Shropshire Council

Date: Monday, 30 November 2026

Time: 3.00 pm

Venue: Third Floor, Southwater One, Telford, TF3 4JG

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JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

TO FOLLOW REPORT (S)

3 Minutes of Previous meeting (Pages 1 - 4)

To confirm the minutes of the meeting held on 28 September 2026

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Minutes of Shropshire and Telford and Wrekin Joint Health Overview and Scrutiny Committee

Held on 29 September 2026 2.00 pm – 3.50 pm in the Council Chamber, Guildhall, Shrewsbury

The recording of this meeting is available from this link (and selecting 'live'): *ShropshireCouncil - YouTube*

Present

Members: Councillor Bernie Bentick (Co-Chair), Councillor Fiona Doran (Co-Chair), Lynn Cawley (co-optee), Cllr Dawn Husemann, Anne Mitchell (co-optee), David Sandbach (co-optee) Dag Saunders (co-optee), Councillor Colin Stanford, Jan Suckling (co-optee), Cllr Derek White

NHS participants: Ned Hobbs – Group Chief Operating Officer, SaTH and SCHT, Vivek Khashu - Strategy & Engagement Director, WMAS , Becky Scullion – Director Nursing, Deputy Chief Nursing Officer, Shropshire and Telford and Wrekin, Staffordshire & Stoke on Trent ICB, Sue Lavelle – Medical Director, Health Hero, Michael Smith – Associate Director Quality, Health Hero, Jo Williams – Group Chief Executive SaTH and Shropshire Community Health NHS Trust, Gareth Wright – Director System Improvement and Co-ordination and Emergency Preparedness, ICB

Via MS Teams: Helen Onions, Director of Public Health, T&W Council, Dr Salma Reehana, Chief Medical Officer, NHS STW, NHS Staffs & Stoke on Trent, Claire Hall-Salter - Interim Director Adult Social Care, T&W Council

In attendance: Sophie Foster, Overview and Scrutiny Officer, Shropshire Council, Lorna Gordon, Democracy Officer, Telford and Wrekin Council - Amanda Holyoak, Committee Officer, Shropshire Council (minutes)

1. Apologies for Absence

None were reported.

2. Disclosable Interests

None were declared

3. Minutes of Last meeting

The minutes of the meeting held on 18 May 2026 were confirmed as a correct record.

4. Urgent and Emergency Care Performance

The Committee received an update from HealthHero and the ICB on the first year of the out-of-hours service. A presentation was shared which is available: here. Members noted that almost 70,000 consultations had been completed, patient satisfaction remained high and the care co-ordination service was enabling many patients referred through NHS 111 and ambulance pathways to be managed without attendance at an Emergency Department.

Discussion covered access to complaints and feedback, workforce resilience, learning from delays, support for older and palliative care patients, and the appropriateness of referrals through NHS 111 and ambulance services. HealthHero highlighted the importance of clinical review and alternative community pathways, while the ICB reported that activity had stabilised following mobilisation and that overall contract performance was positive.

The Committee requested quarterly performance information to support ongoing scrutiny. HealthHero agreed to provide key performance metrics, and the ICB agreed to explore whether additional non-commercially sensitive contract KPIs could be shared with members.

The quarterly information requested included key performance indicators relating to the escalation or de-escalation of NHS 111 calls. The Committee also requested that any non-commercially sensitive KPIs relating to the ICB contract with HealthHero be shared quarterly.

The Committee then received an update from the West Midlands Ambulance Service on urgent and emergency care performance. Members were informed of strong 999 call answering performance and that Category 2 response times remained within the national standard, although Category 1 and Category 3 performance continued to present challenges, particularly in rural areas. The Ambulance Service highlighted Shropshire's geography and long travel distances as significant factors affecting response times.

Hospital handover delays were identified as a major constraint on ambulance availability. Although improvements had been achieved during the spring and early summer, more recent deterioration had occurred. The Committee was advised that reducing handover delays and improving patient flow would enable ambulances to return to frontline duties more quickly and was considered a key opportunity for improving response performance. An independent capacity review was also being undertaken to assess future workforce, fleet and infrastructure requirements.

Members expressed concern about response times in rural communities and requested greater clarity around postcode-level performance and how services were being rural-proofed. The importance of Community First Responders and publicly accessible defibrillators was highlighted.

Members also requested that future performance information include clearer explanations of technical terminology and acronyms. The Ambulance Service agreed to consider the requests for further postcode-level information and rural proofing with commissioning and information governance colleagues.

The Committee requested that ambulance response times for Categories 1 to 3 be shared quarterly for all postcodes, with separate identification of the postcode-level information that could be shared publicly.

The Committee received an update on urgent and emergency care performance, noting continued high demand within Emergency Departments and ongoing pressures relating to ambulance handovers, bed capacity and delayed discharges. Although improvements had been achieved during the spring and early summer, progress had subsequently been affected by increased demand and reduced patient discharge rates.

Members discussed the impact of patients remaining in hospital despite no longer requiring acute care. The Trust emphasised that responsibility for delayed discharge was shared across the health and care system and acknowledged that, while some delays related to processes involving local authority and other partners, a significant proportion of the challenge lay within NHS services themselves. Improvements were therefore required across the whole patient pathway, including admissions, diagnostics, hospital processes, community provision and discharge arrangements.

Work was continuing between health and local authority partners to strengthen discharge-to-assess arrangements and increase the use of community alternatives, including Virtual Wards, Urgent Community Response and the Integrated Front Door service. Members expressed concern about the pace of improvement and emphasised the need to reduce ambulance handover delays and prolonged Emergency Department waits. Further updates on progress against national performance standards were requested.

The Committee requested that information on patients waiting more than 12 hours, as included in the Trust Chair's report, be shared with members.

The Committee highlighted the significant demographic pressures facing the local health system, including substantial growth in the older population, alongside reductions in primary and community care workforce capacity, and questioned how the planned shift from hospital to community-based care could be achieved. The ICB acknowledged these pressures and advised that its neighbourhood approach would initially focus on frailty and ageing well, cardiovascular risk management and avoiding urgent hospital admissions, supported by emerging integrated neighbourhood teams. Further information on the community nursing workforce profile was also requested.

The workforce information requested was to include profiles for community and acute nursing and, where available, other healthcare professions, including midwives, health visitors, public health nurses, occupational therapists, physiotherapists, other therapists, physician associates and nursing associates.

The Committee also requested that published CQC reports relating to system providers be shared with members following publication. It was further agreed that both local authorities would follow up their hospital transport plans and that a transport and parking update would be included in the Committee's work programme.

Members welcomed the greater openness shown by partners and the commitment to provide performance information quarterly. An informal Committee session was suggested to reflect on the evidence and begin planning future scrutiny work.

5. Co-Chairs Update

The Co-Chairs provided an update following a briefing from West Midlands Ambulance Service on proposals to replace its existing operational hub in Shrewsbury. The Committee had received an overview of the proposals and the potential implications for local ambulance services. Members would continue to be kept informed as the plans developed.

The Committee also noted ongoing work to review its Terms of Reference and develop a Memorandum of Understanding with health partners. This was intended to

support greater openness and transparency, timely sharing of information and stronger collaborative working between the Committee and health organisations.

Chair: ……..

Date: ……