



Committee and Date

Health Overview and Scrutiny
Committee

26 April 2026

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Minutes of the meeting held on 26 January 2026

**In The Council Chamber, The Guildhall, Frankwell Quay, Shrewsbury, SY3 8HQ
10am**

Responsible Officer: Ashley Kendrick

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Present

Councillor Rosie Radford (Chair)

Councillors Dawn Husemann (Vice-Chair), Christopher Lemon, Wendy Owen, Teri Trickett and Adam Fejfer

In attendance

Councillor Bernie Bentick (Portfolio Holder for Health)

Rachel Gallyot, Interim Chief Medical Officer for Shropshire, Telford & Wrekin Integrated Care Board

Rachael Jones, Communications & Engagement Lead, Shropshire Telford & Wrekin Integrated Care Board

16 Apologies for Absence

Apologies were received from Councillors Vicky Moore and Colin Stanford.

17 Disclosable Interests

No declarations were received.

18 Minutes

RESOLVED:

That the minutes of the meeting held on 20 October 2025 be approved and signed as a correct record.

19 Public Question Time

One public question had been received:

David Sandbach, in relation to the reports on the Review of Investment in Primary Care: Locally Commissioned Services.

In response to a supplementary question, NHS colleagues would respond to Mr Sandbach with a timescale for publishing the impact assessment.

The question and response provided can be found [here](#).

20 Members Question Time

There were no members' questions.

21 Review of Locally Commissioned Services in Primary Care

Members received a presentation from the Interim Chief Medical Officer for Shropshire, Telford & Wrekin Integrated Care Board and were advised that the purpose of the review was to ensure fair, consistent and high-quality services for all residents, no matter where they live. She stressed that the aim was to raise standards, not reduce them, and that decisions would be based on national best practice and local population needs.

She clarified the distinction between the national General Medical Services (GMS) contract and the additional, Locally Commissioned Services (LCS), which can be shaped to meet local needs.

Members questioned how the ICB would respond if GP practices declined to deliver certain LCS. It was confirmed that while practices remain the preferred providers, alternative options such as delivery through Primary Care Networks, federations or partner organisations would be explored to ensure services remain available to patients. The overarching principle was that patients should always receive the service they require, even if the delivery model varies.

Members raised concerns about access in rural areas, especially where public transport is limited. They also highlighted difficulties faced by GP practices that want to offer more services but lack space or facilities to expand. The Interim Chief Medical Officer acknowledged these challenges and emphasised the importance of local solutions.

Questions about investment in LCSs and resource transfer from secondary to primary care were raised. Members were advised that figures are under negotiation, with a commitment to increased investment and transparency once finalised. The shift of resources, including staff and equipment, would be gradual and pathway-specific, aligned with the 10-year plan for moving care closer to the community.

RECOMMENDED:

That the ICB be invited back in 6-12 months to provide an update on progress, impact assessments, and learning from the changes.

22 Update from the Health and Wellbeing Board

The Portfolio Holder for Health provided a detailed summary of the recent Health and Wellbeing Board meeting, covering the disbanding of Healthwatch Shropshire, statutory reforms in family and children's services, housing and health action plans, SEND and alternative provision challenges, progress on the health and wellbeing strategy, and NHS reforms.

Members raised concerns about the loss of Healthwatch and the need for an independent patient voice, exploring alternative models and partner involvement, and agreed to continue lobbying and include this topic in future workshops and committee agendas.

23 Appointment to Joint HOSC

Members were advised that this item would be deferred to the next meeting as discussions were ongoing to appoint a new member to JHOSC.

24 Update from the Joint Health Overview and Scrutiny Committee (JHOSC)

The Chair advised members that the Joint Health Overview and Scrutiny Committee had been focusing on strengthening how patient experience and community voice shape their work. This had included informal meetings and planning sessions with officers, Healthwatch and NHS partners to ensure their scrutiny was focused and grounded in real experiences.

Members noted that the Committee had agreed to look more closely at patient pathways and the community health provision that supports Shropshire residents, and will be reviewing updates on the Hospital Transformation Programme alongside community health provision as wider system changes progress. Their aim was to understand how people move through services and where pressures or gaps are being felt locally.

25 Work Programme

The Overview and Scrutiny Officer presented the committee's work programme, prompting members to identify missing topics, prioritise areas for review, and plan future briefings and investigations.

Members discussed the need to review how ICB-identified local community needs translate into service offerings, the impact of voluntary LCSs, and the importance of understanding GP contracts and local service implications of NHS reforms.

Members raised concerns about the future of the West Midlands Ambulance Service station, patient transport for dialysis and other regular appointments, and the need for data-driven briefings to inform committee scrutiny.

The lack of NHS dentists and rural access issues were highlighted as ongoing concerns, with suggestions to integrate these topics into broader discussions on community medicine provision and system-level commissioning.

RESOLVED:

To seek further information and briefings on patient transport, ambulance services, and GP out-of-hours contracts, with a focus on obtaining factual data and understanding local provider arrangements before deeper scrutiny.

26 **Update from the Health in All Policies (HiAP) and Planning Task and Finish Group**

Members received an update on the Health in All Policies and Planning Task and Finish Group, detailing its multidisciplinary approach to embedding health considerations in planning policy, key findings on housing, rurality, and health impact assessments.

RESOLVED:

That the Task and Finish Group's final report would not be required to return to the Committee for formal approval. Instead, the draft report would be circulated to members for comment and then finalised by the Chairs before being submitted directly to Cabinet. This was agreed to prevent delays and ensure that the findings could be incorporated into planning policy work already underway.

27 **Date of Next Meeting**

Members noted that the next meeting was scheduled for Monday 20 April 2026.

Signed (Chairman)

Date: