



Shropshire Council  
Legal and Democratic Services  
Guildhall,  
Frankwell Quay,  
Shrewsbury  
SY3 8HQ

Date: 10 April 2026

**Committee:**  
**Health Overview and Scrutiny Committee**

**Date: Monday, 20 April 2026**  
**Time: 10.00 am**  
**Venue: Council Chamber, Guildhall, Shrewsbury, SY3 8HQ**

You are requested to attend the above meeting. The Agenda is attached

There will be some access to the meeting room for members of the press and public, but this will be limited. If you wish to attend the meeting please email [democracy@shropshire.gov.uk](mailto:democracy@shropshire.gov.uk) to check that a seat will be available for you.

Please click [here](#) to view the livestream of the meeting on the date and time stated on the agenda (Please note that while we strive to live stream meetings, technical issues may occasionally occur. In the event of a technical disruption, the meeting will be paused to try to resolve the issue. Should it not be possible to resume the live stream, the meeting will proceed as scheduled, and a backup recording will be made available after the meeting. Any disruption to the live stream does not affect the legality of the meeting)

The recording of the event will also be made available shortly after the meeting on the Shropshire Council YouTube Channel [Here](#)

Tim Collard  
Service Director – Legal and Governance (Monitoring Officer)

**Members of Health Overview and Scrutiny Committee**

Rosie Radford (Chair)	Chris Naylor
Dawn Husemann (Vice-Chair)	Wendy Owen
Mandy Duncan	Colin Stanford
Christopher Lemon	Teri Trickett
Vicky Moore	Adam Fejfer

Your Committee Officer is:

**Ashley Kendrick** Democratic Services Officer  
Tel: 01743 250893 Email: [ashley.kendrick@shropshire.gov.uk](mailto:ashley.kendrick@shropshire.gov.uk)

# AGENDA

## **1 Apologies for Absence**

## **2 Disclosable Interests**

Members are reminded that they must declare their disclosable pecuniary interests and other registrable or non-registrable interests in any matter being considered at the meeting as set out in Appendix B of the Members' Code of Conduct and consider if they should leave the room prior to the item being considered. Further advice can be sought from the Monitoring Officer in advance of the meeting.

## **3 Minutes (Pages 1 - 4)**

To confirm the minutes of the previous meeting held on 26 January 2026.

## **4 Public Question Time**

To receive any questions, statements or petitions from the public, notice of which has been given in accordance with Procedure Rule 14. Deadline for notification is not later than 12 noon on Tuesday 14 April 2026.

## **5 Members Question Time**

To receive any questions from Members of the Council. Deadline for notification is not later than 12 noon on Tuesday 14 April 2026.

## **6 Appointment to Joint HOSC**

To receive nominations for the appointment to Joint HOSC to fill the vacancy of Councillor Chris Naylor.

## **7 Local Nature Recovery Strategy (Pages 5 - 8)**

To provide an update on Local Nature Recovery Strategy work and its relevance to wider health, wellbeing and planning priorities.

## **8 Drug and Alcohol Service Update (Pages 9 - 26)**

To provide an update on the JSNA and engagement activity informing the future commissioning of community-based drug and alcohol treatment and recovery services in Shropshire

## **9 Update from the Joint Health Overview and Scrutiny Committee (JHOSC)**

To receive a verbal update from Councillor Rosie Radford.

**10 Update from the Health and Wellbeing Board**

To receive a verbal update from Councillor Bernie Bentick.

**11 Update from Health In All Policies (HiAP) & Planning Task & Finish Group**

To receive a verbal update from Councillor Dawn Husemann.

**12 Work Programme (Pages 27 - 28)**

To receive a verbal update from Sophie Foster, Overview & Scrutiny Officer.

**13 Date of Next Meeting**

To note that the next meeting of the Health Overview and Scrutiny Committee is scheduled to take place on Monday 29 June 2026.

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## 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

Email: ashley.kendrick@shropshire.gov.uk      Tel: 01743 250893

### **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: .....

## **Briefing Paper: Local Nature Recovery Strategy (LNRS) and Health Outcomes**

**For: Health in All Policies & Planning Task and Finish Group**

**Purpose: Awareness raising and strategic discussion**

### **1. Purpose of this Briefing**

This paper provides a brief introduction to the Shropshire and Telford & Wrekin Local Nature Recovery Strategy (LNRS) and explains why it is relevant to the Health in All Policies & Planning Task and Finish Group's work. It is intended to provide context so that members can explore how nature recovery can contribute to health and wellbeing outcomes across Shropshire.

Although it has a focus on nature recovery, the LNRS can be used as a strategic tool for improving health, reducing inequalities and supporting wellbeing across the county. Nature-based approaches and outdoor activities provide low cost, high impact opportunities to improve population health, build resilience and reduce pressure on the NHS. This briefing document sets out the beginnings of those linkages, highlights future opportunities, and invites this working group to help shape how nature recovery contributes to better health outcomes for all communities.

### **2. What is the LNRS and why it matters for health?**

The LNRS is a statutory, evidence-led strategy that identifies:

- What the county priorities are for nature recovery
- Where there are greatest benefits for habitats to be restored, created or connected
- How environmental investment can deliver multiple public benefits, including health

The LNRS is relevant to healthcare and wellbeing because environmental conditions are key determinants of health. The LNRS provides a county-wide framework, not a single-council plan, and is designed to align with multiple systems including:

- Public health and prevention
- Spatial planning and local plans
- Transport and active travel
- Climate resilience
- Community and voluntary sector activity

In this sense, the LNRS acts as a bridge between environment, planning and health, supporting a Health in All Policies approach in practice.

### **3. Nature, health and wellbeing: the evidence in brief**

A strong and growing evidence base shows that access to nature supports:

- Improved mental health and wellbeing: 91% of adults agree that spending time outdoors improves their mental health<sup>1</sup>
- Increased physical activity<sup>2</sup>
- Reduced exposure to air pollution, urban trees and green spaces serve as natural filters that trap pollutants
- Reduced heat stress (2022 heatwave caused 3271 excess deaths across the UK<sup>3</sup>): Nature acts as an urban air conditioner to counter the Urban Heat Island (UHI) effect
- Greater community connection and social cohesion<sup>4</sup>

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<sup>1</sup> [Adults' Year 5 Annual Report \(April 2024 - March 2025\) - GOV.UK](#)

<sup>2</sup> [Making sense of the evidence around nature, health and wellbeing: a new report from Natural England - NHS Forest](#)

<sup>3</sup> [Excess mortality during heat-periods - Office for National Statistics](#)

<sup>4</sup> [Social interaction, inclusion and community cohesion](#)

- Reduced long-term demand on health services through prevention: The two-year Cross-Government GSP Programme reported up to £2.42 social return on investment for every £1 spent

These benefits are not evenly distributed. Communities with lower access to green space, lower tree canopy cover, or higher levels of deprivation experience poorer health outcomes.

#### **4. Looking ahead: challenges and pressures to 2050**

We know that increasing numbers of people, housing and infrastructure along with an aging population means careful planning is essential. These increasing pressures along with the changing climate means that ensuring land delivers multiple benefits is increasingly important. Sound planning and early intervention will make the most of opportunities and deliver maximum benefits for Shropshire's communities. Two key considerations are:

##### **4.1 Access to green space**

Projections to 2050 indicate increasing pressure on accessible greenspace, particularly in and around urban areas. Evidence shows that for every additional 360m a person lives away from a green space they have a 5% higher risk of anxiety and depression.

Without intervention, this risks:

- Reduced opportunities for everyday contact with nature
- Increased health inequalities
- Greater exposure to heat, air pollution and climate stress

The LNRS offers a mechanism to help protect, expand and improve access to green infrastructure, especially where future growth is planned.

##### **4.2 Tree canopy cover**

There is a clear relationship between:

- Low tree canopy cover
- Higher deprivation indices
- Poorer health outcomes
- Vulnerability to extreme heat events – average July temperature in 2050 could exceed 50°

LNRS mapping can help identify areas where tree planting and habitat creation would deliver the greatest combined benefits for climate adaptation, biodiversity benefits and health. The [tree equity score tool](#) provides a helpful indicator for our larger towns.

#### **5. Urban verses rural**

While the LNRS applies across the whole county, the greatest opportunities to deliver health benefits are in urban areas, where population density and health inequalities are highest. In particular:

- Urban areas offer the strongest potential to align nature recovery with prevention, mental wellbeing and physical activity through everyday access to green space.
- New development, regeneration and better master planning can maximise health outcomes by improving the quality, function and accessibility of new and existing green space, rather than relying on low-value amenity grassland.
- Targeted improvement of green space in more deprived neighbourhoods can help address health inequalities and support wider social and environmental resilience.
- Council-owned land and other public estates, including NHS sites, present clear opportunities to lead by example and deliver joined-up health and environmental outcomes.
- Voluntary partnerships between communities and willing landowners can further support conservation and access, though any changes on private land remain landowner-led.

- While rural areas provide important benefits for those able to access them, focusing LNRS delivery in urban locations offers the greatest opportunity to improve everyday contact with nature and deliver preventative health outcomes at scale.

## 6. Existing initiatives and partnerships

There are already many foundations to build on, including:

- Green social prescribing, linking people into nature-based activities to support mental health and wellbeing<sup>5</sup>
- Community-led initiatives supported by parish councils, voluntary groups and local partnerships. Strong links have already been made with Shropshire Association of Local Councils and a [workbook](#) produced to make the LNRS relevant to town and parish councils. This could be adapted to make specific reference to health benefits.
- Public health programmes that recognise the role of environment in prevention
- Links between planning, transport and green infrastructure, particularly around active travel and road verge management (providing people with a connection to nature on their daily commute)

The LNRS provides a way to join these initiatives up, give them a shared spatial evidence base, and attract wider backing.

## 7. Where links could be strengthened

This awareness-raising exercise also highlights further opportunities, including

- Integration of LNRS priorities into local plan making and growth decisions
- Stronger alignment with transport planning, particularly active travel and access
- Clearer connections between nature recovery and health inequalities
- Engagement with public health and healthcare partners in shaping delivery

Making these links early reduces the risk of missed opportunities and increases the preventative value of investment.

## 8. Alignment with corporate priorities

The LNRS aligns strongly with corporate ambitions including

- Economic benefits (nature degradation could cause a 12% loss to UK GDP<sup>6</sup>)
- Environment and climate resilience
- Healthy people and communities
- Prevention and reducing long-term demand on services

Framing LNRS as part of the “healthy people” agenda, not just the environmental agenda, helps embed it across corporate planning and delivery. As part of the Biodiversity Duty, Shropshire Council has a statutory requirement to consider biodiversity in all its decision making – similar to the Health for all policy.

## 9. How the Health in All Policies & Planning Task and Finish Group can add value

The Health in All Policies & Planning Task and Finish Group is well placed to:

- Challenge where links between health and nature are weak or absent
- Help shape recommendations that strengthen prevention, equity and access
- Identify where member insight and local knowledge could improve delivery

Key questions members may wish to explore include:

- Where in our areas is access to nature most limited, what does that mean for health?
- How can green infrastructure be planned to support both urban and rural wellbeing?
- How can health partners help prioritise LNRS delivery areas?
- What information or evidence would members find most helpful going forward?

<sup>5</sup> [NHS England » Green social prescribing](#)

<sup>6</sup> [Nature degradation could cause a 12% loss to UK GDP | University of Oxford](#)

## **10. Suggested outcomes and next steps**

Possible outcomes from this discussion could include:

- A recommendation for an all-member briefing on the LNRS and health, to broaden understanding and build shared ownership. An all-member briefing could be offered flexibly, aligned with workloads, and supported by a short presentation and background material.
- Agreement on how health considerations should be reflected in future LNRS delivery
- Identification of areas where scrutiny input would be most valuable as work programmes develop

# HOSC – Drug and Alcohol Recommissioning Update 20<sup>th</sup> April 2026

Page 9

Shaun Morris

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Agenda Item 8

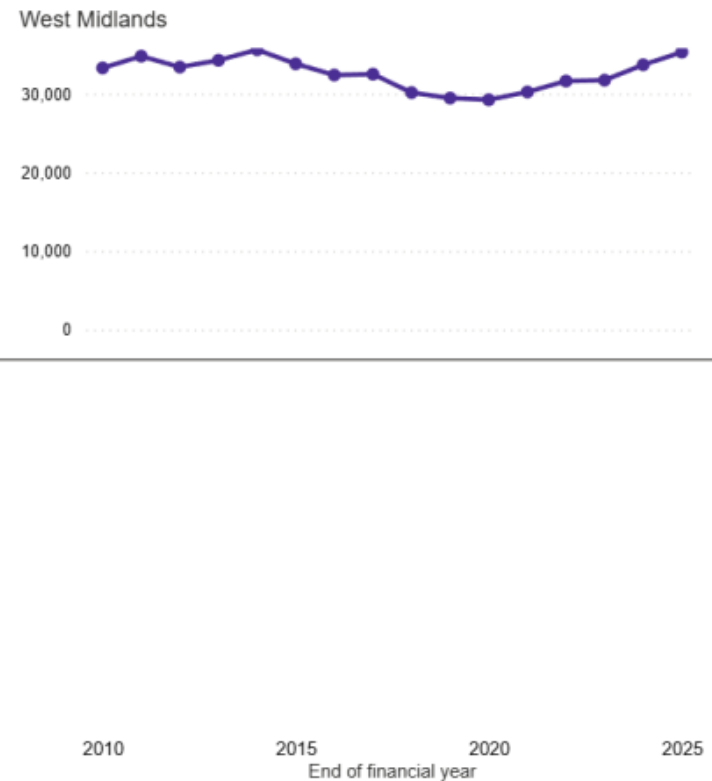
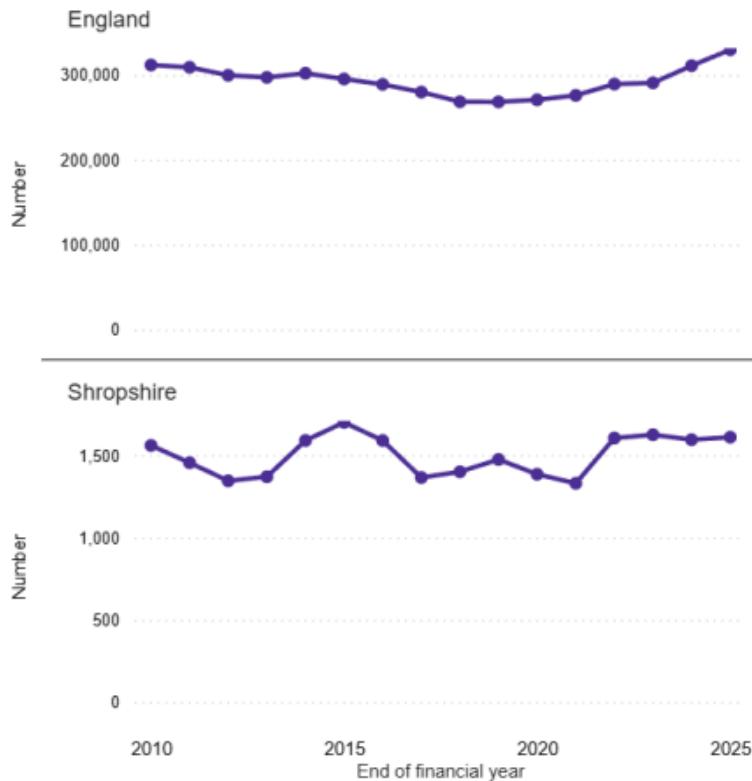
# Overview

- Drug and alcohol services were recommissioned in 2019 and have since been provided by WithYou (previously Addaction). The current contract ends in March 2027.
- Services are delivered from 3 main offices in Oswestry, Shrewsbury and Ludlow, with satellite clinics and services from other community locations
- The service closely links with the Council's drug and alcohol service for those rough sleeping or at risk of rough sleeping – RESET
- Services range from brief advice and harm reduction to structured interventions, inpatient detox and residential rehabilitation
- Funded by Public Health Grant with ringfences

# Adults in Structured Treatment

## Total

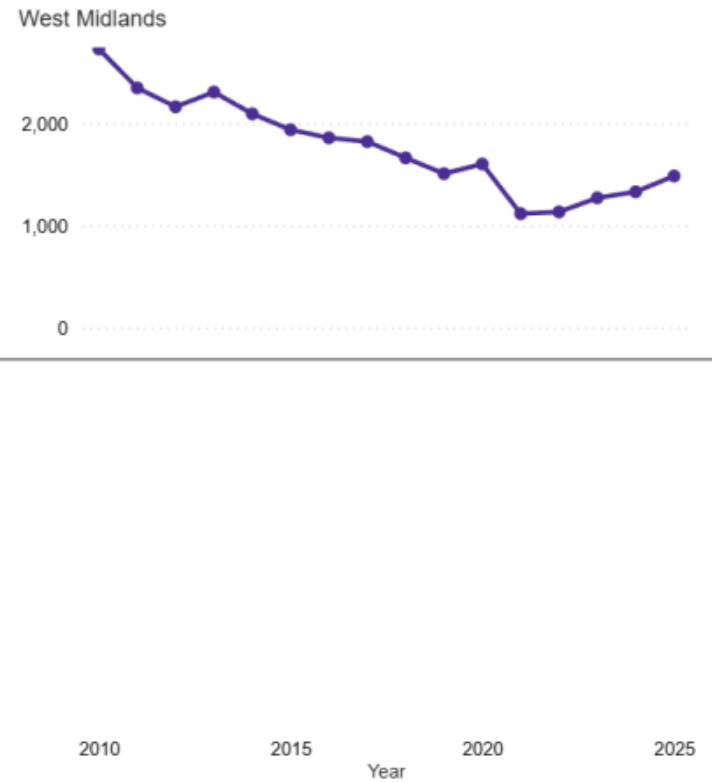
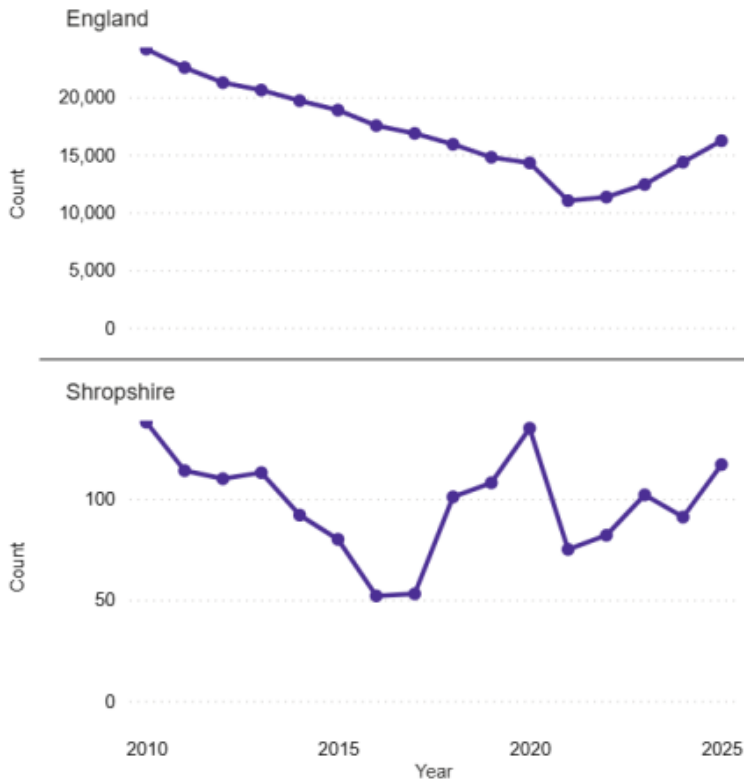
All in treatment - (Opiate, Non-opiate only, Alcohol only, Non-opiate & alcohol) - (Male, Female) - (18-29, 30-49, 50+)



# Young People in Treatment

## Total

All in treatment - - 2009/10 - 2024/25 - (Male, Female) - (Under 14, 14-15, 16-17)

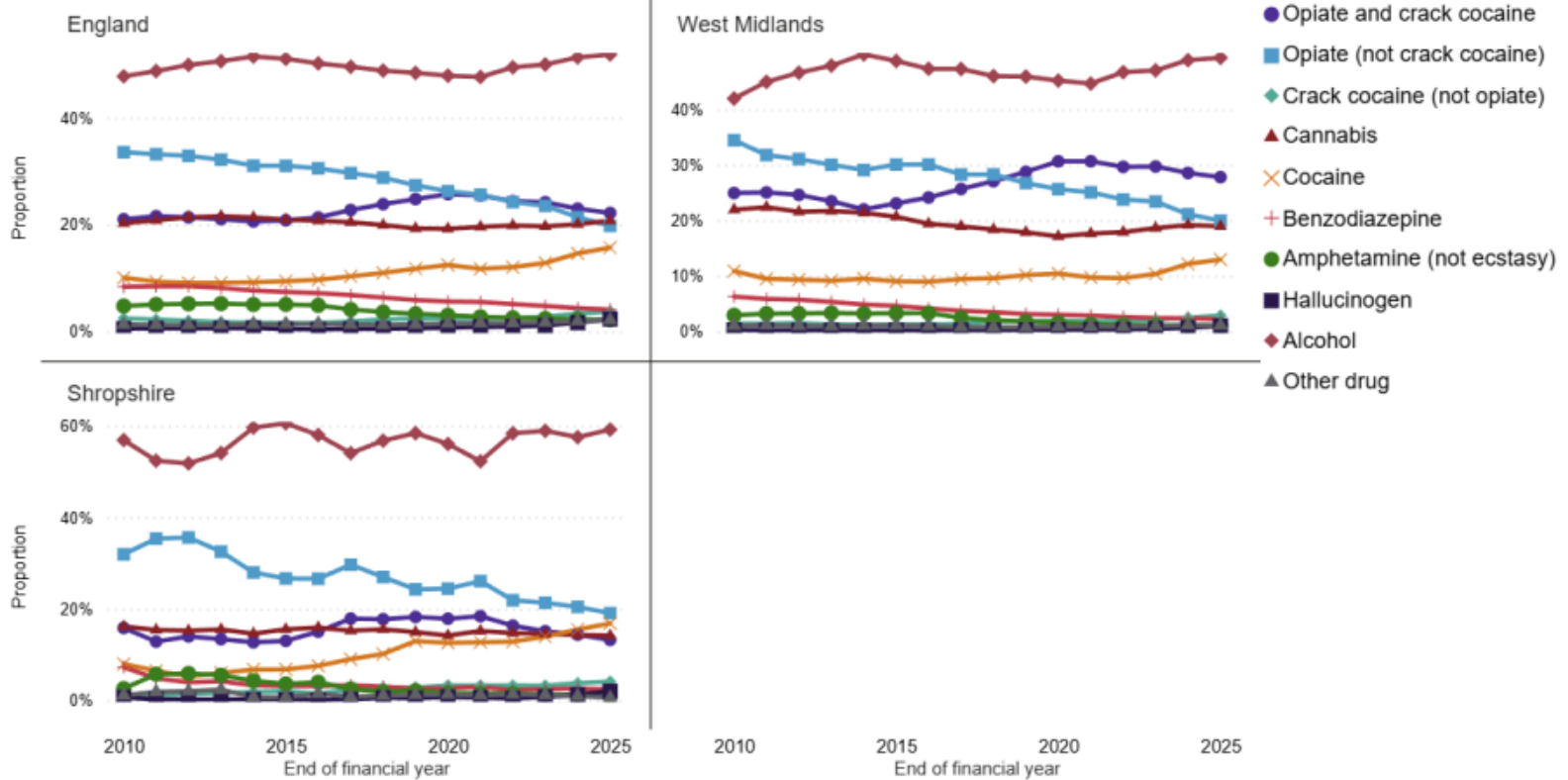


# Substance Use - Adults

## Substance use - All in treatment

All in treatment - (Opiate, Non-opiate only, Alcohol only, Non-opiate & alcohol) - (Male, Female) - (18-29, 30-49, 50+)

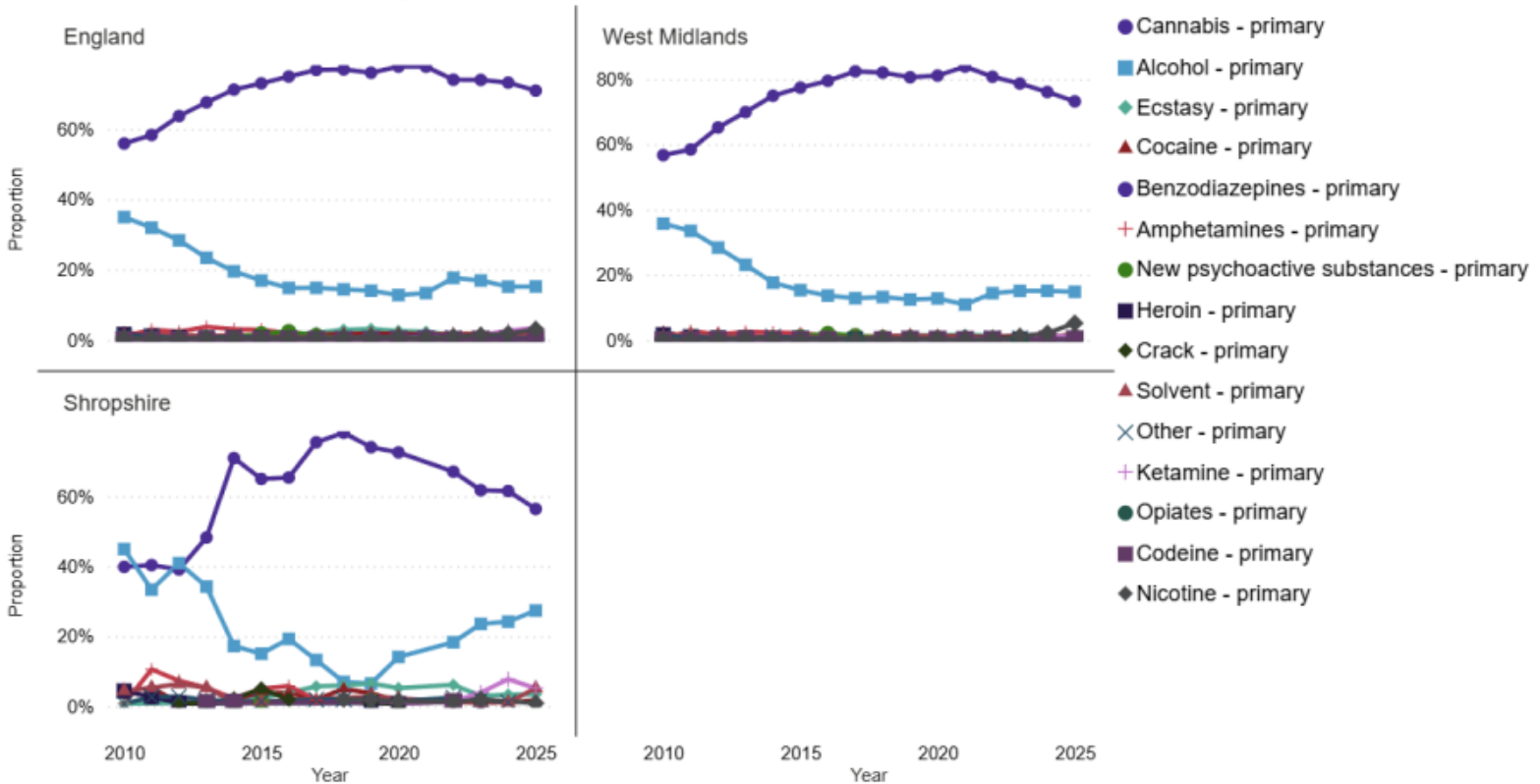
Page 13



# Substance Use – Young People

## Substance use - primary citation

All in treatment - - 2009/10 - 2024/25 - (Male, Female) - (Under 14, 14-15, 16-17)

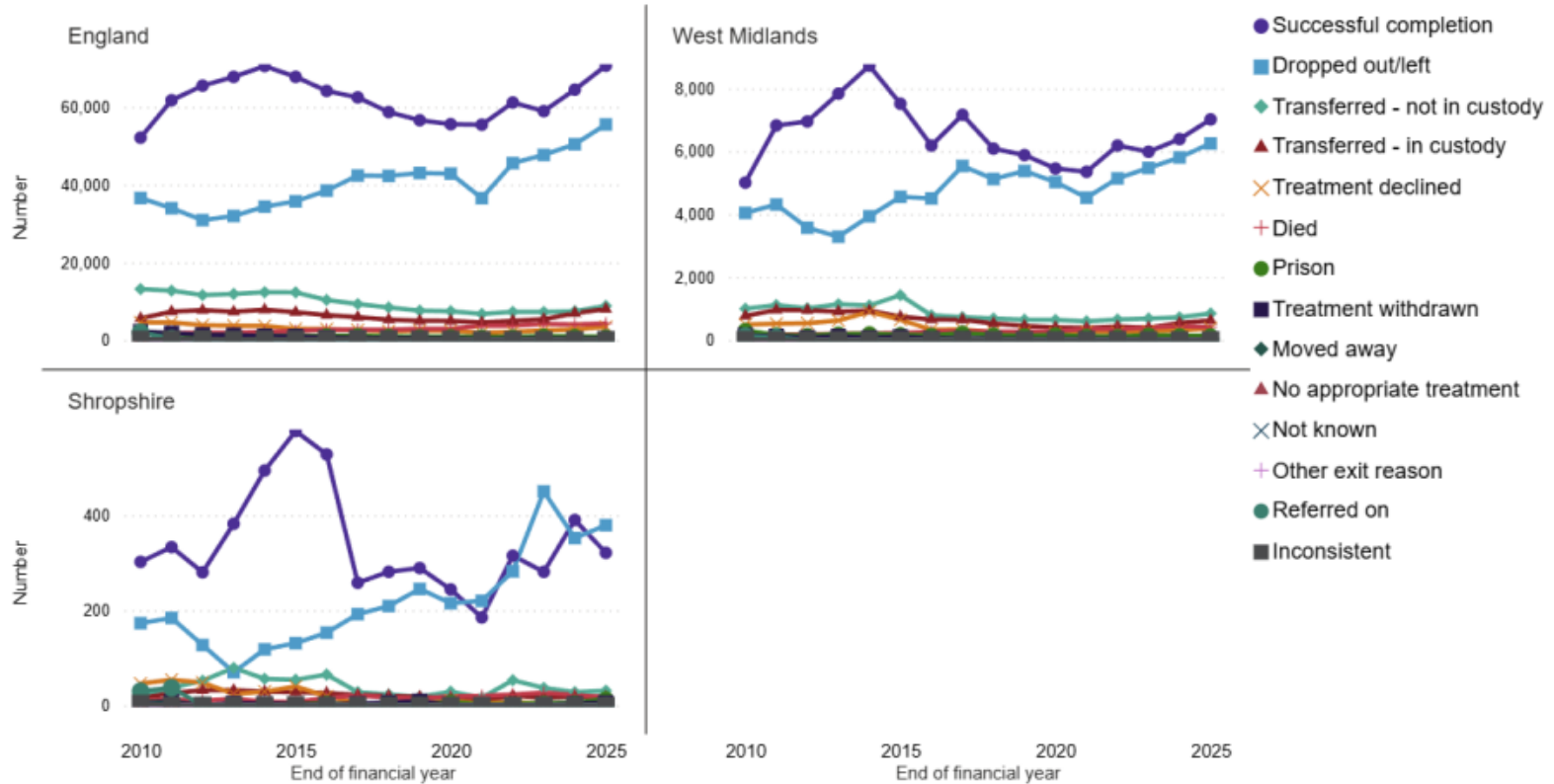


# Treatment Exits - Adults

## Treatment exits - All in treatment

All in treatment - (Opiate, Non-opiate only, Alcohol only, Non-opiate & alcohol) - (Male, Female) - (18-29, 30-49, 50+)

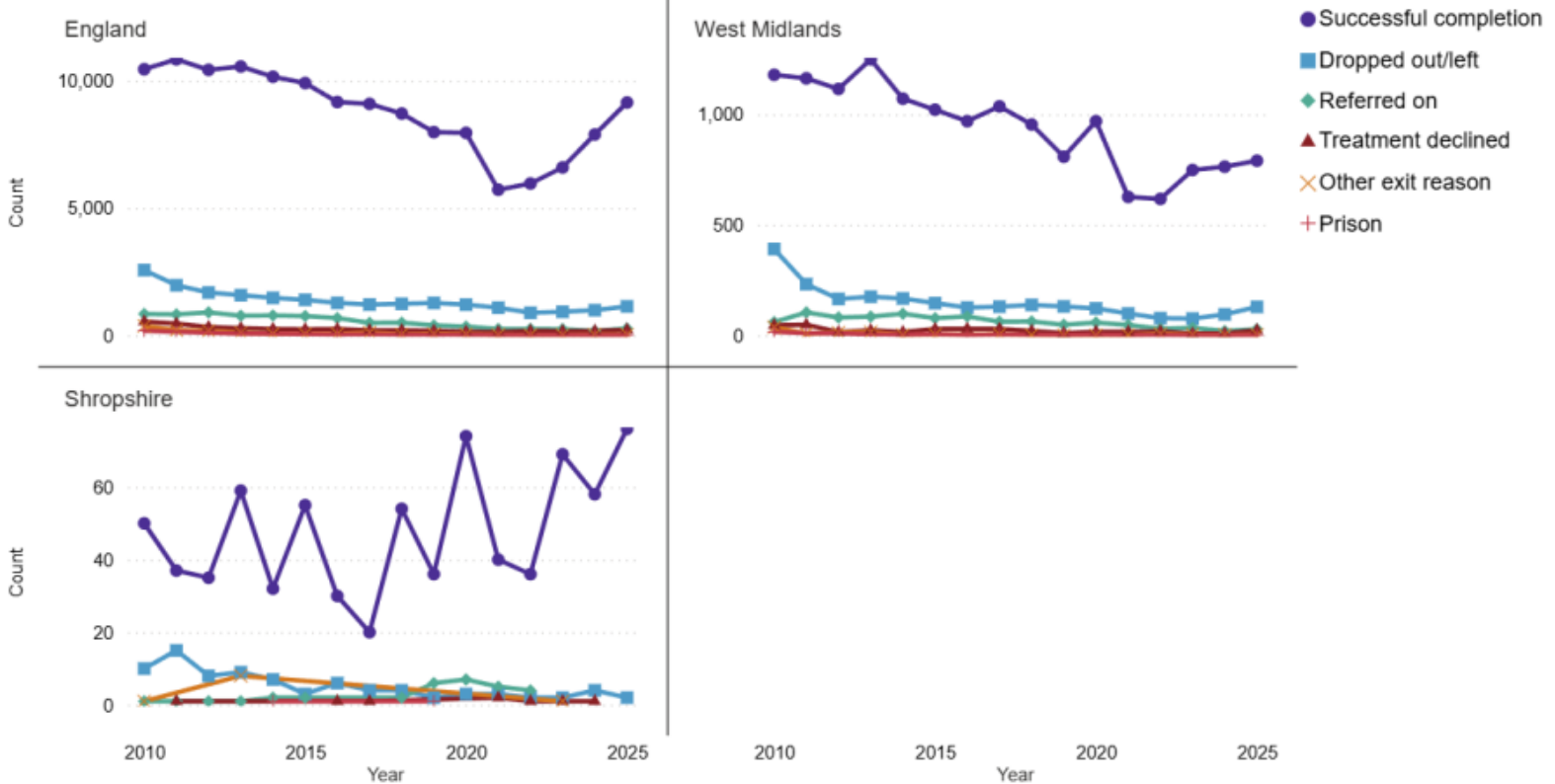
Page 15



# Treatment Exits – Young People

## Treatment exits

All in treatment - - 2009/10 - 2024/25 - (Male, Female) - (Under 14, 14-15, 16-17)



# Local Updates & Activity

- **Joint Strategic Needs Assessment (JSNA) & Engagement -**  
The JSNA is being developed to inform commissioning of community-based alcohol and drug treatment and recovery services in Shropshire
- **Recommissioning** – Summer 2026, to begin March 2027
- **RESET service** – To be considered alongside recommissioning
- **Community Detox** – First successful detox undertaken in 70 Castle Foregate
- **Local Drug Information Systems (LDIS) and reviewing Drug and Alcohol-Related Deaths (DARD)** – Panels beginning to review drug and alcohol related deaths and suicides
- **Blue Light Project** – MDTs and training for professionals
- **Webinars** – Successful Ketamine webinar and schedule ahead

# JSNA - Shropshire is doing well with...

**An 8.5% increase in adults accessing structured treatment**

Oct 2024 to Sep 2025, compared to the previous year

**126 children and young people accessed structured treatment**

Oct 2024 to Sep 2025, a 37% increase from the previous year

**A high proportion of alcohol-only clients entering treatment**

much higher than the national rate

**Higher employment rates among those in treatment than nationally**

**Only 1% of adults waited more than 8 weeks to start treatment**

better than previous years and below the national average

**90% of adults in treatment have stable and suitable housing**  
higher than nationally

Shropshire has invested in **RESET**, supported accommodation options and strengthened links with housing providers. This has resulted in a **rapid increase in engagement** from rough sleepers

**Unmet mental health need fell from 29% to 22%**  
between 2022 and 2025

Needle Syringe Programme access is geographically reasonable, with SRP offering in-service needle provision in central, northern, and southern areas, alongside an offer through pharmacies

**Shropshire has a higher proportion of under 15s in treatment than nationally**

Engagement with 15 to 16-year-olds also mirrors national levels

# JSNA - Shropshire's areas of need...

## High unmet need for drug treatment

Shropshire shows significant unmet need, especially for crack-only users (75%), opiates-only (58%), dual opiate and crack users (45%)

**Ages 15 to 24 in Shropshire have much higher unmet opiate need** than the England average

**Unmet need for crack-only is higher than England for ages 35–54**

Rural areas have significantly less engagement than urban ones likely due to transport issues, travel distances, digital exclusion, and fewer clinics, resulting in treatment access inequalities.

**67% of referrals come from self, family or friends**

which indicates that professional referral routes (GPs, A&E, social care, criminal justice) may not be utilised as fully as they could be.

Even though unmet mental health need is improving, the JSNA shows that **males continue to have higher unmet mental health needs** (particularly ages 18 to 29)

Adults dropping out of treatment (379) is higher than those completing treatment (321), with those in treatment for alcohol-only

Females are more likely to seek alcohol treatment as they age but younger women are less represented. Older women show higher rates of alcohol dependence

While alcohol clients show higher housing stability, **drug treatment clients are more likely to report housing problems** (16%) and an urgent housing need (7%) from the latest 2021/2022 data

**Male alcohol related harm remains higher**

# Stakeholder & service user engagement

Challenges

Page 20

Communication with GPs  
 Continuity **Staffing**  
**Dementia support**  
 More support for those who lack capacity **Mental health services**  
**Rurality** **Housing**  
 Public transport

Opportunities

**Increased partnership working** Workforce stability  
 Use of local hubs **Mental health support**  
 Wellbeing support  
 More regular appointments with key workers  
 Male only groups Female only groups  
 Increased sessions

“SMART groups have been a lifeline. I look forward to coming”

“A level of wellbeing support/mental health support based within the service would be beneficial as so many of the clients have mental health concerns. Opportunities to chat and open-up about mental health/emotional wellbeing would be positive”

Improved service helpful for repeat users

Good staff and service

I like that there is free parking available if you know where to find it in Oswestry

Group sessions are helpful

Central is ideal - good to have a base in the town centre

Easy walk into town

Opening times work well

Communication is good, they will text me, email me, write things down, whatever works for me to remind me

The commute is reasonable in the South

After service needs improvement

Turnover of key workers unhelpful

I have built the group timing into my routine

Text reminders before group meetings are appreciated

They will check in if you miss an appointment

# JSNA - Recommendation s



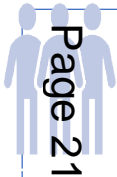
Improve integrated working between substance misuse and mental health services to support Shropshire residents of any age with co-occurring substance misuse and mental health needs.



Ensure services respond to changing substance patterns, including rising non-opiate and alcohol-related need and gender differences. Females rising in non-opiates, non-opiates and alcohol, and alcohol only.



Continue to develop effective pathways to reduce ketamine use



Page 21

Address unmet drug treatment need, especially for opiates and crack



Maintain and develop effective alcohol treatment pathways



Continue to improve and develop support for children who have parents in treatment to ensure services respond to the needs of the whole family



Continue to deliver the Shropshire Drug and Alcohol Strategy through the system level Combatting Drugs Partnership and the Shropshire Tackling Drug and Alcohol Partnership Groups and review the action plan in light of the JSNA findings



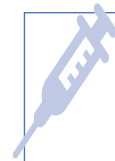
Reduce over-reliance on self-referral and strengthen professional referral routes



Enhance harm reduction and reduce preventable deaths



Reduce dropout rates for those accessing drug and alcohol treatment, especially with alcohol-only clients who are driving the largest volume of exits



Review Needle and Syringe Programme (NSP) coverage – particularly in under-served rural areas



Improve access and equity for rural communities

# Market Engagement

- Engagement sessions undertaken with Provider market highlighted themes to consider
- Flexibility of service
- Hub and spoke delivery, structured mobile and outreach
- Protected identities of services; Adults, CYP, Rough Sleepers
- Face-to-face and digital offers
- Lived experience and visible recovery, women-specific and trauma-informed provision
- Neurodiversity and dual diagnosis around substance use and mental health
- Improving re-engagement, rapid prescribing

## Forward plan

- Further engagement planned in April
- Project Board in place to oversee
- Specification currently being drafted
- Tender to be published for the next service in Summer 2026, to begin April 2027

# Finally...

- **If you, friends, parents, guardians or others with a role supporting someone in Shropshire are concerned about alcohol or other substance use, the commissioned provider, Shropshire Recovery Partnership delivered by WithYou, provides free and confidential advice and support. More information on the service can be found here:**
- [Drug and Alcohol Support in Shropshire | WithYou](#)

# Thank you.

Page 25

**Shaun Morris**

**[Shaun.morris1@shropshire.gov.uk](mailto:Shaun.morris1@shropshire.gov.uk)**

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Date	Topic	Responsible Officer	Notes	All Member Briefing	Task and Finish Group	Report to committee	Previous topic to review
Jan-April 2026	Health in All Policies (HiAP) and Planning	RR	To review and accelerate the integration of Health in All Policies (HiAP) principles into planning policy		✓		
20/04/2026	HiAP and Planning	DH	To receive a verbal update on the Task and Finish Group			✓	
20/04/2026	Local Nature Recovery Strategy and Health	MF/LP	An update on Local Nature Recovery Strategy work and its relevance to wider health, wellbeing and planning priorities.			✓	
20/04/2026	Drug and Alcohol Service	SMGC	An update on the JSNA and engagement activity informing the future commissioning of community-based drug and alcohol treatment and recovery services in Shropshire.			✓	
TBC	Hospital Discharge and Continuing Health Care	NMRR	Possible T&F /Joint Committee with POSC to explore this topic, hearing from officers, public health, NHS and partners	✓			
TBC	Better Care Fund	LT/JT	Review of current practice ahead of update.	✓			
TBC	Local Implications of NHS Reforms	SW/RR (HO)	NHS reforms and the local implications and anything scrutiny may recommend cabinet to consider for impact on Shropshire and LA	✓			
TBC	HiAP- Partnerships and Prevention	RR	To review partnerships and how they support prevention	✓			
Latter 2026	Rural Proofing in Health and Care Report	RR	Update on the actions from the Rural Proofing in Health and Care Report				✓

**Other identified areas of interest from Committee discussions, including topics for briefings:**

Children's mental health services-Briefing
HiAP and Housing To review and accelerate the integration of Health in All Policies (HiAP) principles into housing policy
Digital Health and Wellbeing- To be reviewed at JHOSC and specific local areas identified and referred to HOSC
Health- neighbourhoods what is the planned offer of services for residents.
Dentistry as part of PCN access including rurality implications discussions or JHOSC
Hospital transport for paralysed patients waiting times local provision for coming home from hospital, regular appointments- briefing KPI/SLA- Adaptations