

## HEALTH AND WELLBEING BOARD PAPER FORMAL PUBLIC MEETING

**Report of:** Greg Fell, Director of Public Health, SCC

**Date:** 29<sup>th</sup> September 2022

**Subject:** Learning from community engagement during the COVID-19 pandemic

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**Summary:**

This paper summarises for the Board three areas of work conducted during the pandemic with a focus on engagement with BAME communities:

- The BAME Public Health Group;
- Community Champions; and
- Work on vaccine hesitancy in BAME communities, which built on the engagement approaches developed in the first two.

It then sets out a number of key points of learning for the Board from these, and asks them to consider the value of this work and how to ensure it can be sustainable for the future of Sheffield.

**Questions for the Health and Wellbeing Board:**

- Do the Board agree that the work described in the report is valuable, and should be maintained as Sheffield emerges from the pandemic and business as usual returns?
- How could this be resourced, and could the previous commitment to recruiting an Engagement Coordinator be revisited with this in mind?
- Do the Board agree that the lessons from the work described in this report provide the building blocks for an approach to engagement that can be applied more broadly?
- Do the Board want to explore this as part of a broader conversation about how we engage with, represent and build trust with communities across Sheffield?
- Do the Board want to take a joined-up approach to this by working with other partnerships and/or linking with best practice within our individual institutions?
- Do the Board want to explore options for how we could seek to build best practice through collaboration with funding and research bodies?

### **Recommendations for the Health and Wellbeing Board:**

The Health and Wellbeing Board are recommended to:

- Agree that trusting relationships based on open engagement are a critical aspect of good public service delivery
- Note the impact and value of the engagement approaches developed through COVID, and agree that this should be sustained and developed for the future, with capacity identified to do this
- Sponsor a joint workshop with Sheffield City Partnership Board, and other partnerships that may be interested, to consider concrete next steps to learn from this and other work to improve engagement between public services and citizens in Sheffield
- Revisit the previously agreed commitment to recruiting an Engagement Coordinator, considering whether this could apply across partnerships in light of the outcome of that workshop
- Sponsor the development of a proposition to put to potential funding partners to consider the links between effective engagement and health inequalities

### **Background Papers:**

- [Engagement and Health & Wellbeing - 28th October 2021](#)
- [Health and Wellbeing Board: Future Engagement - June 24th 2021](#)
- Appendix 1: Impacts of Covid19 on Black Asian and Ethnic Minorities the Sheffield Response
- Appendix 2: Community Champions April - August 2022 report

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

This issue relates to health inequalities in general, and so supports delivery against all ambitions in the Strategy.

**Who has contributed to this paper?**

N/A

# LEARNING FROM COMMUNITY ENGAGEMENT DURING THE COVID-19 PANDEMIC

## 1.0 SUMMARY

1.1 This paper summarises for the Board three areas of work conducted during the pandemic with a focus on engagement with BAME communities:

- The BAME Public Health Group;
- Community Champions; and
- Work on vaccine hesitancy in BAME communities, which built on the engagement approaches developed in the first two.

1.2 It then sets out a number of key points of learning for the Board from these, and asks them to consider the value of this work and how to ensure it can be sustainable for the future of Sheffield.

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

2.1 Health inequalities are not just geographically spread: they also exist between different ethnicities. A key factor in this is differential access to services, which in turn is impacted by levels of trust; how well services understand communities and how to make their offer accessible and appropriate; and whether people see themselves represented in services and the organisations that deliver them. This paper sets out how good community engagement is a central aspect of addressing these issues.

## 3.0 INTRODUCTION AND 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. During 2021, the Board held a series of discussions on how better engagement can support its aims, concluding with agreement to establish a post to coordinate and support engagement on the Board's behalf, including developing a three-year plan for engagement around health and wellbeing. Although agreed, resources to fund this post have yet to be identified.

3.2 At the same time, learning from the engagement approaches developed in Sheffield during the COVID-19 pandemic is being actively considered, with a focus on the work done to connect with BAME communities and in the context of the Race Equality Commission having recently presented its final report. This work demonstrates clearly the importance of engagement with citizens and communities to building trust and understanding, and in turn the importance of trust and understanding to delivering effective and appropriate public services, and reducing health inequalities. This report sets out some examples of this work, highlights key points for the Board to consider, and asks what approach the Board want to take in response.

3.3 In addition, Sheffield City Partnership are also grappling with similar questions of how best to conduct engagement with citizens and communities, as part of their work to develop a set of City Goals to guide future development. The Partnership are exploring and using some of the mechanisms and structures described below; with this in mind, the Board will also be asked to consider whether there is scope for cross-partnership work focused on engagement, with potential to deliver broad benefits for Sheffield.

#### **4.0 CASE STUDY 1: BAME PUBLIC HEALTH GROUP**

- 4.1 The BAME Public Health Group was established in July 2020, as part of Sheffield's response to early indications that that BAME communities were experiencing disproportionate impacts from COVID-19, a trend that was subsequently reflected and confirmed at the national level through two PHE reports into disparities in risks and outcomes. There was also an acknowledgement among public services in Sheffield that they had insufficient knowledge about the city's BAME communities and faith organisations and how to access them.
- 4.2 From the start the Group has been co-chaired by SCC Public Health and Faithstar, through Sarah Hepworth and Shahida Siddique respectively. Over 25 BAME organisations have attended, representing African, Caribbean, Somali, Pakistani, Bangladeshi, Chinese, Yemeni, and Roma Slovak communities. It has provided a space for open, honest, and transparent dialogue, exploring some of the factors behind the disproportionate impact of COVID-19 on BAME communities in Sheffield.
- 4.3 The Group has now spent more than 100 hours collaborating, discussing, reflecting and learning together to explore the impacts of COVID-19 on BAME communities and the reasons for these. Through these discussions, the Group has also explored some of the fundamental issues that have contributed to these impacts. Lack of trust and understanding of national and local governments and public services has been a key theme in these discussions, alongside the impact of austerity and a view that BAME community organisations had been neglected by city decision makers.
- 4.4 The Group's work since its inception has been hugely impactful, with significant strides made in building trust and understanding between members, addressing longstanding deficits in this area. This does not mean the work has been easy, and a key contributor to success has been strong and committed leadership from the co-Chairs, especially when conversations were difficult or challenging. The work was shortlisted for a national award in 2021.
- 4.5 A critical feature of the Group's approach was to focus on action as well as discussion and listening. Action was critical in terms of demonstrating that the Group's voices had been heard and respected, and were influencing change for future working. This could be seen in:
- Changes to the way SCC and the NHS delivered grant funding to make this less cumbersome;

- Genuine collaboration between officers and community organisations, using community insights to triangulate with public health intelligence data to deliver more effective targeting of community interventions, such as in the COVID-19 vaccination programme (see below); and
- Improved representation across high level leadership groups in Sheffield, such as Sheffield City Partnership Board, Sheffield COVID-19 Operational Group, Sheffield ICB and Sheffield Race Equality and Inclusion Group.

4.6 It is unequivocally the case that this work has been a success and delivered benefits for communities and public services. However it must be noted that as Sheffield continues to emerge from the pandemic response, there are potential challenges in maintaining it, as key staff are expected to put more time into their “day jobs”, and community organisations that were central to its success are increasingly financially vulnerable, with lack of clarity on funding and risks around the impact of inflation and the broader cost of living crisis.

## **5.0 CASE STUDY 2: COMMUNITY CHAMPIONS**

5.1 The Sheffield Community Champion programme was established to empower and support communities across the city to stay up to date with the latest advice about Covid-19. It has its roots in similar work focused on specific conditions, and aims to bring the learning from these to bear on this challenge.

5.2 Community Champions are active people in their communities, who have chats about health with family, friends and the wider community. They are given training and a chance to ask questions of experts to support this, and also share the feedback they receive about the realities of local health issues.

5.3 This work has been funded by the Department for Levelling Up, Housing and Communities through SCC and coordinated by SOAR, working through 11 VCS organisations, aiming to:

- Build strong links with communities where Covid-19 has most impacted
- Increase understanding by statutory agencies of local population needs
- Build strong relationships and engagement between communities, groups and local authorities
- Increase access to guidance of vaccination programmes and public health services

5.4 Work to date indicates that the programme is delivering on these aims, supporting people to access services by understanding their needs and responding accordingly.

5.5 Although the initial focus of the work was on COVID-19, it has become clear that there is demand for broader health support delivered in this way. Community Champions have been successful in supporting people access a broad range of services that they otherwise would not have, and in sharing learning with services to help them to learn and be more easily accessible in the future.

## **6.0 CASE STUDY 3: VACCINE HESITANCY**

- 6.1 Vaccine hesitancy was already a key issue for the BAME community nationally, as well as in Sheffield, prior to the pandemic, and this was only made more important by the centrality of the COVID-19 vaccination programme to the pandemic response.
- 6.2 The low trust environment described above provides fertile ground for misinformation and rumours to spread and act as a barrier to people accessing the programme, and discussions in the BAME PH Group suggests this was an issue that needed addressing.
- 6.3 Through the BAME PH Group and Community Champions work, SCC used COVID grant funding to support organisations to deliver significant communications and engagement work on prevention and vaccination in a range of community languages and through trusted channels that the Council or NHS would not otherwise be able to reach, such as closed community WhatsApp groups, mosque broadcasts and community radio, community TV and other social media. It also supported the production of messaging from local Councillors in community languages, and from other well-known figures such as faith leaders.
- 6.4 The Group also supported the development of other interventions such as pop-up vaccination clinics, and arranging for primary care clinicians to invest time in talking to people to discuss their concerns and build trust in the programme.
- 6.5 Overall, Sheffield recorded the take-up of COVID vaccinations of all the Core Cities, with this work on vaccine hesitancy part of that success.

## **7.0 KEY POINTS FOR HWBB**

- 7.1 There are a number of key points for Health and Wellbeing Board members to take from these case studies:
  - COVID-19 exposed clearly the lack of trust and understanding that existed between BAME communities in Sheffield and statutory services
  - The BAME PH Group and Community Champions work are examples of work that are making a difference to this, with Sheffield's vaccination programme demonstrating that they are delivering material benefits to health and care services in Sheffield
  - The existing low levels of trust in services were a factor in lower use of services pre-pandemic
  - Lower use of services when they are needed is a factor in the production of health inequalities
  - This means trust is critical to good public service delivery, and to addressing health inequalities
  - Trust is being rebuilt through this work but this is an ongoing task, and is not complete

- This work is vulnerable, both to expectations that key officers will return to business as usual work, and to the financial pressure on community partners
- This work has focused on ethnicity and BAME communities, but there are other communities with whom statutory services may have the same issues around trust and engagement, and where the same approach would be beneficial for services and communities.

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

8.1 Two factors have been critical to the success of this work:

- An identified individual representing statutory service(s) who is committed to the work, and empowered and supported to be so, and maintains involvement through challenging conversations to build relationships and trust; and
- A network of community organisations and leaders who are willing and able to commit their time and resource to the work, and whose contributions and views are valued.

8.2 Both of these are currently at risk due to work demands and financial pressures.

## **9.0 QUESTIONS FOR THE BOARD**

9.1 The Health and Wellbeing Board are asked:

- Do the Board agree that the work described in the report is valuable, and should be maintained as Sheffield emerges from the pandemic and business as usual returns?
- How could this be resourced, and could the previous commitment to recruiting an Engagement Coordinator be revisited with this in mind?
- Do the Board agree that the lessons from the work described in this report provide the building blocks for an approach to engagement that can be applied more broadly?
- Do the Board want to explore this as part of a broader conversation about how we engage with, represent and build trust with communities across Sheffield?
- Do the Board want to take a joined-up approach to this by working with other partnerships and/or linking with best practice within our individual institutions?
- Do the Board want to explore options for how we could seek to build best practice through collaboration with funding and research bodies?

## **10.0 RECOMMENDATIONS**

10.1 The Health and Wellbeing Board are recommended to:

- Agree that trusting relationships based on open engagement are a critical aspect of good public service delivery

- Sponsor a joint workshop with Sheffield City Partnership Board, and other partnerships that may be interested, to consider concrete next steps to learn from this and other work to improve engagement between public services and citizens in Sheffield, and to develop proposals to build capacity to sustain this work
- Revisit the previously agreed commitment to recruiting an Engagement Coordinator, considering whether this could apply across partnerships in light of the outcome of that workshop
- Sponsor the development of a proposition to put to potential funding partners to consider the links between effective engagement and health inequalities

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