SHROPSHIRE HEALTH AND WELLBEING BOARD
Report

Meeting Date	**17th September 2026**					
Title of report	**Joint Local Health and Wellbeing Strategy 2028–2033 Development Proposal**					
This report is for (You will have been advised which applies)	Discussion and agreement of recommendations		Approval of recommendations (With discussion by exception)	x	Information only (No recommendations)	
Reporting Officer & email	Damilola Agbato, Public Health Principal Damilola.Agbato@shropshire.gov.uk					
Which Joint Health & Wellbeing Strategy priorities does this report address? Please tick all that apply	Children & Young People	x	Joined up working	x		
	Mental Health	x	Improving Population Health	x		
	Healthy Weight & Physical Activity	x	Working with and building strong and vibrant communities	x		
	Workforce	x	Reduce inequalities (see below)	x		
What inequalities does this report address?						

Report content

1. Executive Summary

This report provides a structured plan for developing the next Joint Local Health and Wellbeing Strategy to cover 2028–2033, recognising the current strategy Joint Health and Wellbeing Strategy for 2022-2027 runs to 2027, and that a refreshed strategy will need time for drafting, co-production, public consultation, and final approval.

The proposed approach works back from a final HWBB approval point in late 2027, with a formal consultation period of 6–8 weeks and includes early co-production activity (including voluntary and community sector engagement) to shape the draft before consultation.

2. Recommendations

The Health and Wellbeing Board is asked to:

1. **Note** the proposed overall timeline and milestone logic for development, consultation and approval of the Strategy (2028–2033).
2. **Endorse** the approach to consultation (minimum 6–8 weeks) and the proposed timing to avoid May to reduce election/purdah-related risk.
3. **Confirm** the preferred engagement approach (including the principle of co-production/early engagement prior to formal consultation, and a bespoke voluntary sector session alongside wider events).
4. **Note** the proposed HWBB meeting dates for 2027 (as currently proposed) to support forward planning for decision points.

3. Report

Background and context

The Health and Wellbeing Board (HWBB) has a range of statutory responsibilities, including the preparation of the Joint Strategic Needs Assessment (JSNA) and the Joint Local Health and Wellbeing Strategy (JLHWS).

The Joint Local Health and Wellbeing Strategy (JLHWS) is the principal strategic document produced by a Health and Wellbeing Board to improve the health and wellbeing of local populations and reduce health inequalities. It is a statutory responsibility of Health and Wellbeing Boards, established through the Health and Social Care Act 2012 and subsequently updated through the Health and Care Act 2022. The 2022 Act formally renamed Joint Health and Wellbeing Strategies (JHWSs) as Joint *Local* Health and Wellbeing Strategies (JLHWSs), reinforcing their place-based focus.

The purpose of a JLHWS is to provide a shared vision and set of priorities for improving health and wellbeing across a local area. It translates evidence from the Joint Strategic Needs Assessment (JSNA) into a clear strategic direction, identifying the most important health challenges facing communities and the actions required from partners to address them. The strategy serves as a collective agreement between local government, the NHS, public health, social care, voluntary and community organisations, and other stakeholders on where resources and efforts should be focused to achieve the greatest improvement in population health and wellbeing.

Purpose of report

To present, for HWBB discussion and endorsement, a proposed roadmap and key milestones for the development of the Joint Local Health and Wellbeing Strategy 2028–2033, to confirm governance, approach, and decision points.

Development Project Plan and Timeline
Purpose and Scope
To co-produce, consult on, and approve a refreshed Health and Wellbeing Strategy for 2028–2033, building on the existing 2022–2027 strategy, aligning with:

- JSNA updates
- Neighbourhood Health framework
- Marmot and health inequalities agenda
- Patient voice and co-production expectations

The strategy will be approved in late 2027 and come into effect at the start of 2028, ensuring continuity beyond the current strategy period.

Governance and Roles

Role / Body	Responsibility
Health and Wellbeing Board (HWBB)	Strategic oversight, approval of drafts, consultation sign-off and final approval
Project Lead (Public Health)	Overall delivery, coordination, drafting, and reporting
HWBB Chairs	Steer on engagement approach and assurance
Partners (ICB, Local Authority, Voluntary Sector)	Co-production, thematic input
Insights Team	Consultation design, survey assurance
Communications / Engagement	Public consultation and engagement events

High-Level Timeline (2026–2028)
Phase overview

Phase	Timing
Set-up & governance confirmation	Summer-Autumn 2026
Evidence refresh & priority refinement	Summer–Autumn 2026
Early engagement / co-production	Autumn–Winter 2026
Drafting strategy	Summer–Autumn 2026 to Early 2027
HWBB draft approval (for consultation)	January 2027
Public consultation (6–8 weeks)	Late Jan – March 2027
Final revisions & assurance	Summer–Autumn 2027
Final HWBB approval	November 2027
Strategy goes live	Early 2028

Key Constraints & Assumptions

- Consultation avoids May election / purdah period
- Strategy draws on latest available JSNA outputs
- Co-production prioritised before formal consultation
- Six-monthly HWBB progress updates during development

Proposed approach

The proposed approach is to develop the Strategy through staged activity:

1. **Set-up and governance** – confirm reporting structure, working arrangements and oversight.
2. **Evidence refresh and priority review** – review the evidence base and priorities, taking account of relevant frameworks such as the Neighbourhood Health framework and Marmot principles.
3. **Co-production / early engagement** – including a bespoke voluntary sector session, plus wider partner events (two open sessions suggested in discussion).
4. **Drafting and assurance** – prepare a draft for HWBB consideration.
5. **Formal consultation** – minimum 6–8 weeks, timed to avoid May risk.
6. **Finalisation and approval** – incorporate consultation outcomes and secure final HWBB approval in late 2027.

Key milestones and decision points (high level)

We suggest working back from a final draft for late 2027, with the intention to avoid having final approval fall too close to the January cycle, and to complete consultation ahead of that finalisation point.

Proposed HWBB dates for 2027 as: 21 Jan, 18 Mar, 20 May, 8 Jul, 16 Sept, 18 Nov.

The Board is asked to note these as proposed dates to support planning (and not yet confirmed through committee services processes).

Resource and delivery considerations

Work will require coordinated contributions across system partners, with the intention that relevant thematic leads hold responsibility for drafting where appropriate, to avoid centralisation of drafting responsibility.

Communications

A communications and engagement plan will be needed for consultation (including accessible materials and targeted engagement activity), with internal assurance support required for any public survey/consultation materials.

Risk assessment and opportunities appraisal		
Financial implications		
Climate Change Appraisal as applicable		
Where else has the paper been presented?	System Partnership Boards	
	Voluntary Sector	
	Other	

List of Background Papers

Health and wellbeing boards – guidance

Cabinet Member (Portfolio Holder) or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead

Rachel Roninson, Executive Director of Public Health (DPH), Shropshire Council

Appendices

N/A