



## HEALTH AND WELLBEING BOARD PAPER

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**Report of:** Greg Fell

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**Subject:** Health and Wellbeing Board: Future Engagement

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### Summary:

This paper will outline previous engagement approaches taken by the Health & Wellbeing Board and reflect on what approaches the Board might want to take in the future. It will outline a number of questions that the Board should consider in deciding the methods, target groups and resourcing of any new approaches. It will recommend that a working group is established to draw up an engagement plan for the Board and that this group works with other Boards and partners in the city to ensure a joined up approach to engagement which asks the right people, the right questions at the right time and in the right way.

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### Questions for the Health and Wellbeing Board:

- What lessons should be drawn from previous engagement approaches? What can be improved?
- Where are the gaps in the Board's engagement approach?
- Are there any particular groups the Board should prioritise in future engagement? How can relationships be established/deepened with these groups?
- Are there any themes or ambitions which the Board should prioritise in future?
- What current best practise in engagement should the Board explore? What is possible within COVID-secure guidelines?
- How can the Board work with other partners and Boards across the city to ensure efficient and collaborative engagement approaches?
- How will we know our engagement has had a meaningful impact on the implementation of the strategy?

### Recommendations for the Health and Wellbeing Board:

The Health & Wellbeing Board are recommended to:

- Establish an Engagement Working Group to develop a coherent proposal for consideration at the Board's March 2021 public meeting.

**Background Papers:**

Information on University of Sheffield's proposed Evaluation approach

**Which of the ambitions in the Health & Wellbeing Strategy does this help to deliver?**

All of them: the strategy cannot be fully realised without meaningful public engagement

**Who has contributed to this paper?**

Adele Robinson; Head of Equalities and Engagement, Sheffield City Council

## HEALTH AND WELLBEING BOARD: FUTURE ENGAGEMENT

### 1.0 SUMMARY

1.1 This paper will outline previous engagement approaches taken by the Health & Wellbeing Board and reflect on what approaches the Board might want to take in the future. It will outline a number of questions that the Board should consider in deciding the methods, target groups and resourcing of any new approaches. It will recommend that a working group is established to draw up an engagement plan for the Board and that this group works with other Boards and partners in the city to ensure a joined up approach to engagement which asks the right people, the right questions at the right time and in the right way.

### 2.0 HOW DOES THIS IMPACT ON HEALTH INEQUALITIES IN SHEFFIELD?

2.1 The Joint Health and Wellbeing Strategy (JHWBS) has the eradication of health inequalities at its heart. Healthy life expectancy is the best overall measure of both health and health inequalities. In Sheffield, the gap between the best and worst off is around 20 years. The goal of the JHWBS is therefore: **We will close the gap in healthy life expectancy in Sheffield by improving the health and wellbeing of the poorest and most vulnerable the fastest**

2.2 It is only possible to close this gap by working in partnership with those most affected by health inequalities. These groups include but are not limited to people living in poverty, those with unstable housing and employment, disabled people, BAME people and older people. Closing the gap cannot be 'done to' people, but in collaboration with them, listening to and understanding lived experiences and needs. By establishing a programme of meaningful engagement, the Board will be able to ensure its work is tailored to the real needs of the citizens of Sheffield and allocate resources in the most efficient way.

### 3.0 BACKGROUND

3.1 The Health and Wellbeing Board has a responsibility to engage with the public in the development and implementation of its strategy to improve the health and wellbeing of the citizens of Sheffield. Healthwatch Sheffield is the Board's statutory partner for engagement. The Board's Terms of Reference state that:

"Healthwatch Sheffield is the Board's statutory partner for involving Sheffield people in discussions and decision-making around health and wellbeing in the city. It is expected that the Healthwatch Sheffield representative(s) will clearly ensure Sheffield people's views are included in all Board discussions, with Elected Members, and other Independent Voice members also having a role in this regard."

3.2 The Joint Health and Wellbeing Board has always seen engagement as integral to its successful functioning, and has tried a number of different engagement approaches in the past, with differing levels of scale and to varying degrees of success.

- 3.3 Initially the Board's approach to engagement focused on two large scale in-person consultation and engagement events per year, linked to Public Board meetings, based on themes arrived at in discussion with services and Healthwatch Sheffield. As part of the review of the Board in 2017, these were discontinued as they were felt to have a limited connection to the broader agendas of the Board.
- 3.4 Following this, the Board sought ways to bring voice and lived experience of people and service users into Board discussions– with some successes, for example in relation to discussions around the Dementia strategy, but not enough consistent progress has been made in terms of influencing the strategy or the work of members of the Board more generally.
- 3.5 In 2018 Healthwatch were commissioned to carry out a programme of engagement around the new JHWBS. Much previous engagement had naturally focussed on people's operational experiences of specific services in the city, so Healthwatch were asked to engage around the broader health and wellbeing picture: i.e. talking to people about what supports their health, focused on the themes of the Strategy but not confined to these.

The Terms of Reference for this work state that Healthwatch will:

- engage with the public on the issues affecting health and wellbeing in Sheffield through a range of means, ensuring the output from this engagement is linked to the Board's Forward Plan, and is fed into and reflected in Board discussions. This work will:
- Provide an avenue for members of the public to impact on the Board's discussions and work;
- Engage the public and/or providers in the development of the Joint Health & Wellbeing Strategy;
- Develop the Board's understanding of local people's and providers' experiences and priorities for health and wellbeing;
- Communicate the work of the Board in shaping health and wellbeing in Sheffield;
- Develop a shared perspective of the ways in which providers can contribute to the Board's delivery.

By and large these principles should stand for any engagement that the Board may want to take beyond the commissioned work of Healthwatch. It is clear however that some members of the public may find it easier to influence the work of the Board than other more marginalised groups and that the Board needs to take extra measures to ensure all citizens have an opportunity to influence the work of the Board.

COVID-19 has had an impact on the work Healthwatch has been able to carry out this year, but in the previous to this as part of the commission above they have carried out a number of projects meeting with people in diverse locations. The Board has received an interim report on engagement work to date, which included talking to young families at Sheffield by the Sea in the Peace Gardens, with older people in the Moor Market, or with ESOL speakers as part of the New Beginnings programme. This engagement has been very valuable in terms of understanding how people view their lives, Sheffield, and health generally, in comparison to much engagement work which tends to be service-focused. There are some challenges in translating this engagement into clear actions for the Board and mapping recommendations onto the strategy. The commission for this work ends in March 2021 and at this stage no plans have been put in place for further work.

#### **4.0 CURRENT CONTEXT: COVID AND INEQUALITIES**

- 4.1 The Board commitment in the Terms of Reference to ‘develop and maintain a vision for a city free from inequalities in health and wellbeing, taking a view of the whole population from pre-birth to end of life’ means that as well as general public engagement with its work, a focus on engagement with marginalised groups is essential. COVID-19 has worsened many health inequalities and it has become ever more important to prioritise engagement with groups most severely affected in order to understand their perspectives and pressures and to implement the strategy effectively.
- 4.2 The groups most severely affected by health inequalities include (but are not limited to) BAME people, disabled people, people living in poverty and older people. The Public Health England report, ‘*Beyond the Data, Understanding the Impact of COVID-19 on BAME communities*’ (June 2020) states that ‘It is clear from discussions with stakeholders that COVID-19 in their view did not create health inequalities, but rather the pandemic exposed and exacerbated longstanding inequalities affecting BAME groups in the UK’. BAME and other marginalised groups have been well engaged by anchor institutions during the pandemic and the Board must prioritise the upkeep of these relationships in any future engagement work.
- 4.3 It is important to note that COVID has familiarised many people with a number of digital, collaborative technologies that they may not have used before such as video meetings. Though the use of these cannot fully replace in-person conversations, they do make engagement a lot more accessible for a number of people including disabled people who may struggle to attend physical meetings and those with caring responsibilities as well as working age adults who cannot attend in person meetings during the day but can join in a short zoom discussion. The Board should consider how best to capitalise on new ways of working digitally when establishing any engagement approach.

#### **5.0 FUTURE OPTIONS**

- 5.1 The Board committed to “maintain a citizen’s panel” as part of its recent Terms of Reference review as part of its response to the PHE report noted above, reflecting a desire to bring a more diverse range of voices into Board discussions and the development of strategy in Sheffield. The exact format of this is yet to be confirmed but this could take the form of an invitee list of people who could be invited to make contributions to Board meetings on a semi-regular basis. Making a success of this will be a key component of the Board’s future approach to engagement.
- 5.2 Public engagement is an ever-evolving field and there are a huge array of options for the Board to consider in identifying what it would like to take forward. It is important to consider the following things when deciding on any engagement approach:
  - 5.2.1 Who the Board wants to engage with: who constitutes the ‘public’? Does the Board want to engage with individuals, organisations representing groups of individuals or both?
  - 5.2.2 Does the Board prefer broader engagement with a larger number of people or focussed engagement with smaller, more targeted demographic groups?
  - 5.2.3 How do we ensure that any engagement carried on behalf of the Board meets the ethical standards of all partners involved, meets the information-seeking

requirements of all , is compliant GDPR regulations and is shareable beyond the Board to ensure better-informed decision making across the city?

- 5.2.4 What questions does the Board need the answers to? Engagement styles will vary according to the subject matter.
- 5.2.5 How much funding is available and how time-limited is the need for engagement? Good quality engagement can be both costly and time-consuming, however the better planned and resourced it is, the more useful it will be in terms of being tailored to answer specific questions and provide clear direction to the Board instead of a raft of generalised information that can be hard to show movement on.
- 5.2.6 How the Board will demonstrate back to any participants in engagement projects that they have understood what is needed and are able to act on recommendations or to encourage partners to act on them?

5.3 There are a number of existing engagement structures in the City that the Board could consider making more/better use of in addition to commissioning any new engagement work. Many of these structures are used by organisations in isolation: pooling consultation and engagement between partners would mean the avoidance of over-consultation with certain groups on the same issues, freeing up more resource to deepen relationships and develop two-way dialogue about progress.

## **6.0 EXISTING ASSETS AND NETWORKS**

6.1 There are a number of existing engagement structures in the City that the Board should consider making more/better use of in addition to commissioning any new engagement work. Many of these structures are used by organisations in isolation: pooling consultation and engagement between partners would mean the avoidance of over-consultation with certain groups on the same issues, freeing up more resource to deepen relationships and develop two-way dialogue about progress. Assets for engagement work that exists in the city already include:

- 6.1.1 Elected members and their local/ward networks
- 6.1.2 Board members' own networks
- 6.1.3 All Board members' Equality and Engagement teams
- 6.1.4 The Equality Partnership Network
- 6.1.5 Healthwatch Sheffield
- 6.1.6 Local structures that have been established as part of COVID response
- 6.1.7 VCS Networks
- 6.1.8 Citizenspace surveys
- 6.1.9 The Public Health COVID/ BAME Group (Sarah Hepworth/Shahida Siddique),
- 6.1.10 Big City Conversation,
- 6.1.11 Every Child Matters consultation

## **7.0 EVALUATION**

7.1 Evaluation of any engagement work to ensure that the Board is speaking to everyone it needs to and making effective change will be crucial. The University of Sheffield Public Health team has committed to working with SCC and the HWBB to evaluate engagement practice in the city and make recommendations for its improvement. (See appendix 1 for proposal)

## **8.0 WHAT NEEDS TO HAPPEN TO MAKE A DIFFERENCE IN THIS AREA?**

- 8.1 There are a number of existing engagement opportunities to take up: the Board should initially consider whether or not these are sufficient to meet its needs to understand the most effective way to implement the strategy.
- 8.2 Regardless of whether the Board decides to commission new engagement approaches or use existing channels, it may be beneficial for an engagement working group to be established in order to map out a collaborative approach to future engagement. By avoiding partners duplicating engagement approaches on similar issues this would ensure that resource is freed up to ensure better quality engagement on key issues agreed by all, with findings that are shareable across the Board and across partnerships. The membership of this group should be decided by the Board and work could begin as soon as possible.
- 8.3 Any engagement plan needs to be properly resourced by the Board and its members. Good quality engagement can be time consuming and expensive, though the rewards reaped by ensuring targeted tailored and actionable responses is invaluable. The existing resource for Healthwatch has been relatively limited and expires in March. The working group should work to identify engagement resource across the system that could be pooled to enhance the budget for engagement allowing wider reach or deepening of relationships.
- 8.4 The groups should also carry out research into current best practice engagement approaches for local authorities and make recommendations to the Board.
- 8.5 Any engagement plan should include analysis of JSNA data to identify priority groups suffering the greatest health inequalities for to ensure effective targeting of resource.
- 8.6 The Board should agree to work with Sheffield University Public Health engagement team to explore and evaluate various engagement models for the city (info in appendix attached) and
- 8.7 As part of this process the working group should work with the SCC Equalities and Engagement team to identify how the newly relaunched Equality Partnership Networks can be tapped into to fulfil the Board's commitment of September 2020 to establish citizens panel.

## **9.0 QUESTIONS FOR THE BOARD**

- What lessons should be drawn from previous engagement approaches? What can be improved?
- Where are the gaps in the Board's engagement approach?
- Are there any particular groups the Board should prioritise in future engagement? How can relationships be established/deepened with these groups?
- Are there any themes or ambitions which the Board should prioritise in future?

- What current best practise in engagement should the Board explore? What is possible within COVID- secure guidelines?
- How can the Board work with other partners and Boards across the city to ensure efficient and collaborative engagement approaches?
- How will we know our engagement has had a meaningful impact on the implementation of the strategy?

## **10.0RECOMMENDATIONS**

10.1The Health & Wellbeing Board are recommended to:

- Establish an Engagement Working Group to develop a coherent proposal for consideration at the Board's March 2021 public meeting.