

## Appendix 2:

### H&WB Review 2022 – Interview Analysis and Methodology

- *Emerging themes and subthemes*
- *Evidence/quotes*
- *Connections between themes/interview responses*

#### Method:

21 interviews, all of which were analysed using thematic analysis methodology, implemented by two researchers. Prior to thematic analysis all transcripts were ran through R using a text analysis methodology to create initial emerging themes. These themes derived from most common words and sentiment analysis.

Key words from themes: Covid, isolations, inter-connectivity, voice, poverty, actions, focus and communication. Whilst there is still confidence in the board's ability, there is a need to a refresh of its structure and the strategy. Overall, the 9 ambitions do not need to change.

#### Main themes:

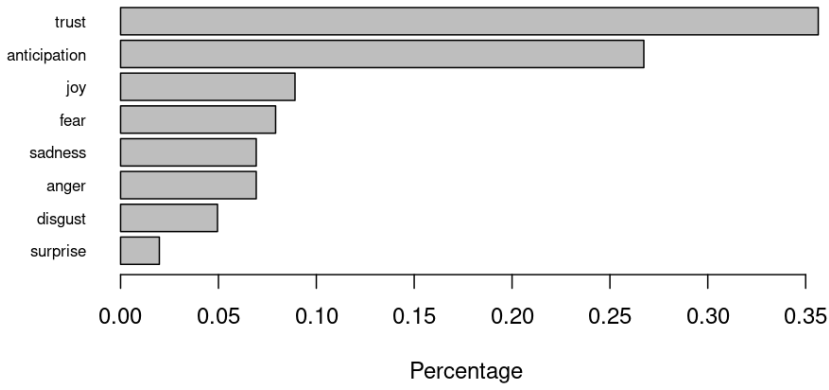
Covid-19 has seriously hindered motivations, momentum and morale. It appears that the HWB activity was more susceptible to this due to its fragility prior to the Covid-19 response. There is a large focus on measuring success and developments and that the lack of these negatively affects enthusiasm.

Responsibility and membership, especially that of the key members, was a theme which appeared to effect how others identified with the board and their commitment.

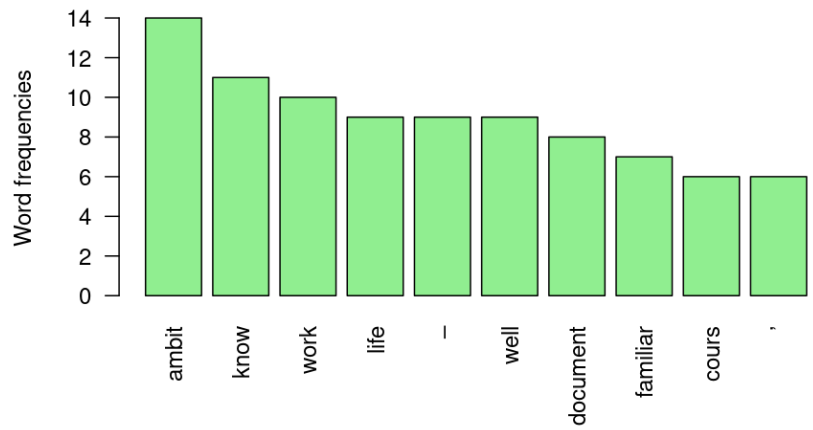
Tying in with the previous theme connectivity, communication, (inter)connectivity and working together is a huge umbrella theme which emerged throughout and had a relationship with all the other themes.

# Question 1: How familiar are you with Sheffield's current Health & Wellbeing Strategy?

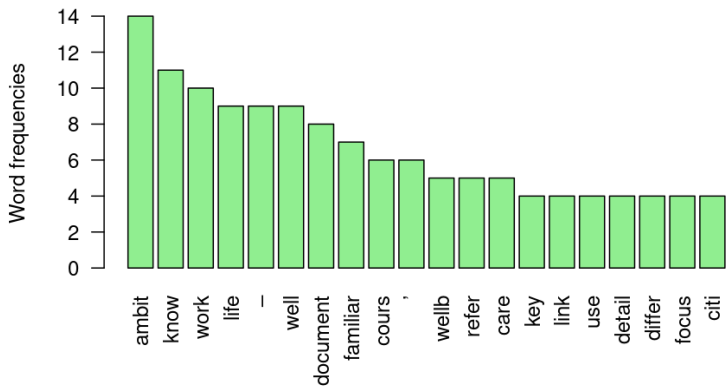
Emotions in Text



Top 10 most frequent words



Top 20 most frequent words



Phrases such as 'not very well', 'aware', 'vaguely', 'moderately', and 'know of its existence' were used a number of times. There appears to be a definitive split; people are either very confident with their knowledge of the HWB strategy, the 9 ambitions and its applications (SB2 and GHL) whilst others are knowledgeable of the ambitions which relates to their job role but their overall knowledge in the details were limited, "Not very well at all. I know about the 9 ambitions as a group and I know my ambition, sits as Ambition 5 in Living Well. If you asked me about Ambition 5 and how that links into the HWB for the city I could tell you." Others stated that their knowledge came from, "people refer[ing] to the HWB Strategy a lot", however another interviewee stated that "I've look at it from time to time, when writing cabinet papers where I wanted to refer to the HWB Strategy". **Whilst the information and resources are available, they are not be used and promoted effectively.**

One interviewee stated, "I know it very well. I have had an immense part, was Chair of the HWB Board May 2019." Whilst another individual said, "I don't know how much it achieved its aims – it's difficult to measure that." There are several arguments here, firstly is it a matter of measurement, if so can this be achieved, or is it rather a lack or individuals merely sharing their success and achievements with one another. Secondly, by this argument it is fair to assume it is the responsibility of key figures in the HWB to share knowledge, highlight success and promote interconnectivity.

"Not very well at all. I know about the 9 ambitions as a group and I know my ambition, sits as Ambition 5 in Living Well. If you asked me about Ambition 5 and how that links into the HWB for the city I could tell you."

This statement, similar to those previous, it highlights how the individual's knowledge of the 9 ambitions is limited to what is necessary for their role. It could be argued, stemming from other feedback, that the opportunity to learn about the 9 ambitions and the HWB strategy and share with on another has been limited as a result of Covid-19 and how that in response effort priorities were understandably and uncontrollably shifted.

Effects from Covid-19:

"For the past two years we have been very Covid focused"

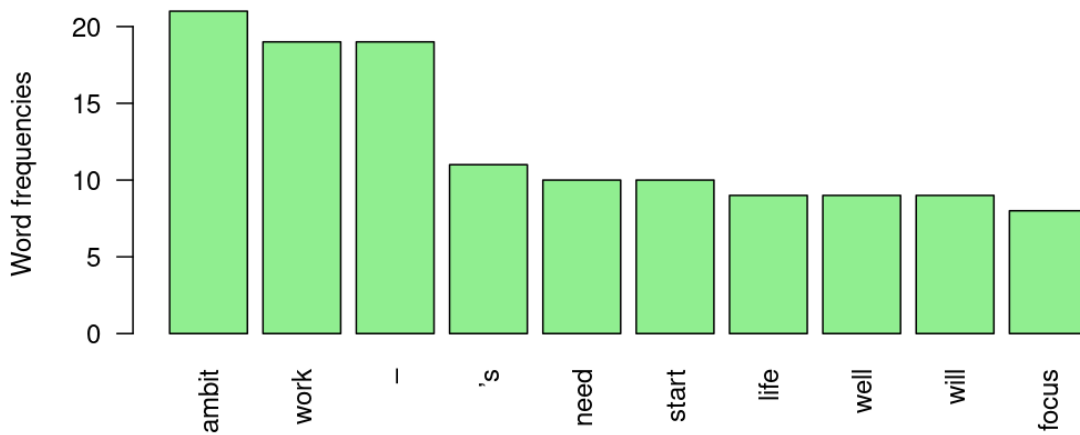
"I am familiar with it as a key document but not in any detail over the past two years largely because of working in the Public Health Team and we have had a 100% focus on the Covid Outbreak Response I haven't done any work on it. Haven't been able to contribute to it. But pre-Covid yes on the different themes and with a lead responsibility for one of the themes."

"We have a lot of projects with a Health & Wellbeing focus which impact on it. May 2020 we were due to go to the Board to report on Employment, but Covid happened, and the board was cancelled. There has been no correspondence between the HWB Board and us, no communication on Health & Wellbeing and how that links into the work we do."

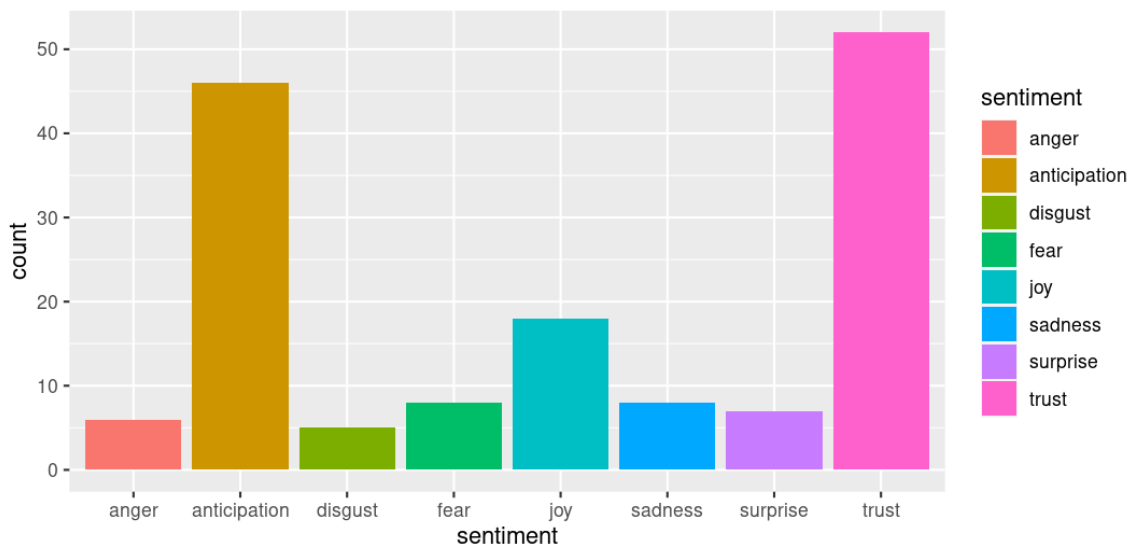
It is evident that any opportunity for growth and development within the HWB has been greatly hindered by Covid-19 responses, which is to be expected. However it appears that this only exacerbated pre-existing weakness in regards to interconnectivity and knowledge.

Q2 "2. How much has it been a key part of your responsibility/role to take it forward? And/or to take The 9 Ambitions forward?"

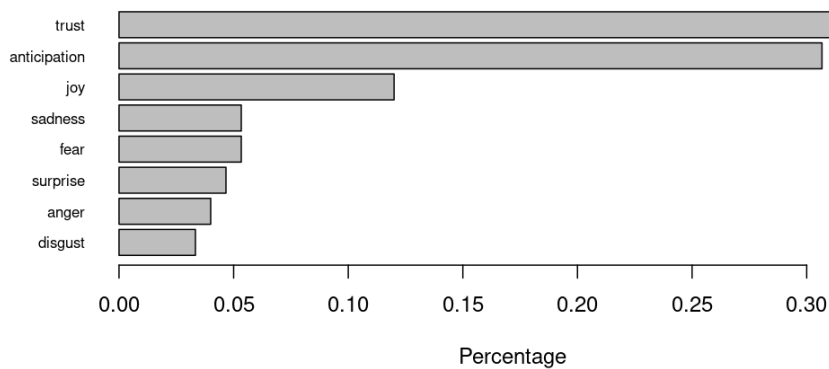
Top 10 most frequent words



Survey sentiments



Emotions in Text



Throughout the data gathered from this question supports a lot of what the text analysis reported. Interviewees highlighted confidence in the HWB and the ambitions however were often faced with continuity problems, lack of progress and lack in confidence in regards to where their position and abilities are used.

“Yes, it’s the right ambition and yes, it’s in the right area in Starting Well. I like the life course approach of the 9 Ambitions – it makes sense, the flow is good. We don’t really have a lot of input into the strategic approach on. Its going to change quite a lot, and the Council Leads/Exec members are no longer Exec Members. It’s all up in the air. But I still like the principle of Ambitions 1,2,3 being together – they still feel very relevant.”

“We have done well. But Starting well & Transition to Adulthood, Ambition 3 – it hasn’t progressed.. It should be a really strong focus for us, and our most vulnerable children have not achieved this ambition and continue not to achieve it.”

“What did that mean I did differently? Nothing. My ambition was scheduled but never came up.”

“Its high level to give context for Health, but it can’t cover everything in Health.”

The focus and direction of the HWB was also queried:

“Not really in terms of discussing it – the Board is very clinical focused except for one which was on Education which was much more holistic, with a range of contributors, and Health it needs to be holistic. We need to talk about good health and not on disease. ”

The ‘holistic’ nature, or lack there of, of the board has strong connection with themes present throughout the report in terms of communication and interconnectivity. Could the change in direction/focus, which this individual talks about, have naturally occurred from Covid-19 response, however, refocus will need more attention as it might not happen as naturally and required greater focus and effort – this could be something influencing the apprehension seen in the text analysis. When reflect on previous example this individual said, “We talked about the broader context, and it was lively and more engaging. It needs to be more holistic”, this really homes in of the idea of membership and its relationship to support and promotion within the HWB. This factor is seen throughout:

“There needs to be more of a connection between the HWB Board and the Health Protection Committee.”

“My work is not overtly connected to this strategy. I’m a bit unclear as to how the Public Health Strategy is linked to the HWB strategy.”

“If you were to give this document to someone externally it feels more like an information HWB Board.”

In addition to the idea of reflection, and people looking back on positive factors, one individual stated, “I went to the Board 8-9 years ago, when we used to have a Food & Physical Activity Board that fed up with the HWB Board, but it never really worked”. It seems as though previous experiences, positive or negative, have generated feelings of apprehension, which are then being reinforced by a lack of productivity, or ‘measurable outcomes’ and fuelling current doubts. All of which will affect how people respond and interact with the board: their interconnectivity and membership.

Representation throughout the board was also touched on,

“we don’t have anyone from Communities who sits on the HWB so we don’t have that conversation. The best person to represent Communities on the Board is Lorraine Wood. There is something about the membership on the board and having the balance for the 9 ambitions.”

This is a key piece of evidence, especially as throughout this research we failed to interview someone who could represent transport, a key area involved in the 9 Ambitions.

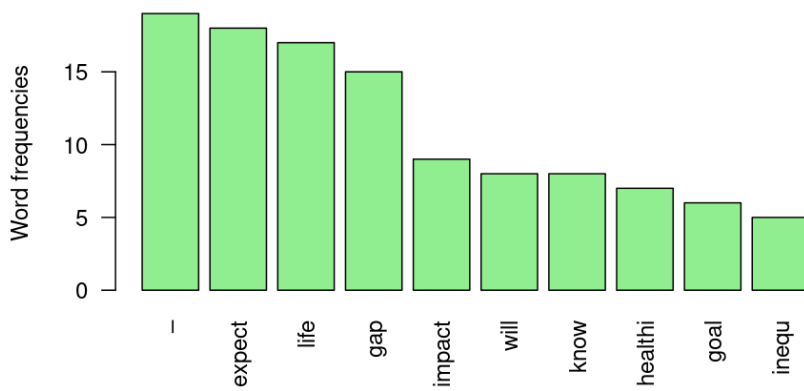
**Q3: "Have you been able to contribute to the HWB Strategy and on the delivery of the strategy?"**

"But with Covid and the PH response to Covid this has been a barrier to remaining engaged"

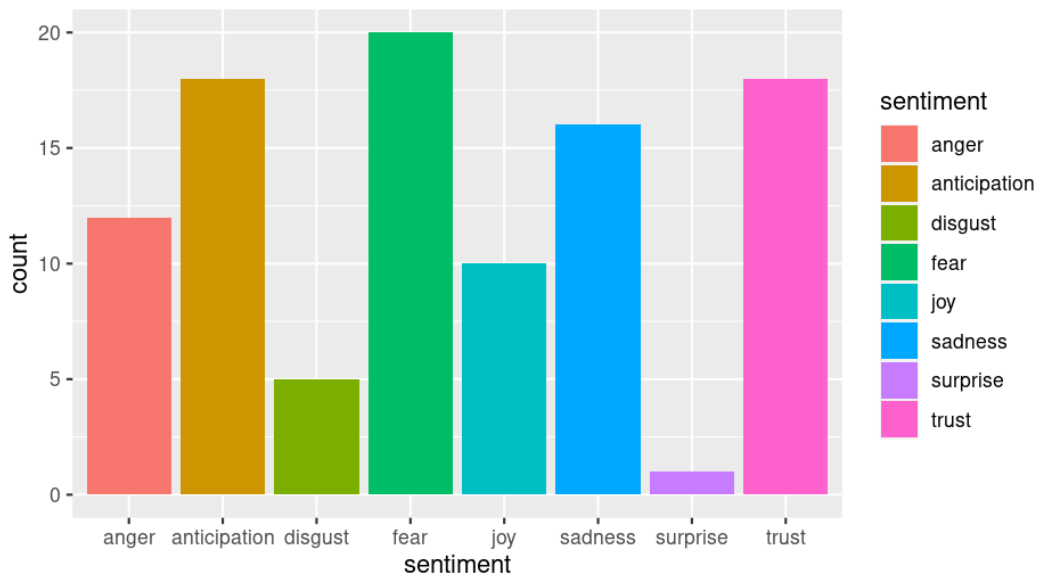
Not much data gathered on this questions however this quote above strengthens previous points regarding covid-19 and to what extent it hindered morale, engagement and productivity of the HWB.

## Q5. Life Expectancy & healthy Life Expectancy

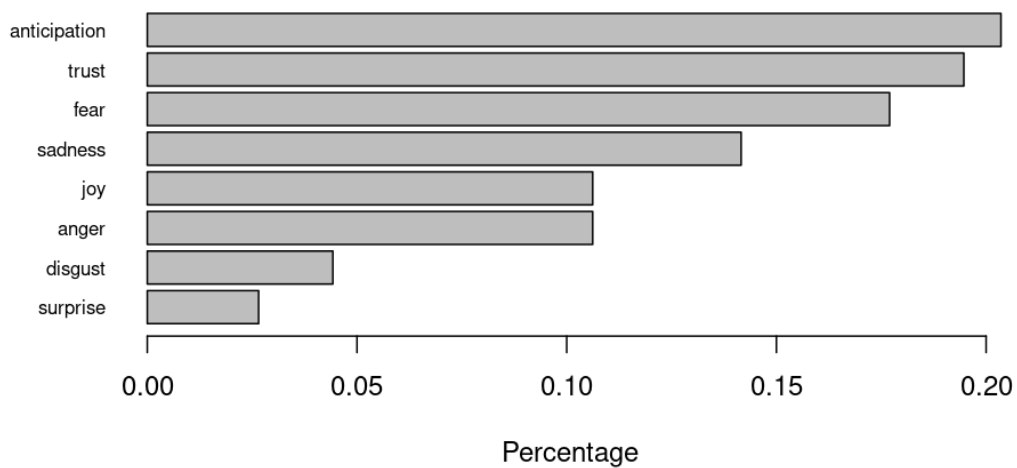
Top 10 most frequent words



Survey sentiments



Emotions in Text



Most data in from this question follows on from previous themes, interconnectivity, communications, resources and effects of covid. From the text analysis it was clear to see that there was a lot of fear and worry in the responses. Through the TA these reasoning behind this became quite evident. One Interview said the following quote which highlights many of the key themes and reflects what others have also said,

“I think it won’t have got any better, but not because the HWB Strategy hasn’t been successful or delivered, there are lots of good pieces of work going on, but on national external factors which have impacted on the strategy and its delivery – namely, the impact of Covid, the Cost-of-Living Crisis. It won’t have narrowed the gap”

Another said,

“How many people know that our overall goal is our No 1 priority is to reduce the gap. I don’t think people know that. Not many people know that’s our goal our No 1 priority.”

This point was strengthened as another interview proved their point,

“What does the data say about Life Expectancy and Healthy life Expectancy, I would like to know?”

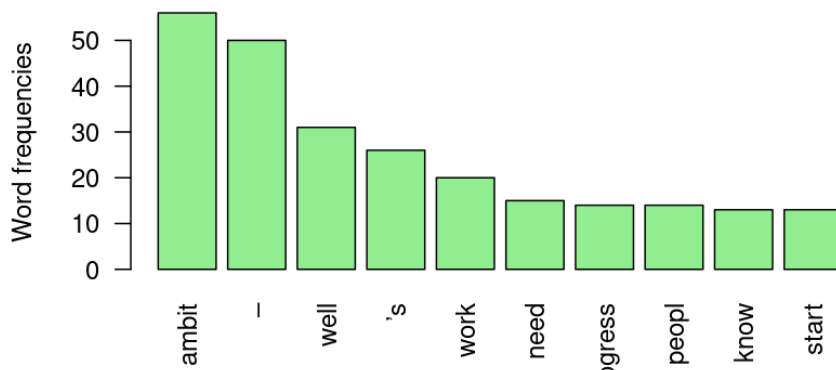
Communication here seems to be a key theme, however resources and how they are used and how they have been effected by Covid-19 has also been a key point of discussion and theme.

“Life expectance – no we haven’t. The reasons: Political – to really focus on the gap we really need to do targeted work and at times this has been politically challenging. Covid and its impact – that created challenges not only by increasing inequality but on Schools the impact on teaching and learning – as stakeholders we were distracted away from the Ambitions and the HWB Strategy to Covid and responding to it.”

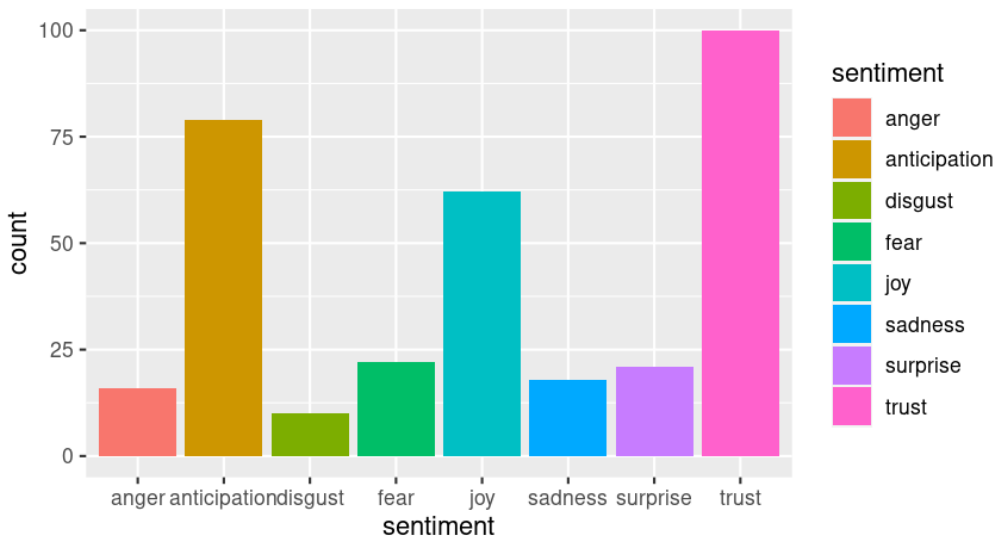


Q6 and Q7: **How well have we delivered on our 9 ambitions? How well has your ambition been delivered on?**

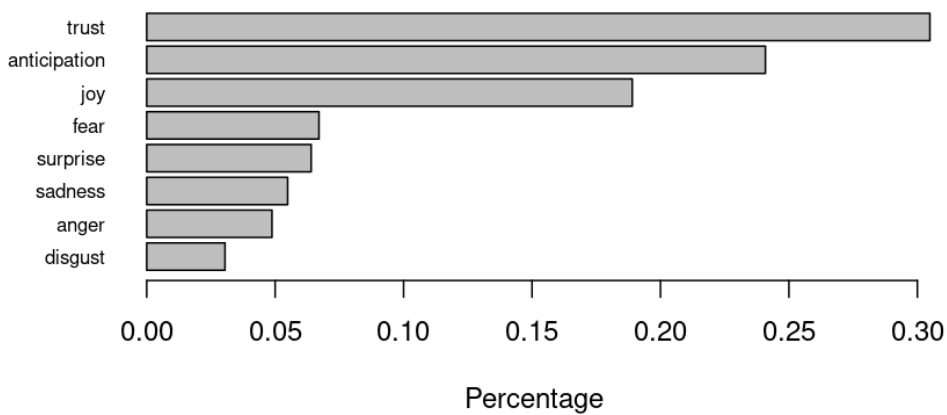
**Top 10 most frequent words**



**Survey sentiments**



**Emotions in Text**



The data from this question highlighted a lot of data and thoughts on the refocusing of the 9 ambitions.

“My main objection is that if you asked the public about these nine ambitions, they are very aspirational objectives but it is not what the public would tell us right now that we should be focusing on – they would say it’s about food or fuel – these are not at the heart of what they want help with. We need to be asking them what they want to focus on in terms of their Health & Wellbeing needs.”

This highlights focus of resources. Does the use of the word aspirational highlight the idea that it is not necessarily achievable?

I regard to resources and measurement there was quite a divide, whilst some people stated “We are clearly not achieving what we set out to achieve and there are national pull factors, and because of the size of the challenges as well as, as a Local Authority Board we hadn’t got a pot of money to tackle the underlying factors”, and clearly wanted, or need, evidence of progress and success, Other said things such as,

“It’s hard to talk about success for Ambition 2, with School attendance, it’s an issue for Sheffield and the weakest part of our data sets, from an education perspective post Covid” and “large part of ‘fulfilling’ is subjective to the person making that choice – that’s hard to measure?”

“Transitions whole plan on children with SEND and multi-agency approach and the voice of children and young people and families which isn’t included enough either. These are massive, and the board hasn’t agreed its key focus on these”

It is apparent that there are mixed feelings towards the 9 Ambitions, and whilst no one strongly thought they should be scrapped, or anything that drastic, from these quotes there is obvious apprehensions and a desire/need for change.

Similar to the other questions, the following quote add to the themes of connectivity, communication and consistency, “huge amount of detailed delivery but not in the name of the health & wellbeing strategy, and there is lots of stuff we don’t detail very well or co-ordinate, or link sectors together there’s a whole bunch of constraints too.” In addition, another interviewee responded with, “Where are they owned, who are the leads? There’s no action plan for the HWB Strategy. It doesn’t feel like there’s much involvement from the HWB Board”.

“Yes, it’s the right ambition and yes, it’s in the right area in Starting Well” - Does this suggest that other aspects may not be in the right ambition, or could it be a consequence of “maybe that leads you to think the ambitions are too big”, as an interviewee stated. There is also the idea that some areas are being forgotten and hence failing, “the transition to adulthood for Young People with SEND, I appreciate it’s a small cohort within young people transitioning, but it’s the one recommendation from the LA SEND Inspection, it’s the one we haven’t made progress on. I appreciate it’s a sub-section of the whole cohort. I don’t know what the level of progress would be or what we might expect it to be.” Responses to this question also highlighted tone of hopelessness – influenced by external factors previously mentioned by other interviews, in this case it is the cost of living crisis, in others it has been covid.

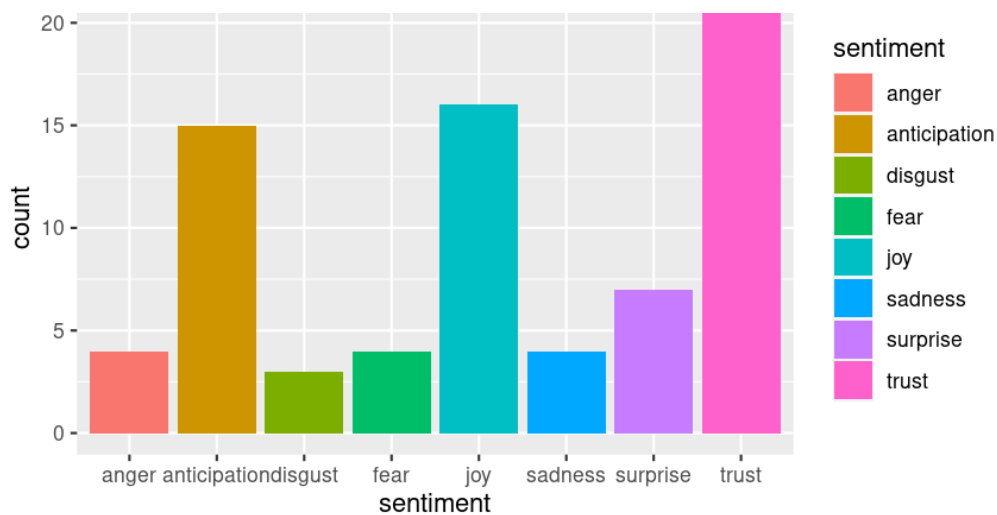
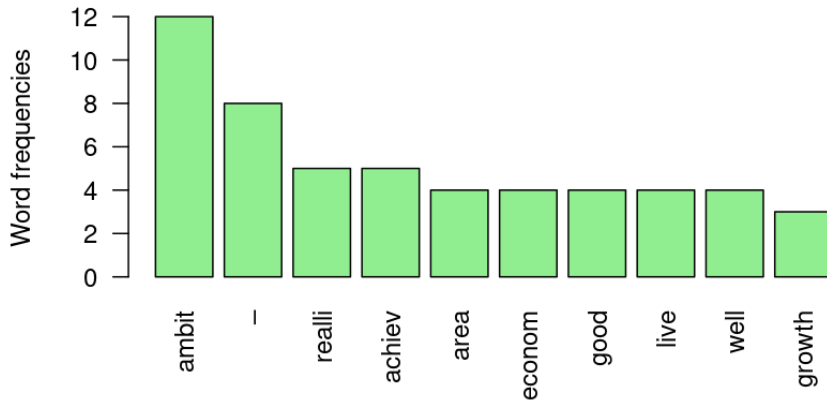
“People Living Well: Ambition 5: Cost of Living - I don’t know what we could do in any way to have a ballpark improvement to mitigate the Cost-of-Living crisis. I wonder if by having high level stuff, we have set ourselves up for failure. Most of these areas have service plans, and good people trying to achieve them.”

Similarly, “That’s the Golden Thread across everything. Some of the other nine ambitions: to look at the nine, to take stock, to look at what we have done, and to look at what are the gaps, where do we need to prioritise next.” Almost like movement has come to a halt, and there has been no progressions to measure (coming from other previous comments) – this will affect morale and apprehensions, that desire and need to get things up and running again but there is possibly a level of hopelessness’.

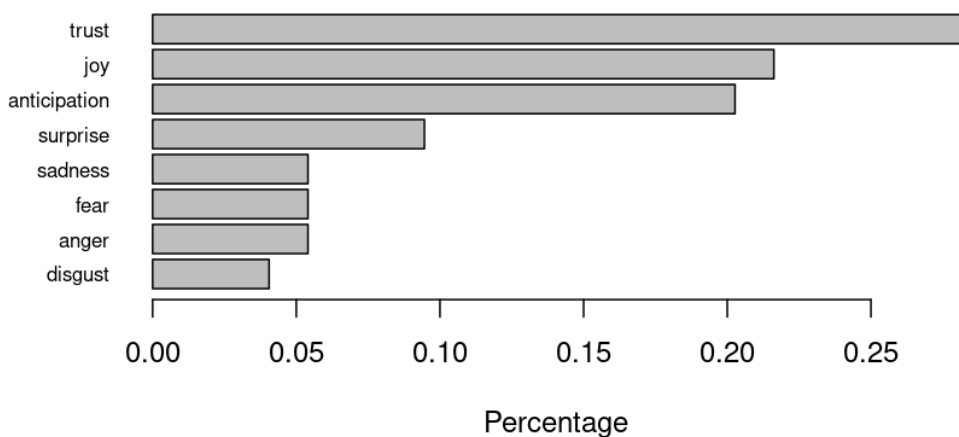
The following quote strengthens points from previous questions, “Ambition 5: the pandemic has had an impact – it’s about engagement – it needs a refresh, and we have a very clear idea of what’s been delivered so far, a huge amount of work has gone on, and to look at what we are doing well “, another interviewee furthered this by saying, “Time to take stock though and to bring back to the board to see where the next iteration goes. Sometimes difficult to iterate and to monitor”.

**Q7 What is already in the strategy (the 9 ambitions) and what is happening in each of the areas current state of play and main recent developments? In any of these ambition areas there is a whole range of activity. Much of it is just part of routine business of one of more of the organisations or constituencies who make up that area.**

**Top 10 most frequent words**



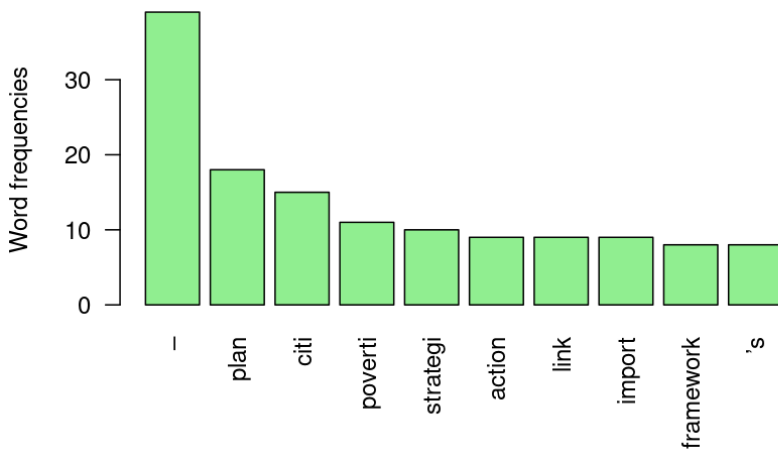
**Emotions in Text**



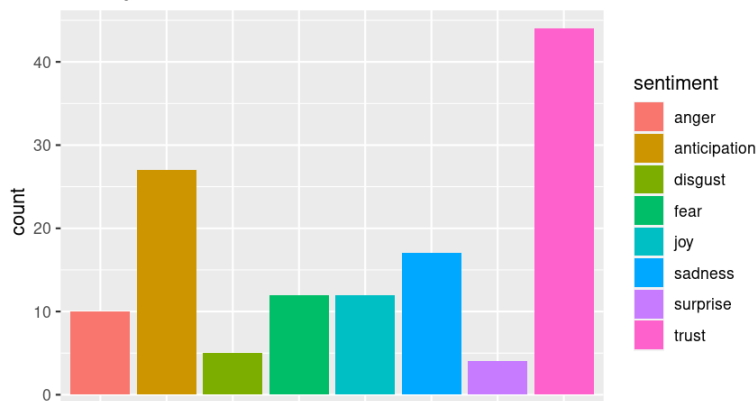
Questions 8?

**Q9 What strategies already exist and are being implemented within the scope of each of the 9 ambitions? For example, within the ambitions: Ambition 1 – what is in the box around the First 1001 days, the Infant Mortality Strategy, school readiness. Ambition 4 on housing there will be on homelessness private rented sector, affordable housing, hazards in homes, fuel poverty, building the right number of homes. Ambition 9 – End of Life there are three main strands – compassionate communities, clinical pathways, business intelligence. Each of which has sub themes.**

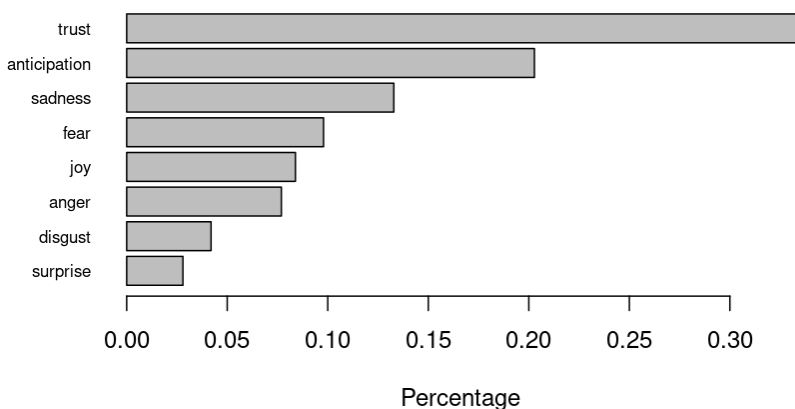
**Top 10 most frequent words**



**Survey sentiments**



**Emotions in Text**



The responses from this question highlighted that people thought you “should be able to draw a clear line between each ambition and each strategy plan”. The use of the would ‘should’ highlights that this is currently not the case. And again, the need for a better focus was touched on,

“Activity and exploration – opportunity to dive into data and insight and developing action you get real energy and where you get the lever are – a strategy should be driving that focus”

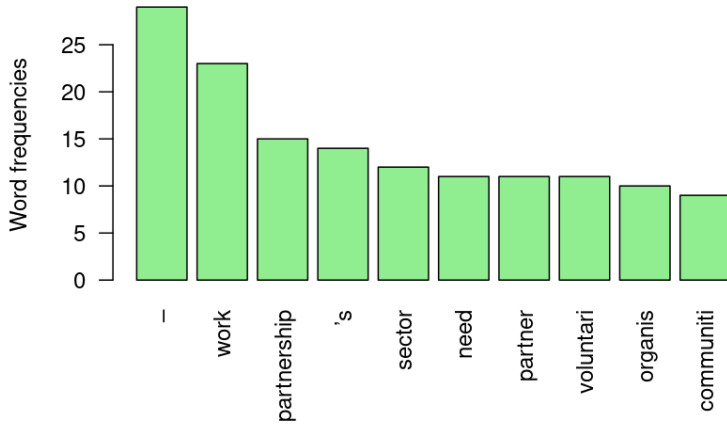
Others thought there was too many strategies “sat on the shelf”, several main points arise from this. Firstly is it because the connections are not clear and that is why they seem to be ‘sat on a shelf’, is it because, like in other points, the outcomes are difficult to measure and hence may not be shared. If this was the case would people see the purpose of the strategies as they good see clear use and benefits of them. Secondly, similar to other previous points, could there be connections which are being missed due to a lack of communication and interconnectivity.

“Every organisation individual corporate plan should acknowledge and link to the city’s HWB Strategy. Do they?” – this will not be achievable if there is weakness in the membership and leadership of the board, similar to that of the promotion of the ambitions within the board, there needs to be a front person; a key driving figure.

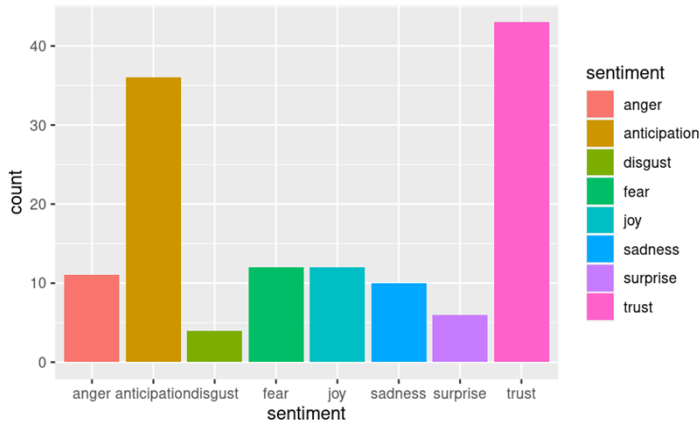
**\*THIS A LORRAINE QUESTION**

Q10. What is the broad ask of the city in terms of **partnership working** to improve the trajectory of key outcomes? What can you or your organisation do to improve this cross-sector collaborative trajectory?

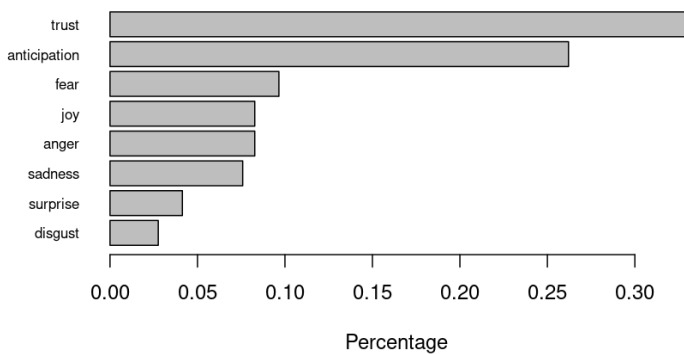
**Top 10 most frequent words**



**Survey sentiments**



**Emotions in Text**





This data really stresses the faults rooted with the lack of communication and collaboration within the board,

“All our plans are Multi agency plans and can’t be delivered without that approach – it’s a whole system delivery approach and not an organisational approach. We need to bring in the voluntary sector and to build on their work with communities and to build on community resilience – we are not making the most of the assets in the voluntary sector”

“Information sharing – we need help with cross-sector. Assets are not fully utilised”

“Yes, we need to improve it – each ambition is led by a certain partnership organisation. For example, Housing is SCC led and comes with issues – we have struggled and failed to get an account of what SCC Housing are doing and creating spaces to work with other partnerships. E.g., Commercial landlords, Think Tanks, Advocacy organisations – creating these partnerships are important. Other partnerships feel successfully jointly led, between the Local Authority and Health Care and Support.”

There was a varied response in regard to the reasons behind the lack of interconnectivity, some highlighted that individual people and sectors were at fault, where as others shared the thoughts on resources. ‘measurement’ again came up, possibly highlighting that ubiquitous theme that as there is no ‘proof’ or success or development, people don’t know what they are working towards, are who they need to collaborate with to help develop projects.

“The Voluntary Sector – its hard to engage you either get those ones who are consistent in engagement or smaller organisations who don’t have the capacity or the capability and feel on the fringes. The voluntary sector and communities need to be better at working in partnerships themselves. They need to do more collectively about working in partnership and to be open and honest about their collective endeavours that would help the delivery of the HWB Strategy and its ambitions”

“We struggle to get/link with the NHS to get the right people to do things differently and that’s the key lever which the board has – the power to do things differently.”

“There are no clear actions or action plans... And to have measurable Delivery Plans”

The following quote highlights previously stated points. Firstly is that of communication and collaboration, and secondly the apprehension of large changes and developments. Possibly greater apprehension if people are aware of the existing faults which may affect future and current developments,

“The Place Based Plan for Health & Social Care – as the CCG is coming to an end and **the Integrated Care (Commissioning) Board is moving to a South Yorkshire footprint** its important as a city that we have a place for health & Social Care for the next 10 years and to develop a 1-2 year plan on how we are going to work to that vision as key organisations/key partners – i.e.. Hospitals, CCG, SCC/ Voluntary Sector and to bring all their plans together and for joint commissioning intentions and the outcomes framework for Health & Social Care. It’s not written yet, currently in discussion stage, it will certainly reference/link to the HWB Strategy for Sheffield. It’s an attempt to bring together all these plans to be 1 place-based plan for Sheffield”

This is strengthened when another individual said, “I am not a member of the board, but my impression is that there was a lot of establishing relationships, but with lots of changes over the past year”.



In the responses to this question the focus and appropriateness of the ambitions, strategies, resources and behaviours was often discussed, “What things do we need to do to improve say diet?”. And once again topics of interconnectivity, one individual also said, “and these should be the focus for us all as organisations”, this was in reference to poverty and healthy diet, access to good food and tobacco control. It is suggested that whatever the HWB focus may be, it needs to reflect the current social and political status and changes within the city. The only way to keep this up to date and maintain purpose is through communication – something which we have seen mentioned throughout all of the questions.

There were also several suggestions for future change and application with a large focus on connectivity:

“Physical Activity sits outside the Local Authority in the National Centre for SS, and it would be good to connect the National Centre Board which sits alongside Sheffield’s H&WB Board and to strengthen those connections, to connect up what’s already there, to make it more robust”

“This is where I would value having the help of the Board, with the HWB Strategy in helping to work through these”,

“To have a 1 yr. annual report on HP or cross-cutting themes or to take one ambition”,

“City ownership not just looking to Public Health, or the Local Authority – there are city targets for obesity, tobacco/smoking – all of those things that are considered to be lifestyle choices”,

“Where the board could have influence and use their lever to lobby PHE or the press or government for change”,

“everyone should have access to a healthy diet, but they can’t because the money isn’t there, poverty is there, and these should be the focus for us all as organisations”.

One individual gave an example of an instance where working together was used and have great outcomes, “Tobacco and the work we have done, is a success story, we nearly compete with the Home Counties on Smoking prevalence, so in the refresh we ought to make a bigger effort on all of these lifestyle programmes”.

The following large quote gives a lot of insight into what is required of the HWB,

“WE have a very fragmented welfare system, system of support, benefits system, which people don’t know how to access that system until its too late and they are in crisis, or close to crisis. How do we encourage people on the front line to direct them, it’s about linking people together to those who are struggling, who are in crisis? People will remain well if they are financially well – there is more work to do to make that support more visible”.

In order for this to be achieved and successful it needs to come from a provider that reflects structure and interconnectivity.

Again, ideas of membership and responsibility were raised,

“I don’t account to the HWB Board or to the strategy. There’s no ask of Tobacco or the Tobacco strategy to report to the HWB Board. The only time Tobacco was asked to go to the Board was when the prevalence was dramatically reduced.”

“Move More and Physical Activity is a big part of the 9 ambitions. It’s such a significant role but no one ever asked me to summarise its impact. I attended the board 3 years ago and I would welcome the opportunity to sit on the board regularly to provide updates and to feel that I am accountable to the HWB Board and to the Strategy. I’d welcome those connections”.

This last quote also links to the idea of resources not being used or available, the persons acknowledged their responsibility but does not feel that the opportunity for them to fulfil this responsibility has been available. Both of these quotes paint quite a fragmented picture of the membership and structure of the HWB.

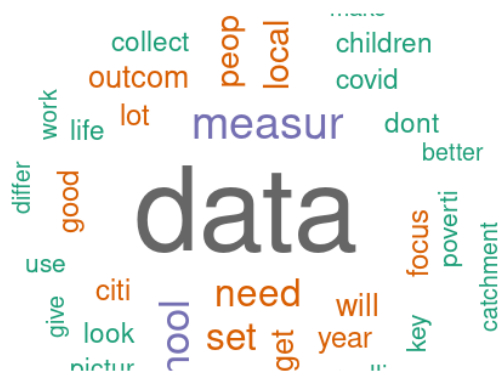
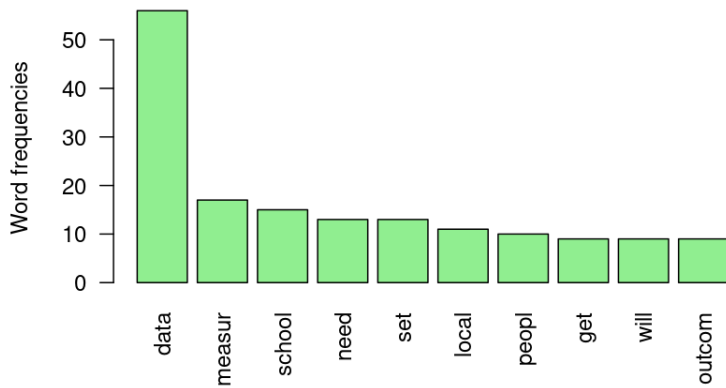
In terms of hopelessness, which has previously mentioned, there was evidence of it in some responses to this questions,

“How does the city have a Mental Health Strategy as the NHS own it, so Mental Health becomes medicalised, and individualised? Oral Health is a bit homeless. Then there are nebulous and difficult things we don't do properly or genuinely, homeless things which the board does need to think through”,

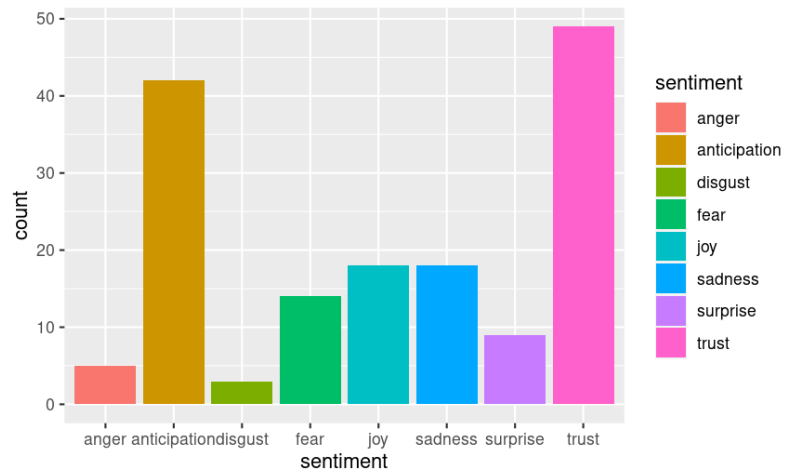
The individual in this case makes good, evidence based suggestions for the future based on current weaknesses.

**Q12 Thinking about the Use of Data: What are the area specific or policy specific 'Good outcome metrics' on the service which would serve us best to use?**

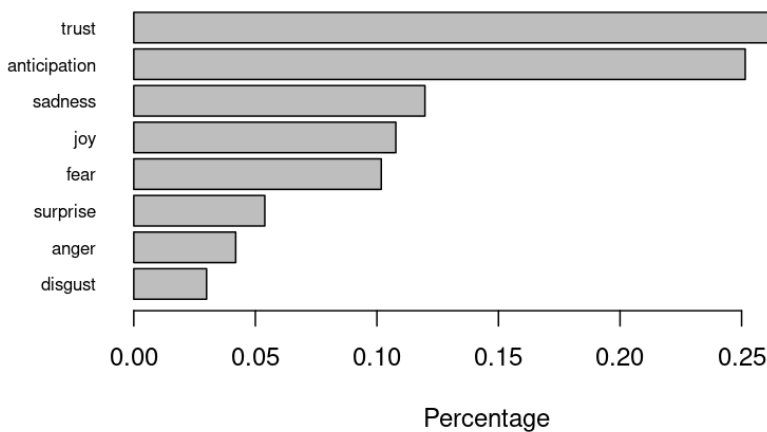
**Top 10 most frequent words**



**Survey sentiments**



**Emotions in Text**



Within this question there was a lot of discussion around data, resources their usefulness and limitations. With specific details on purpose and in depth, specific data on certain criteria,

“Child Poverty Data – the figures don’t reflect single young people’s poverty. The data sets available are not good it’s hard to identify poverty”,

“We don’t have data from the food banks “,

“Use of Economic Data. Early Years and Economic Data – you can change. We need to lean on that data more, to bring the data as evidence the city more”,

“We need to look at the absolute data of Yr. 1 of Covid”,

“Collectively as a HWB Board and as a Local Authority we collect lots of data – if we agree what are the key measures that will make a difference”,

“Activity and exploration – opportunity to dive into data and insight and developing action you get real energy and where you get the lever are – a strategy should be driving that focus”,

“We measure our success by outputs and outcomes, and case studies – it’s both quantities and qualitative. There are data sets, but they have never been defined by the board on what was needed, we were hoping for an Action Plan in May 2020 but Covid impacted on that”,

“What data sets are there, what have they been measuring and how effective have they been. What are the data sets against 3-year-olds and under for Starting Well to say we really made a difference again, or not?”.

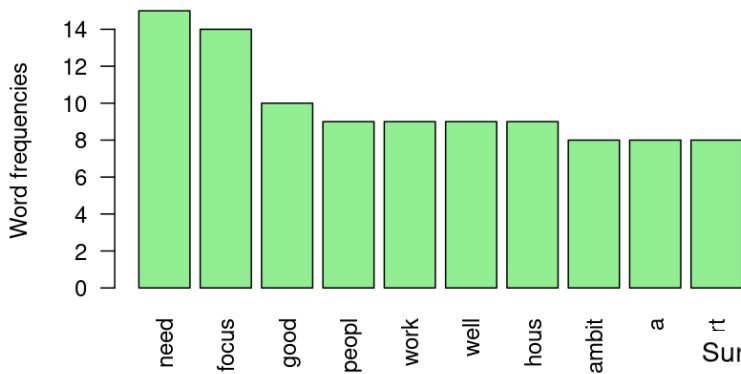
In line with running themes, one individual commented on the measurement of data and its relation to the 9 Ambitions. Looking at it from a wider perspective could this be linked to why some of the ambitions need refining, so there is the opportunity to measure the outcomes/contributions towards them?

“I don’t know what the key indicators are against the 9 ambitions. What’s the data behind them? What outcome measurements – we don’t get feedback on that and how we link what we do in Communities to the strategy – that feels vague and woolly”.

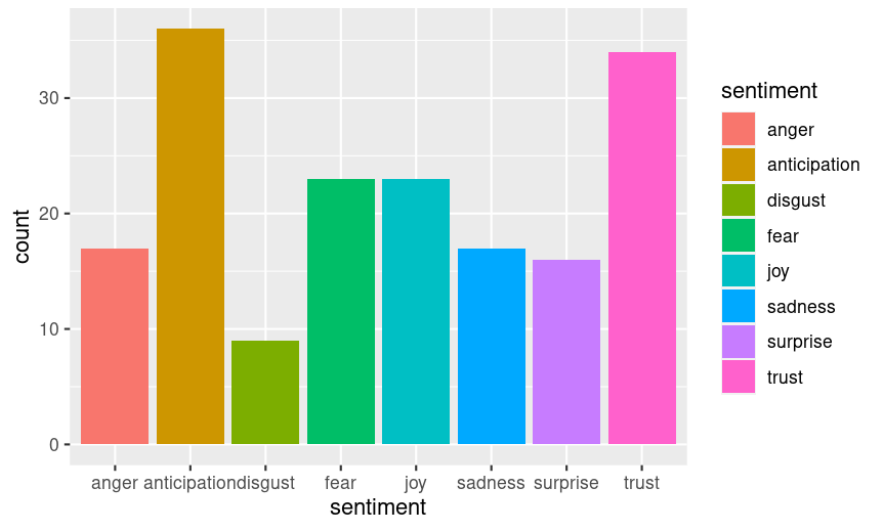
It appears that the largest issues in reference to data is our ability to measure its usefulness and compare it to other, existing data. There are 3 key barriers to this, firstly if the data is not specific enough then it will not be accurate, reliable or generalisable. Second and third are both cross cutting themes which keep being raise, how can we measure success and thirdly communicating with one another to use data from different areas of expertise.

**Q13 Critical Reflection: Thinking about our opportunities for making a difference/or real change? If you could choose now, what would be your top 3 opportunities for the Board to work on, which you think we could get right? Where we could move towards our overall goal of closing the gap of overall life expectancy?**

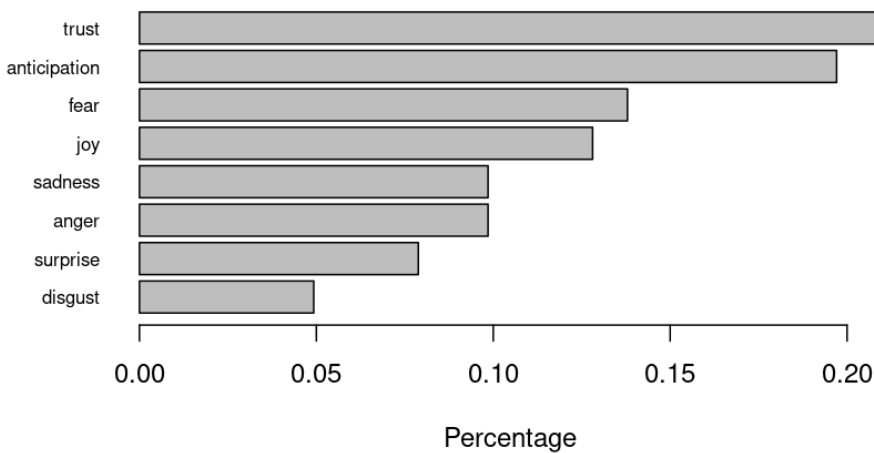
**Top 10 most frequent words**



**Survey sentiments**



**Emotions in Text**



The feedback for this question was very reflective of the text analysis, specifically the heightened data in sadness and anger (higher compared to that of the other questions), “You won’t achieve your real ambitions if you only focus on modifying your harm”.

Working together, community and interconnective was very prevalent throughout this data. Applying the data and resources is just as important, if not more, than the initial research – again stress on sharing this information and bringing people together,

“I have a cross-cutting role for Education, Learning, Health and the Children’s Hospital.

There is an opportunity there for greater integration going forward, in the Children’s world particularly, in commissioning. The Strategy should have a need to go align to joint commissioning intentions across to the HWB Strategy ambitions/themes. We can’t health service our way out of the HWB Strategy outcomes”,

“Having the words isn’t enough. You have to operationalise it. To understand what and what we are doing – there will be a difficulty around resource but if we want to commit to it then we need to do further work to bring people along with us”,

“Probably should all collectively /the strategy should mean everyone has the same priority which they focus on – and to do 1 thing – we all agree as a Board of partners to use our resources in a way that achieves good health and wellbeing”.

In addition to membership and connectivity the structure of the HWB and its weaknesses was also talked about, “The structures don’t enable that, but its time maybe to really throw it up into the air and change how we do it”.

There was also the suggestion that the HWB has lost momentum and morale as a result of the high intensity covid responses – something that we have seen throughout this analysis,

“It’s been a challenging time with the pandemic, everyone has been so stretched.

Relationships have been lost or suffered not seeing one another face to face, and the chat over the cup of coffee after a meeting – has contributed to stasis, but it feels like we are ready for a refresh”.

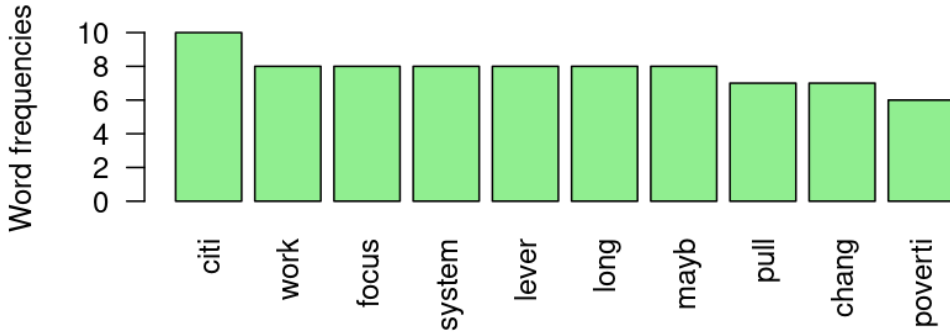
The following quote touches upon a lot of the overarching key themes present in this research,

“The key driver is supporting resilience and investing in social infrastructure and support and connectivity for people and particularly for Families and Young People . The impact of Covid and from the EY workshop which I was involved in the loss of young children’s’ social skills and motor skills . Wanting to work upstream – it’s a big gap to close – but resilience and investment in communities is key”

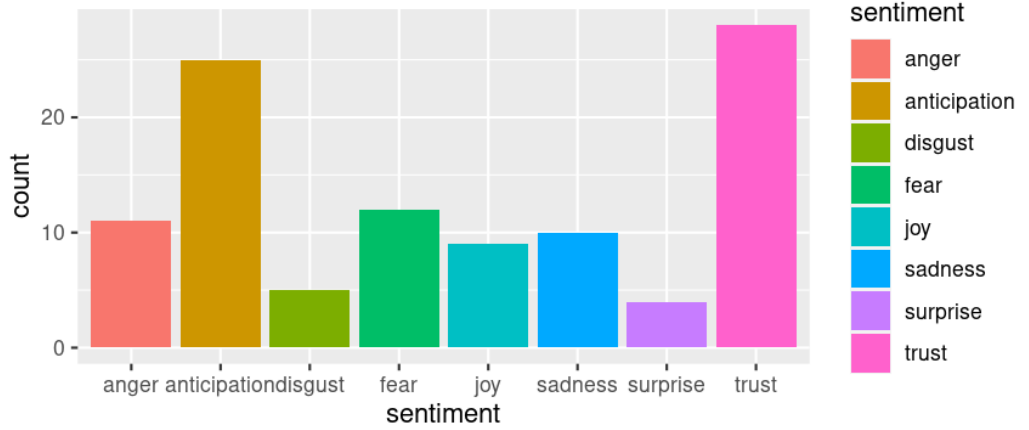


**Q14 In your opinion what are the key leverage points/the big macro leverage points that would shift the whole system?**

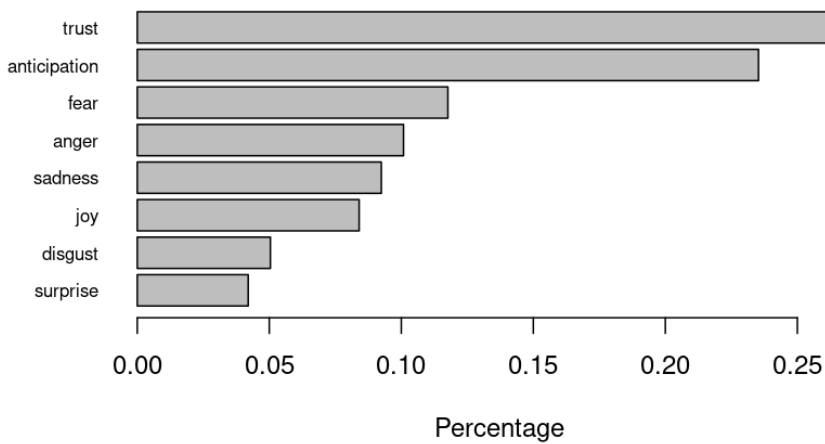
**Top 10 most frequent words**



**Survey sentiments**



**Emotions in Text**



Most of the response to question highlighted weakness in the current structure, membership and collaboration of the HWB,  
“the HWB Board is a crucial place to pull up and to look at the collective city levers we could use to work on poverty and a long-term view/action plan for reducing poverty and inequality in the city. It’s the whole city’s responsibility”,  
“how do we bring that same focus to this work the cognitive diversity”,  
“Recognising collaboration and connection can result in a bigger lever – we can have more impact.”  
Its about connecting up – working as a system – recognising the smaller interdependencies and inter relationships and connecting up “,  
“There’s a timidity about the board – it has a lack of teeth, and a model which presumes a level of influence”.

These comments highlight the responsibility that the board holds to work as one as it benefits the city and communities as they can work more effectively and efficiently.

Another themes that was talked about was the focus of the board,

“to look at the collective levers we could pull up as a city – the HWB Board is a crucial place to pull up and to look at the collective city levers we could use to work on poverty and a long-term view/action plan for reducing poverty and inequality in the city”,

“Let’s face it there is more money in health (the NHS) than in the Local Authorities, but its joint business and to be able to influence Health money being spent on things like Housing, boilers, insulation – it will pay for itself in the long run”,

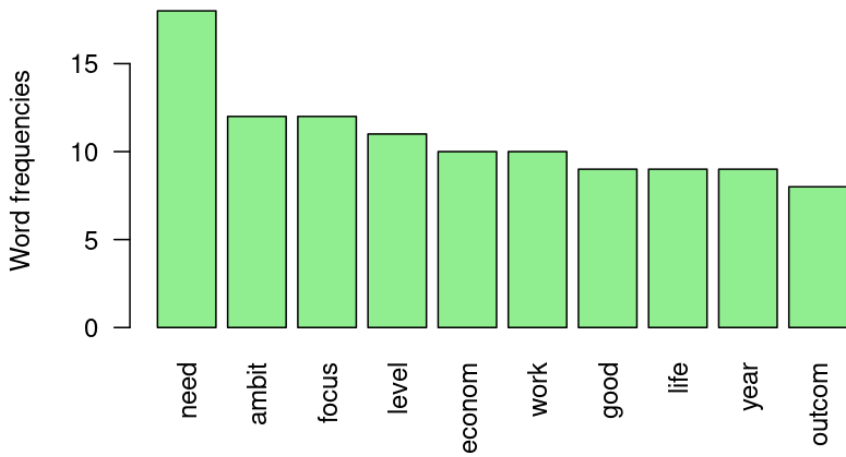
“then maybe we take 1 priority and we focus on this”.

What these comments highlights is that by refining what the aims are and focusing on one thing so the process and outcome can I be more effective. This will also promote productivity and interconnectivity simultaneously.

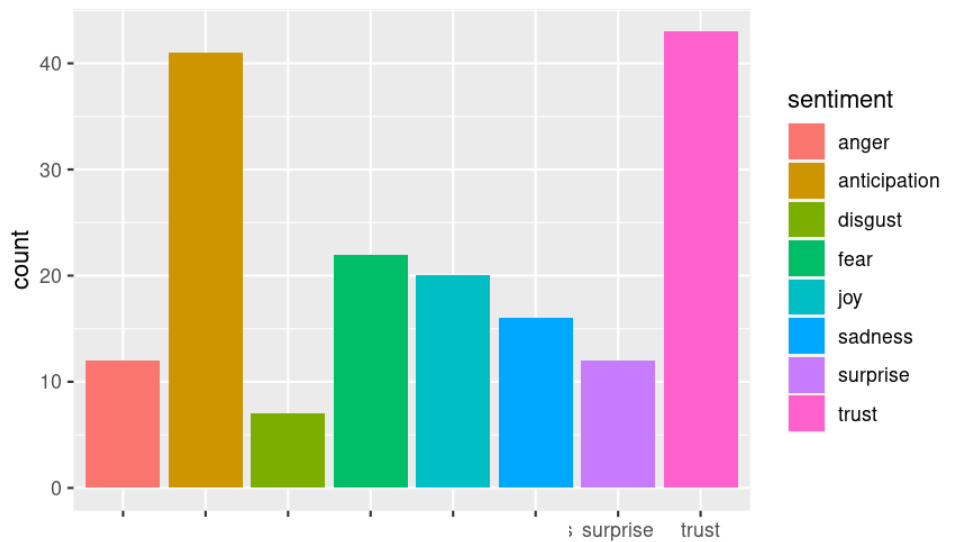
Lastly the following quote links to anticipation and wanting to move forward and make developments. This suggests that the momentum of the HWB and members is not all lost or diminishes as some of the data from the Covid theme would suggest,  
“Maybe we have to tip the scales, maybe we don’t do enough of tipping the scales, - maybe its going to take a radical approach and a long vision. **Born in Bradford** they did this, they focused on Early Years, I don’t think we ever did this in Sheffield. But it could be something we would be known by”.

**Q 16 What Next? Where should we put our effort/energies, resources?**

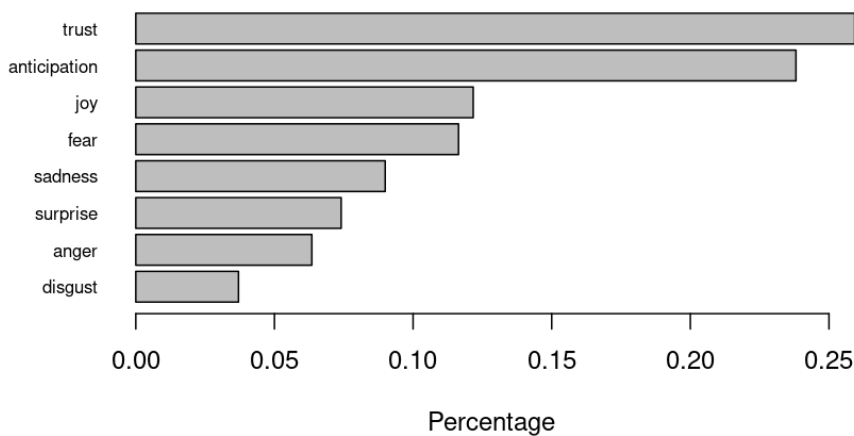
**Top 10 most frequent words**



**Survey sentiments**



**Emotions in Text**



Whilst the following question did not necessarily draw out any themes, in response to the question itself people made a variety of suggests for the future of the HWB and its focus, “Mental Health an All Age Mental Health focus. MH is recognised in the NHS Long Term Plan especially with Covid it has exacerbated it., so much that we can t meet the level of demand that s coming through the door”,

“Its about having a common purpose and common approach if we think about the life expectancy and narrowing that gap. Seen as a core activity and everyone works and agrees to do it. It should be the right thing to do for every organisation as core group for HWB and not necessarily the best thing to do for their organisation”,

“The health & wellbeing of young mums the role of parents and parental influence all of these ”, “things we see as GP s realistically, we have to be doing work in those parts of town”,

“To have lots more work in Early Years Life course (Starting Well Ambitions 1,2,3) and a culture of Prevention would impact on health economics and the savings in the long term”, “Mid life interventions there is a dearth around this and Physical Activity, its not just about the menopause, its wider than than, and it’s an important intervention point for growing healthcare”,

“Integrated Care Partnership and How is health money going to flow into Sheffield and the role of the HWB Board in influencing how it s being spent in Sheffield as a city”,

“Need to have a way forward and not necessarily to do everything, and to reflect on do you look at the big issues like the big killers? What value would the HWB Strategy add? What are the levers which individual partner organisations have to do around poverty? ”,

“The Health & Wellbeing Strategy with the Health & Wellbeing Board for delivery or success it someone has to drive it, or to be driving it it needs resourcing. It needs to have a dedicated resource and capacity would also be a good place to start”,

“Needs to be a national/regional/ and local response we cant solve this on our own as a Local Authority”,

“Covid has had a massive impact and it will have affected our population we need to focus on a redress. We have to address some of the fundamental issues in society people living their worse lives rather than their best life and to be able to access what they need to live a good life”,

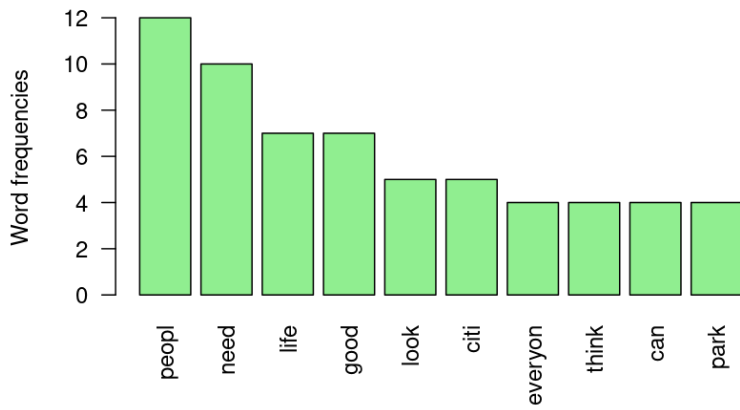
“I see 2 priority areas in Living Well and Starting Well and these ambitions/priority areas”,

“Two critical things which I feel the Strategy should focus on: Mental Health it s always an issue in the data, I am not sure that it comes out strong enough in the 9 Ambitions, in that Life Course Methodology”.

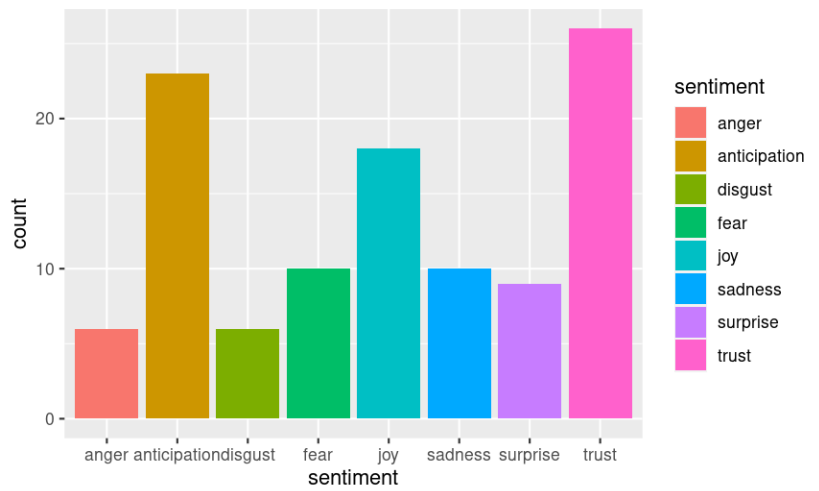
However, once again measurement was brought into question, as was the effects Covid has had on the city and the HWB.

**Q17. The Bigger Picture: How does "Health" fit into the city strategy overall?**

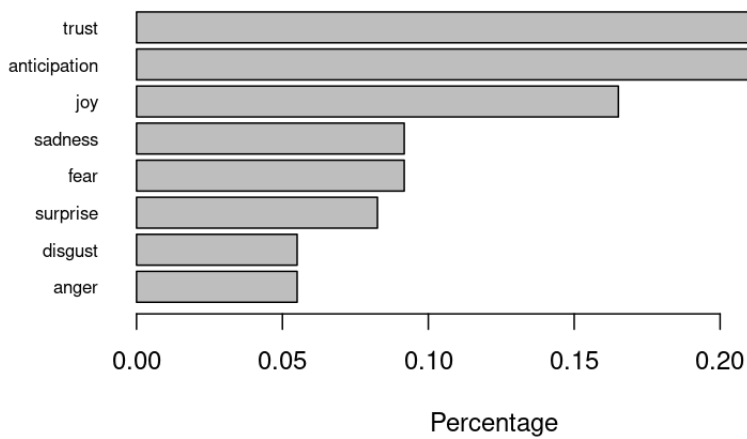
**Top 10 most frequent words**



**Survey sentiments**



**Emotions in Text**



The question brought up a lot of very important points. The two following quotes present well rounded and key changes they wish to see in the HWB,

“The Health & Wellbeing Board needs to be a better meeting, better organised and understand its powers better. Also there’s an opportunity for a place based Health & Wellbeing Board, and to the new Integrated Care System as a financially weight bearing organisation. It’s not enough to go ‘this is our strategy’ the Health & Wellbeing Board needs to be a pressure organisation – it needs to be lobbying for these who can deliver, it needs to be more active in influencing that underneath it”,  
“To deliver the strategy, To be involved in cultural change in those organisations. Some if it is a matter of will and a matter of focus .The consequences of facility to do the HWB Strategy/board stuff. The Board needs to be making demands to those who hold the purse strings. It should be reversed – HWB Board should be the influence, and the strategy should set out its stall”.

Points regarding focus were also brought up,

“Currently the ambition to reduce inequality around life expectancy and healthy life expectancy is to reduce a negative. What if we turned that on its head, and went instead for a positive approach like this? It would have the outcomes around the ambitions but in a non-negative focus way”,  
“The Economic data as the driver”,  
“Health is a personal journey and relating to it in that way, as a sector we value have to be data led, and value insights and the life story and the life cycle”.

In addition, connectivity, collaboration and working together was once again brought up,  
“If we only look from a health perspective and not Health & Wellbeing – how can we ensure that our population with needs have their health needs met”,  
“Its about connecting and inclusive growth for the people in communities”,  
“Everyone wants to own health – medicalisation and individualisation of health and the bugbear is the narrative that brings it all together”.

Lastly, the following quote brings up a point that has been touched on previously,  
“What do we mean – to go back to the WHO definition of Health (insert quote) People equate health with healthcare. People’s feelings on health and what it means to them is very contextual. But for Health to ask, what are those foundational building blocks which enable us to grow health, and to look at those building blocks – what things enable us to grow in life?”,

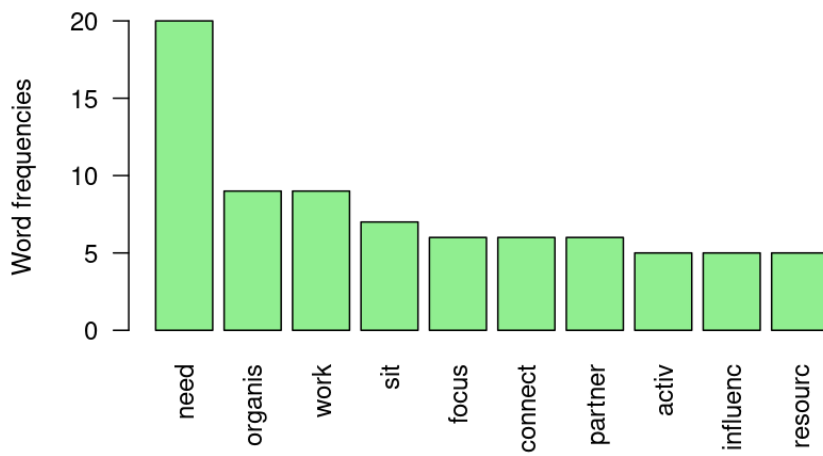
It might be the big question within PH, however it is a good argument for the HWB to use to rebuild, what is health to you. It is all subjective, 100%, obviously creating services and promoting health which applies to all is highly unlikely. However, can we re-adjust the focus of the HWB to compliment this more? This person goes on the stress a point that has previously been mentioned, that the board needs to reflect what is the social and political focus/crisis at the moment. Does the HWB need to be more fluid?

Similarly, the idea that “we tend to look at Health through the physical conditions, through disease, its much more than that” has come up before. Does this need more attention due to Covid and the social changes it has affected.

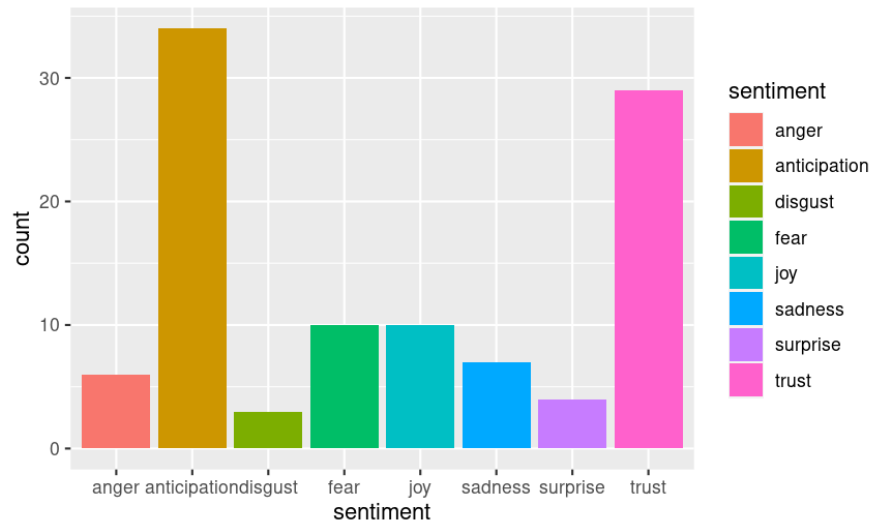


### Q17c What the Board can and cant do per say?

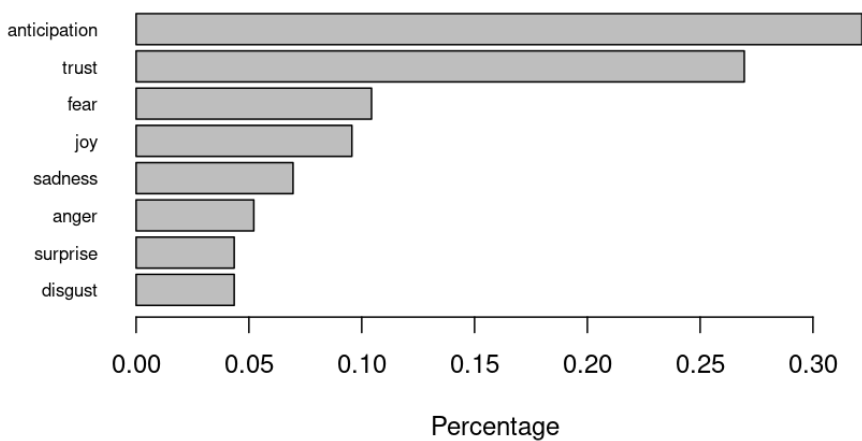
Top 10 most frequent words



Survey sentiments

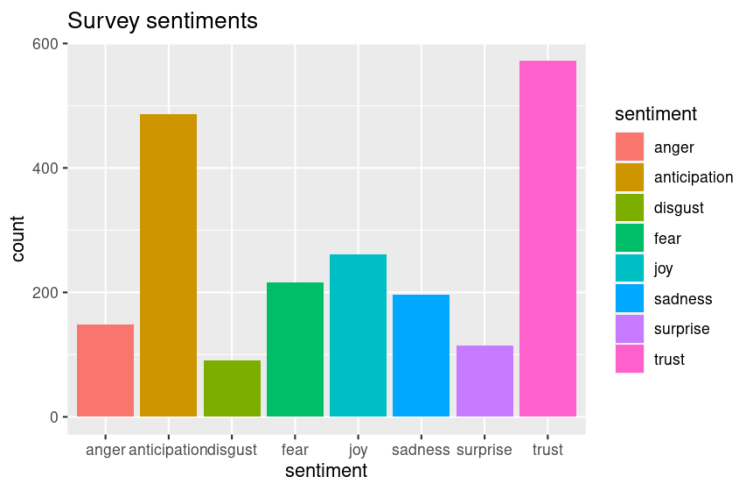
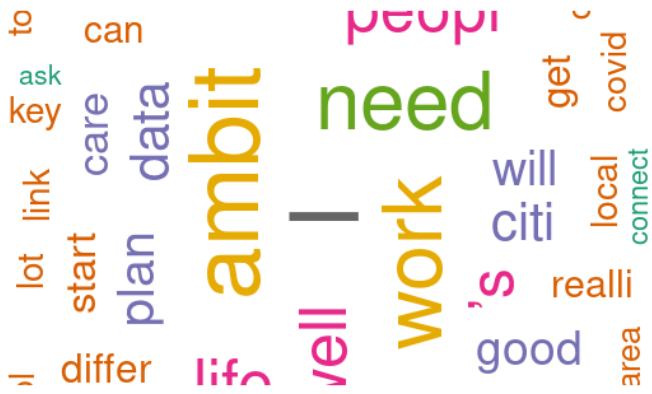


Emotions in Text





Throughout whole transcript of all questions:



Words used in sentiment and association:

Table of words associated with the sentiment words:

Word	Anger	Word	Fear	Word	Joy	Word	Sadness
<i>outraged</i>	0.964	<i>horror</i>	0.923	<i>sohappy</i>	0.868	<i>sad</i>	0.844
<i>brutality</i>	0.959	<i>horrified</i>	0.922	<i>superb</i>	0.864	<i>suffering</i>	0.844
<i>satanic</i>	0.828	<i>hellish</i>	0.828	<i>cheered</i>	0.773	<i>guilt</i>	0.750
<i>hate</i>	0.828	<i>grenade</i>	0.828	<i>positivity</i>	0.773	<i>incest</i>	0.750
<i>violence</i>	0.742	<i>strangle</i>	0.750	<i>merrychristmas</i>	0.712	<i>accursed</i>	0.697
<i>molestation</i>	0.742	<i>tragedies</i>	0.750	<i>bestfeeling</i>	0.712	<i>widow</i>	0.697
<i>volatility</i>	0.687	<i>anguish</i>	0.703	<i>complement</i>	0.647	<i>infertility</i>	0.641
<i>eradication</i>	0.685	<i>grisly</i>	0.703	<i>affection</i>	0.647	<i>drown</i>	0.641
<i>cheat</i>	0.630	<i>cutthroat</i>	0.664	<i>exalted</i>	0.591	<i>crumbling</i>	0.594
<i>agitated</i>	0.630	<i>pandemic</i>	0.664	<i>woot</i>	0.588	<i>deportation</i>	0.594
<i>defiant</i>	0.578	<i>smuggler</i>	0.625	<i>money</i>	0.531	<i>isolated</i>	0.547
<i>coup</i>	0.578	<i>pestilence</i>	0.625	<i>rainbow</i>	0.531	<i>unkind</i>	0.547
<i>overbearing</i>	0.547	<i>convict</i>	0.594	<i>health</i>	0.493	<i>chronic</i>	0.500
<i>deceive</i>	0.547	<i>rot</i>	0.594	<i>liberty</i>	0.486	<i>injurious</i>	0.500
<i>unleash</i>	0.515	<i>turbulence</i>	0.562	<i>present</i>	0.441	<i>memorials</i>	0.453
<i>bile</i>	0.515	<i>grave</i>	0.562	<i>tender</i>	0.441	<i>surrender</i>	0.453
<i>suspicious</i>	0.484	<i>failing</i>	0.531	<i>warms</i>	0.391	<i>beggar</i>	0.422
<i>oust</i>	0.484	<i>stressed</i>	0.531	<i>gesture</i>	0.387	<i>difficulties</i>	0.421
<i>ultimatum</i>	0.439	<i>disgusting</i>	0.484	<i>healing</i>	0.328	<i>perpetrator</i>	0.359
<i>deleterious</i>	0.438	<i>hallucination</i>	0.484	<i>tribulation</i>	0.328	<i>hindering</i>	0.359

Table 2: Example entries for four emotions in the NRC Affect Intensity Lexicon. For each emotion, the table shows every 100th and 101st entry, when ordered by decreasing emotion intensity.

#### Conclusions:

- Highlights a generally positive response – this requires further investigation for context?
- Whilst there is more positive word associations than negative
- Confidence refers to the assurance that we have on someone. Trust, on the other hand, refers to the firm belief that one has on another individual. When considering both words, it is often hard to differentiate one from the other. This is because these words are very much linked to one another.