



HEALTH AND WELLBEING BOARD PAPER FORMAL PUBLIC MEETING

Report of: Greg Fell

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Subject: Health and Wellbeing Board Strategy – Refresh & Review

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Summary:

This paper summarises the work done to date on the refresh and review of the Health and Wellbeing Strategy for Sheffield

Questions for the Health and Wellbeing Board:

- Is the board happy for the review and refresh to continue as per the plan presented in this paper?
- What support can the Board give to developing the strategy from a synthesis of the review findings?

Recommendations for the Health and Wellbeing Board:

The Board are recommended to:

- Agree to continue the review with a meeting in the autumn to discuss the full results of the interviews and thematic analysis
- Consider the Board's role in shaping the refresh of the strategy drawing from the findings of this review

Background Papers:

Sheffield Joint Health & Wellbeing Strategy 2019-2024

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

All

Who has contributed to this paper?

Lorraine Gosnell

Freyja Cummings

Chris Gibbons

HEALTH AND WELLBEING STRATEGY REVIEW & REFRESH

1.0 SUMMARY

- 1.1 As the city emerges from the acute phases of the COVID-19 Pandemic, having faced two years of disruption to the normal functioning of the Health and Wellbeing Board and the emergence of new (and other continuing) challenges to health inequality, the time is right to re-energise the board around a refreshed Joint Health and Wellbeing Strategy.
- 1.2 This paper summarises the work done to date on the stakeholder interviews and thematic analysis that will generate evidence to help the board undertake the refresh and relaunch of the strategy.
- 1.3 It also highlights a number of specific asks of and questions for the Board, and asks the Board for its view on how it would like to see this work proceed.

2.0 BACKGROUND

- 2.1 The city has experienced a generation defining emergency and whilst the acute and direct impact of the pandemic is waning, the ripple effects will continue to be felt for the next decade or more. The net impact of this left unchecked will be to widen existing inequalities which exert a strong influence on healthy life expectancy. It is appropriate that the strategy is reoriented to focus on improving healthy life expectancy more explicitly and reducing the gap as a core purpose.
- 2.2 There are several things which contribute to that core aim that the Board is not currently well sighted on – smoking cessation, infant mortality, sexual health for example. All are areas where significant improvements have been made. Whilst social determinants of health are referenced in the strategy and the 9 core ambitions, poverty is less explicit and given the cost of living crisis and its impacts, a greater emphasis on this and related issues in the context of welfare reform such as inequalities in access to credit, debt advice and welfare rights for the most vulnerable could be considered.
- 2.3 There are other significant, landmark reports that have been published in recent times that have focused on health inequalities, wider determinants of health and healthy life expectancy. Most notable of these is the recent Marmot Review. There are obvious benefits to having synergy between the aims of the Health and Wellbeing Strategy and the findings of the Marmot Review.

3.0 INTERVIEWS AND EMERGING THEMES

- 3.1 Lorraine Gosnell has undertaken 20 interviews with key stakeholders for each of the 9 Ambitions contained within the Health and Wellbeing Strategy (HWBS) and several cross-cutting themes namely: Communities, Poverty, Food & Nutrition, Tobacco, Health Protection, and Economy. A copy of the interview questions is appended to this paper.

- 3.2 The interview transcripts have been digitised and thematic analysis is being done on the interview responses to provide the board with an evidence base which will be helpful in shaping the refresh the HWBS.
- 3.3 This paper is not a detailed methodological review but an attempt to summarise some of the key emerging themes from the interviews.
- 3.4 Overarching themes identified were those of **connectivity, communications, and responsibility** within the board; primarily concerned with membership in terms of both the organisations represented on the board and where attendance varied. It was felt that this impacted on productivity and collaboration within the board. For example, one interviewee mentioned the last time they presented to the board was 3 years ago. Multiple respondents reported that the board did not often celebrate successful projects where progress on these could be contextualised with regard to the 9 Ambitions.
- 3.5 This links with another theme which was that of **data**. Several respondents identified data as a core theme, highlighting that whilst there is a lot of data and research available to the Board, this is not often discussed in depth, shared or communicated in context of the 9 Ambitions of the HWBS.
- 3.6 Lastly, structural themes around **community level work and the role of the integrated care system** were also common.
- 3.7 In terms of the **9 Ambitions**, many interviewees were not aware of all of them, and only knew of those which were relevant to their job role. It was also a recurring theme that interviewees felt that whilst the 9 Ambitions do not need to change, the focus of the strategy needs **readjusting and refining**, possibly orienting around a core set of near-term primary aims against which outcomes and progress towards them could become a driver of focus for the board. For example, several interviewees talked about the impact of **Covid-19, cost of living crisis and levelling up**.

4.0 RECOMMENDATIONS

4.1 The Board are recommended to:

4.1.1 Agree to continue to sponsor the review of the strategy

4.1.2 Review the full thematic analysis at a board meeting in the autumn with recommendations to follow from the board to steer the refresh of the strategy.

APPENDIX

Interview Questions

Q1 "1. How familiar are you with Sheffield's current Health & Wellbeing Strategy? (see qualifiers in Q2 VW, W, NsW, NaA)"

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?"

- a Very well
- b Well
- c Not so Well
- d Not at All

Q3 "Have you been able to contribute to the HWB Strategy and on the delivery of the strategy? (As above/ VW, W, NsW, NaA)"

Q4 Have you had an opportunity to report back/contributed to the HWB Board to update on progress made on your priority?

Q5 "Healthy life expectancy is the best overall measure of both health and health inequalities, representing as it does the number of years someone can expect to live in good health. In Sheffield, the gap between the best and worst off is around 20 years. Our goal 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

Have we realised our goal? Y/N/ If not, why not? What could we improve? What can we learn from?"

- 5a a. Very Well
- 5b b. Well
- 5c c. Not so Well
- 5d d. Not at All

Q6 Looking at The 9 Ambitions (see Ambitions Page)

Q7 How well have we delivered on our 9 ambitions? How well has your ambition been delivered on?

- 7a a. Very Well
- 7b b. Well
- 7c c. Not so Well
- 7d d. Not at All

Q8 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.

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."

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?

Q11 "Thinking about the big areas that are not explicitly named/checked within the HWBS but contribute significantly to health – e.g. Smoking, Food, Activity, Health Protection, Poverty, Economic strategy, where is their place in the HWB Strategy Review?"

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?

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?

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

Q15 Where are we in a position to change trajectory? Where aren't we in a position to change trajectory? (this enables a bit of insight into state of play in each of the spaces)

Q16 "What Next? Where should we put our effort/energies, resources?"

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

Q17B. What areas overlay or overlap?

Q17C. What CAN and CAN'T the BOARD per se do