

HEALTH AND WELLBEING BOARD PAPER FORMAL PUBLIC MEETING

Report of: *Rosie May*

Date: 28th October 2021

Subject: Engagement and Health & Wellbeing

Author of Report: Rosie May

Summary:

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. Following a meeting in December 2020 an Engagement Working Group was established to identify how the Board can better connect to the communities it serves. The group has met a number of times in the last 9 months, each time working towards a better understanding of a number of issues and defining the scope of the engagement for the next Health and Wellbeing Strategy. This paper focuses on the financial and organisational practicalities of the future engagement work.

Questions for the Health and Wellbeing Board:

- How can partners pool resources and funding to cover the costs of a part time post to coordinate engagement over the next three years and extra funding for Healthwatch to work with the VCS?

Recommendations for the Health and Wellbeing Board:

- Identify approx. £20k per annum over three years to fund a part-time post (based on a Grade 7 Council post working three days a week) to draw up a three-year Engagement Plan and monitor and evaluate its success, as well as acting as a coordination point for health and wellbeing engagement across the city.

- Commit to funding Healthwatch £20k per annum over three years to build on existing engagement work with a particular focus on working with the voluntary and community sector to bring a range of diverse voices and experiences to the Board on a regular basis
- Commit to working together to agree shared health and wellbeing engagement standards for the city
- Commit to the Engagement Working group to continue as a steering group for the work of the coordinator and the engagement plan

Background Papers:

SchARR report

Previous Engagement Update

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

This contributes to work against all of the ambitions in the Strategy.

Who has contributed to this paper?

The Engagement Working Group:

- Judy Robinson and Lucy Davies, Healthwatch
- Adele Robinson; Head of Equalities and Engagement, Sheffield City Council
- Alaina Briggs, Equalities and engagement officer SCC
- Dan Spicer Policy and Partnerships Manager, SCC
- Jane Ginniver Deputy Director ACP
- Helen Mulholland CCG
- Amy Barnes, Mary Crowder and Sue Baxter, SchARR
- Helen Steers, VAS

Report of the Engagement Working Group

1.0 SUMMARY

1.1 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. Following a meeting in December 2020 an Engagement Working Group was established to identify how the Board can better connect to the communities it serves. The group has met a number of times in the last 9 months, each time working towards a better understanding of:

- what works and what doesn't in terms of previous engagement,
- which groups have been included and excluded from decision making,
- what exactly the Board should be engaging with its communities on,
- how this can make a real impact on health inequalities in Sheffield,
- the standards of engagement we should be working to and
- how the Board and working group practically go about carrying out this work.

1.2 This paper focuses predominantly on the latter point.

2.0 KEY MESSAGES FROM THE WORKING GROUP

2.1 **HWBB needs to engage MORE and BETTER:** We know HWBB needs to connect better with its communities: to listen to what the city and its diverse communities need, to raise its profile so people can make it work better for them, and to ensure that it prioritises the right collective action at the right time for Sheffield's citizens, in order to make a real impact in reducing health inequalities. We are particularly aware that the Board is not engaging as well as it could with certain marginalised groups, and also that it is not making the best use it can of existing engagement initiatives across the city.

2.2 **The Engagement Working Group has met regularly since last year:** The Board set up a working group made up of representatives of many of Sheffield's institutions including the voluntary sector to explore collectively how we might be able to better collaborate on engaging with the public. It has spent time defining good engagement, reviewing past engagement (in partnership with ScHARR at Sheffield University) and establishing what exactly the Board needs to engage with the public about.

2.3 **We need to draw up a three year-engagement plan for the next HWBB strategy:** Following a number of papers to the Board to hone the scope of the work it was agreed that the Working Group needed to plan and cost out a three-year action learning focused engagement plan to work with as many different communities across the city over a sustained period of time in order to better understand the different health and wellbeing priorities and also different approaches to health messaging of different

communities of interest. The work would also evaluate the best engagement methods for diverse communities and make recommendations to the board about future approaches.

- 2.4 We know what good engagement looks like:** There is a great deal of health and wellbeing engagement expertise in Sheffield's institutions, statutory partners and the voluntary and community sector. Often however it has done in a piecemeal and uncoordinated manner, with different bodies repeatedly consulting with the same groups about the same issues and not sharing information. Whilst this is partly due to statutory engagement requirements for different partners, findings could be better shared across partners and with the Board, and collaborative solutions found instead of partners working in isolation. This would lead to better solutions, more capacity and less strain on communities. It would be useful if engagement standards could be agreed on by all major Board partners.
- 2.5 We need capacity to co-ordinate existing and planned engagement:** A key aspect of the three-year engagement plan would be to better coordinate and collaborate on existing and planned engagement plans and share intelligence for the benefit of the city as a whole. We do not need to carry out However there is not the resource in the working group to do this (especially with key staff members leaving and changes in the healthcare landscape). A part-time engagement officer (circa £20k: at a Council equivalent of a Band 7 post) based in one of the major institutions in the city is needed to coordinate this work, navigate the larger organisations, hold them to account for actions and report back to the Board and, crucially, those most affected by health inequalities (and the city at large) on what has been achieved.
- 2.6 We need capacity to deliver embedded, long-term, sustainable engagement:** Better co-ordination is not the only answer. For the Board to properly engage it needs long-term, community-embedded dedicated health engagement resource with expertise in working with as many of Sheffield's diverse communities as possible. A particular focus should be on accessing the voices and experiences (and building the capacity for self-advocacy) of those who the Board does not, at present, fully represent. This needs to be two way: better sharing of information and feedback on action to communities as well as listening to and working with communities on the future plan. This should be equal to or more than the funding allocated to the engagement officer post (£20k+ per annum for VCS engagement work). The funding is increased from previous years to encourage more sustained work with marginalised communities, in order to build a meaningful reciprocal relationship with the Board and its members. This could be funding pooled for existing organisational engagement resource or an extra contribution from partners.

3.0 QUESTIONS FOR THE BOARD

- How can partners pool resources and funding to cover the costs of a part time post to coordinate engagement over the next three years and extra funding for Healthwatch to work with the VCS?

4.0 RECOMMENDATIONS

4.1 The Board are recommended to:

- Identify approx. £20k per annum over three years to fund a part-time post (based on a Grade 7 Council post working three days a week) to draw up a three-year engagement plan and monitor and evaluate its success, as well as acting as a coordination point for health and wellbeing engagement across the city
- Commit to funding Healthwatch £20k per annum over three years to build on existing engagement work with a particularly focus on working with the VCS to bring a range of diverse voices and experiences to the Board on a regular basis
- Commit to working together to agree shared health and wellbeing engagement standards for the city
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