JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

Minutes of a meeting of the Joint Health Overview & Scrutiny Committee held on Monday 18 May 2026 at 2.00 pm in the Council Chamber, Third Floor, Southwater One, Telford, TF3 4JG

Present: Councillors F Doran (Co-Chair), N A Dugmore, D Husemann, B Sanders and D R W White.
Co-optees: A Mitchell, J Suckling D Sandbach and D Saunders

Also Present: Councillors Cllr K Middleton (Cabinet Member for Public Health and Unlocking Opportunities for All)

In Attendance: L Gordon (Member Support Officer), S Foster (Overview and Scrutiny Officer), H Onions (Director of Public Health), J Williams (Chief Executive, SaTH), G Wright (Deputy Chief Delivery Officer, NHS STW)

Apologies for Absence: Councillors C Stanford.
Co-optees: L Cawley (attended virtually)

JHOSC10 Declarations of Interest

None.

JHOSC11 Minutes of the Previous Meeting

RESOLVED – that the minutes of the previous meeting held on 13 February be confirmed as a correct record and signed by the Chairs.

JHOSC12 Winter Planning: Six Month Update

The Committee received a presentation providing a six-month update on the effectiveness of the Winter Plan. Representatives from Shrewsbury and Telford Hospital NHS Trust explained that the Plan had been fully assured by NHS England ahead of schedule and had incorporated learning from the significant pressures experienced during winter 2024/25. Members heard that a more coordinated, system-wide approach had been adopted, with earlier engagement of system partners including primary care and pharmacy. The Plan included a range of ambitious measures such as additional modular ward capacity and reconfiguration of services, and was delivered through five phases, with several high-impact initiatives implemented early.

It was reported that performance had improved ahead of the festive period, with targets being achieved; however, the festive fortnight proved more disruptive than anticipated due to reduced service availability and staffing pressures across partner organisations, which adversely affected discharge pathways and patient flow. Members were advised that the system responded to these pressures in early January and that performance improvements were sustained through to April. It was further noted that planning for the following

winter had already commenced, with a focus on embedding learning from the previous period.

In response, Members welcomed the progress made but sought to understand areas where outcomes had not met expectations. Particular attention was given to the vaccination programme, where Members noted modest improvements in uptake but expressed concern that delivery delays, particularly within schools and for vulnerable cohorts, may have limited the overall impact in reducing hospital admissions. SaTH Officers acknowledged these concerns, advising that whilst uptake had improved across several cohorts, including flu, COVID-19 and RSV vaccinations, delivery had been affected by the timing of seasonal peaks and national supply constraints. It was confirmed that further detailed information would be provided to the Committee, including issues relating to school-based delivery.

The Committee also explored infection control arrangements and capacity within hospital settings. Members were informed that additional beds had been introduced across both hospital sites, including new modular wards designed with enhanced infection prevention measures, alongside increased availability of isolation facilities. SaTH representatives outlined the ongoing work to manage delayed discharges, noting that while challenges had persisted, improvements had been achieved through closer working with local authority and community partners.

Members emphasised the importance of ensuring accessible community-based care, including initiatives such as mobile vaccination units and the expanded role of pharmacy services. There was strong support for further utilisation of pharmacy provision to relieve pressure on primary care and improve vaccine accessibility, including consideration of their role in delivering additional vaccination programmes. SaTH representatives acknowledged this, confirming that pharmacy had played an increasing role and that further opportunities would be explored in collaboration with system partners.
A number of Members raised concerns regarding the level of detail provided within performance reporting. It was highlighted that meaningful scrutiny required clear year-on-year comparative data, including admissions, occupancy rates, same-day emergency care figures, and financial allocations relating to winter pressures. NHS colleagues accepted this and agreed that more detailed data could be shared, whilst noting the need to balance transparency with accessibility for the public.

The discussion also extended to wider system challenges, including workforce recruitment in certain specialist areas, pressures on hospital estates and car parking, and the need to continue shifting care away from acute settings towards community provision. Members expressed support for the long-term ambition to deliver more care closer to home, whilst recognising that infrastructure and capacity would need to be developed in parallel. SaTH reaffirmed their commitment to this direction of travel, highlighting ongoing work to expand virtual wards, strengthen community services, and improve urgent care pathways.

RECCOMENDED - That the update be noted and that further detailed performance and comparative data be provided to the Committee in future updates.

JHOSC13 Community Provision Update

The Committee received an update on community provision across Shropshire, Telford and Wrekin. It was acknowledged that many of the issues had already been discussed under the previous item; however, SaTH representatives provided further context on the development of a system-wide approach to community healthcare.

Members were advised that work was ongoing to develop a comprehensive strategy encompassing neighbourhood teams, urgent community response services and enhanced core provision such as district nursing. It was noted that this programme remained in development and would be presented through the appropriate governance structures in due course. SaTH confirmed that initial Board discussions were expected in the coming months and that the Committee would be kept informed of progress.

During discussion, Members reiterated the importance of improving vaccination delivery and maximising the role of community pharmacy within the system. In addition, a request was made for access to any existing or emerging community healthcare strategy, as well as updated modelling relating to the Hospitals Transformation Programme. SaTH representatives confirmed that this information would be shared once it had progressed through internal governance processes.

JHOSC14 Co-Chair's Update

The Committee received an update from the Co-Chairs on recent activity, including an informal session held with HealthHero, the out-of-hours GP provider, to review the first six months of its contract. Members were informed that the session had provided a detailed overview of performance, including response times, patient experience and system oversight.

It was reported that the Committee had been reassured by the performance of the service, with evidence demonstrating strong response metrics and positive user feedback, supported by oversight from the Integrated Care Board. Whilst acknowledging that there would always be opportunities for further improvement, Members agreed that the service was operating effectively and did not require further scrutiny at this stage. It was therefore proposed that ongoing assurance be maintained through referral to the respective Health and Wellbeing Boards.

The meeting ended at 15.50pm

Chairman: ----------

Date: Monday 28 September 2026