colleagues were developing further analysis by geographic area to understand, for example, whether particular concerns were more prevalent in the town centre or in rural communities. They confirmed that this development was expected to progress over the next year through performance reports.

Councillor Yasseen highlighted the positive statistic that 70.9 per cent of completed Section 42 enquiries had resulted in risk being removed or reduced, which they noted had the potential to change lives. Councillor Yasseen wanted to understand how long such outcomes were sustained, whether follow-ups at thirty or ninety days were conducted to ensure risk reduction was maintained, and whether outcomes varied by abuse type, such as self-neglect versus emotional abuse.

The RSAB Independent Chair acknowledged that they did not have some operational detail to hand. The Head of Service for Localities and acting Head of Service for Safeguarding advised that follow-up arrangements varied by scenario. In cases involving organisational settings such as care homes or council-arranged home support providers, contract compliance officers completed follow-up checks and social workers conducted reviews, whilst 'eyes and ears' intelligence, contract monitoring, and new safeguarding concerns were monitored for recurrence. For individuals living alone or with family where concerns had been addressed, social workers set review timescales proportionately and ensured that people and professionals knew where to raise further concerns.

Councillor Yasseen sought reassurance regarding the Board's commitment to holding partners to account as a strategic objective and how that was achieved in practice and queried the reality of challenge and escalation where poor performance was identified.

The RSAB Independent Chair described the self-assessment process through which each organisation outlined their safeguarding systems for the Board's assurance. They explained that Board officers attended safeguarding meetings within partner organisations and that whilst Rotherham's partnership was known for strong collaboration, familiarity did not prevent robust challenge. They emphasised the importance of the role of Independent Chair in maintaining an objective view across the partnership. The Head of Service for Localities and acting Head of Service for Safeguarding added that a formal escalation process existed, albeit seldom used beyond the initial stage, and that partners welcomed reciprocal challenge to keep the person at the centre and to resolve concerns swiftly where practice fell short.

Councillor Carter raised the issue of feedback to those who made safeguarding referrals. Drawing on professional experience, they explained that they believed referrers often received limited feedback and lacked understanding about when to re-refer if concerns persisted, which risked discouraging appropriate referrals over time.

The Safeguarding Adults Board Manager replied that the system was designed to provide a response, confirming receipt of a referral and indicating whether a concern had progressed to Section 42 or had been redirected, but acknowledged that feedback gaps existed on the pathway. They explained that the matter had been discussed earlier that day at the Policy and Practice Sub-group and that the Board would work with the performance team to extract data on where feedback had been given, examine case files to understand content and consistency, and remedy omissions.

Councillor Carter welcomed the update, cautioning that absence of feedback could depress appropriate referral behaviour, and as such would appreciate sight of future arrangements.

The Safeguarding Adults Board Manager added that close working with GPs was critical and pointed to the Yorkshire and Humber Care Record development, through which high-level social care data would become visible to primary care. They advised that this would aid prevention by showing GPs whether social care was involved and whether there had been prior safeguarding activity.

Councillor Ahmed posed a question about the use of artificial intelligence in safeguarding. They wanted to understand what that looked like and what benefits it delivered.

The RSAB Independent Chair described the use of AI in safeguarding as limited. Microsoft Copilot for meeting minutes was the extent of current use. The Head of Service for Localities and acting Head of Service for Safeguarding added that any AI generated material required human check and sign-off by a social worker, minute-taker or safeguarding

manager and confirmed that this was how the Council had been using it to date.

Councillor Ahmed emphasised the importance of informing people when AI was used, noting that automated prompts could be unsettling for some but confirmed that they supported its use for quality and efficiency purposes.

The Head of Service for Localities and acting Head of Service for Safeguarding explained that AI was only used for meeting minutes where there was a face-to-face element and confirmed that the Council had developed a statement to share with participants before recording which emphasised proportional, transparent use so that attendees were aware when AI tools were used.

The Health Select Commission Chair noted reference to the development of a 'suite of information around DoLS' (Deprivation of Liberty Safeguards) within the strategic objectives. They asked about timeframes for delivery and targeted action planning, for that and the other commitments outlined, and sought reassurance that Members would be kept informed.

The Safeguarding Adults Board Manager replied that the strategic plan and supporting action plan ran for three years. They explained that whilst the Board had convened a DoLS subgroup in its early years, this had later been considered to sit less directly within the Board's remit, however, recent discussions resulted in the Board's intention to re-establish stronger oversight of DoLS activity and figures across the borough, with the expectation that this strand of work would be picked up toward the end of 2026.

Resolved:-

That the Health Select Commission:

1. Noted the development of the 2025–2028 Rotherham Safeguarding Adults Board Strategic Plan and the content of the 2024/25 Annual Report.
2. Requested that the RSAB provide annual updates regarding delivery against the strategic plan in order to provide assurances as to its impact in terms of delivering improvements for Rotherham's vulnerable residents to the Commission, alongside its Annual Report.
3. Requested that the RSAB provide additional information to the Health Select Commission in relation to the incident data outlined in the annual report in order to provide meaningful context, such as location of incident or in the case of neglect, broken down further to specify the type of neglect, in order to facilitate identification of the root causes and development of appropriate interventions and remedies.

48. ACCESS TO CONTRACEPTION REVIEW REPORT

The Chair introduced the Access to Contraception Review Report for consideration by the Commission. Members were reminded that the report represented the outcome of a review undertaken by several current and previous Health Select Commission Members .

The Chair explained that as such, they did not intend to provide an extensive introduction invited any members who had participated in the review, along with the Governance Advisor who had support the review, to offer comments.

The Governance Advisor explained that the report had been produced collaboratively by Health Select Commission Members who formed the Working Group. They noted that Members, Officers and partners had been highly engaged and dedicated a significant amount of time and effort to the review and recommendations. They also clarified the process for progressing the report through the Overview and Scrutiny Management Board (OSMB) and subsequently Cabinet, and summarised what the Commission was asked to consider in the report's findings. They summarised that the recommendations and long-term broad ambitions set out in the report were designed to influence future service improvements and strategic direction regarding access to contraception within the Borough.

Councillor Duncan commented that the review had been a particularly interesting piece of work to participate in and formally recorded her thanks to Kerry Grinsill-Clinton, the Governance Advisor supporting the Health Select Commission, for the considerable effort they had invested in coordinating Members and supporting their work. They emphasised that producing a review report of such detail and quality must have been extremely challenging, but that the resulting report, both in content and presentation, was of an extremely high standard.

The Chair Concurred with Councillor Duncan's sentiments.

Councillor Havard advised that they echoed that praise, and recalled that they had tabled the item for consideration some years prior so was pleased to see the report realised. Councillor Havard explained that they had learned a great deal during the review about the realities of contraception provision in Rotherham, ranging from services delivered through MESMAC to those available in local communities, and encouraged officers and partners to continue the important work.

Councillor Yasseen noted that although they had not been part of the review, she had closely examined the report and wished to endorse previous comments regarding its value. They reflected that issues such as contraception were often taken for granted, with an assumption that provision was readily accessible to all who needed it. However, the review

had revealed significant postcode-based inequalities, particularly in the North and Central parts of the borough, where not all three main contraceptive options were consistently available. They also noted that the reports findings highlighted a crucial misconception, that residents often assumed that information provided by the Council or the NHS would be up-to-date, accurate and reliable whereas the review identified instances where incorrect or outdated information was shared or published, and suggested that more robust checks and balances were necessary. They felt the recommendations could have reflected this more strenuously.

Councillor Yasseen referred to the annual school lifestyle survey, a national survey involving large numbers of young people. They advised that recent results showed that amongst Year 10 pupils, young people under 16 who reported being sexually active, almost 40 percent were not using contraception. They stressed that this was a real and pressing issue for Rotherham, and that the data strongly suggested the need to link the problem of poor contraceptive access with broader concerns about sexual health, education and risk-taking behaviour.

The Governance Advisor confirmed that the Council's Commissioning Service had provided a written briefing in support of the review and had participated in evidence gathering sessions through which Members had been advised that that such data had been taken into account when commissioning services. They added that Members of the Working Group had also recognised the importance of understanding young people's perspectives and behaviours and had attempted to secure first-hand youth voice input for the review. Unfortunately, time constraints and other factors had prevented that on this occasion however, this had prompted further discussions with services about how to incorporate meaningful youth engagement in future reviews.

Resolved:-

That the Health Select Commission:

1. Noted the content of the Access to Contraception Review Report.
2. Supported option C, to support the recommendations and long-term broad ambitions as described at Paragraph 5 of the review report.
3. Supported the report being presented to OSMB, and subsequently Cabinet in accordance with the agreed preferred option.

49. HEALTH SELECT COMMISSION WORK PROGRAMME - 2025/26

The Chair advised Members that the CQC Inspection Feedback item that had been due to be presented at this meeting had been deferred to the 26 March agenda at the time the work programme included in the agenda

pack was generated. However, it subsequently became necessary to defer this item to the 14 May 2026 Health Select Commission meeting, due to unforeseen circumstances outside of the Council's control.

The Chair added that whilst every effort would be made to bring this item to the May Health Select Commission meeting, there remained the possibility that this may be further delayed and unable to be presented until the 2026/27 municipal year, but highlighted that all possible action was being taken in order to avoid that position.

Resolved:-

That the Health Select Commission:

1. Approved the work programme.
2. Agreed that the Governance Advisor was authorised to make any required changes to the work programme in consultation with the Chair/Vice Chair and report any such changes back to the next meeting.

50. SOUTH YORKSHIRE, DERBYSHIRE AND NOTTINGHAMSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

The Chair advised Members that the next JHOSC meeting was due to take place on 11 March 2026, and that the minutes of the previous meeting held on 7 January 2026 would be shared with members once available.

The Chair requested that Members reviewed the agenda for the 11 March 2026 meeting once published, and contacted the Chair and Governance Advisor regarding any questions or comments to be raised on their behalf during that meeting.

51. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2025

The Chair requested that Health Select Commission Members who had comments, queries or questions they would like to discuss further in relation to the Director of Public Health Annual Report, or any suggestion for topics to be included in the work programme arising out of the contents of the report channel these via the Chair and Governance Advisor.

52. URGENT BUSINESS

There was no urgent business to discuss.