

Appendix 1:

Live Thematic Analysis for Health & Wellbeing Strategy Review

The *Data Corpus* consists of 1-1 virtual interviews conducted with twenty-one pre-selected participants, made up of a selection of members of the Sheffield Health & Wellbeing Board, designated leads for one the nine ambitions of the Health & Wellbeing Strategy, leads in a health area connected to/linked with the Health & Wellbeing Strategy, or leads in health-related anchor organisations in the city.

For the purposes of this thematic analysis, the data set used is qualitative data gathered from the individual interviews and the data items consist of the individual interviews, and data extract refers to an individual coded chunk of data, which has been identified within, and extracted from, a data item.

The data has been identified by the question, ***What is the feeling about the delivery of the Health & Wellbeing Strategy, the degree of success in delivering against the nine life course ambitions, and critical reflection around the role of the Board in the delivery of the HWB Strategy***, and to identify, (discover Rubin and Rubin (1995: 226)) analyse and report on all instances in the corpus where there was prevalence of patterns of feelings around themes and concepts within data emerged.

The approach which I have taken is a thematic decomposition analysis (e.g., Stenner, 1993; Ussher & Mooney-Somers, 2000) which identifies patterns (themes, stories) within data, and theorises language as constitutive of meaning and meaning as social. The approach taken was to undertake a search for certain themes or patterns across the (entire) data set, rather than within a data item, such as an individual interview or interviews from one person. ***The rationale was to use thematic analysis as a method which works both to reflect reality, and to unpick or unravel the surface of reality, of the success of the delivery of the HWB Strategy and how the Board in reality is seen through the lens of the participating interviews and the data corpus.***

The discovered patterns and themes include:

Uncertainty, Unsureness and frustration of the level of progress the Board has made affected by a lack of knowledge

How much has really changed in the life of the strategy since 2019	1. Unsure about what is different now from then
The 10-15 Life Expectancy Gap and the 15-year Healthy Life Expectancy Gap – how much difference have we made, in terms of real lasting difference. I am not sure we have.	2. Unsure of the difference the strategy has made
I know how difficult it is to make a reasonable measure of impact of the strategies. I don't know how much it achieved its aims – it's difficult to measure that.	1. Feeling of not having the knowledge to understand because of a lack of information from the Board
I don't get any sense of where we are as a city on education and schools.	2. Feeling at a loss to understand

What are the priorities and how can we bring in people to help take leadership for these priorities I'm not sure we have done that?	1. Lack of knowledge, lack of being informed, feeling of unsurety in the leadership
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.	2. A heartfelt desire to be part of the board, and feeling outside of the board

I don't know. Last 2 years will not have done anything to improve this gap, but I don't know where we are now	1. feeling of unsureness, lack of knowledge on what has been done to make things better for life chances
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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.	1. Frustration that the goal of the strategy isn't known widely
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I know about the compassionate city work but don't know what people's experiences are at the end of their life	1. Not having full knowledge, only partial knowledge, a gap in knowledge
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Attendance data is a really good measure to measure are we really getting it right for children. We know we don't have great attendance in the city – it's part of the 1-year plan for the city for us as a council – I'm not sure that's being fed into the HWB Board.	1. Children's education, and the board being well informed
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Concern, Worry and Anxiety about the aftermath of Covid on loneliness and Isolation

The impact of Covid and isolation - social prescribing has a job to reintegrate people back into life.	2. The impact and re-integration of people into society/communities and feeling isolated /alone
In the last 2 years a lot of people have died prematurely due to Covid, and a lot of people have had their deaths managed in the community	3. Covid/deaths and the impact on communities (grief, loss, isolation, abandonment)

Access to care and social contact has been exacerbated by Covid but loneliness and social isolation is just not limited to aging well.	1. Young people not normally viewed as lonely, or isolated, are affected post-Covid - its not exclusive to the aging
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<p>Young people are struggling and have struggled with loneliness and isolation, and we know there are direct links to poverty and disadvantage.</p>	
<p>Covid has had a massive impact and it will have affected our population – we need to focus on a redress.</p>	<p>1. Not to ignore the impact of Covid, to address it</p>
<p>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.</p>	<p>2. What are the fundamentals for people to be able to live a good life?</p>
<p>Inequality exacerbated by Covid. Have we successfully understood and targeted support to those communities which are under-served and in the worse conditions for health & wellbeing.</p>	<p>1. The effect on communities, is this being thought about?</p>
<p>I think that Life Expectancy will have remained the same, but that Healthy Life Expectancy (HLE) has been reduced, 13 years of this government, austerity, and the pandemic, and now the Cost-of-Living crisis.</p>	<p>1. Healthy Life Expectancy and the reduction in life years</p>
<p>It's been a challenging time with the pandemic, everyone has been so stretched.</p>	<p>1. Impact on people by the pandemic</p>
<p>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.</p>	<p>2. Impact on relationships but a hopefulness, a readiness for a refresh</p>
<p>I welcome closer contact with SCC Leads ...the data insights Team and physical activity across the city. We use to have this, but we lost this during Covid – the ability to know who and what opportunities and how we can support each other with data sets we can rely on.</p>	<p>3. Feeling of a loss and a desire to have it restored</p>
<p>We need to sit back now and to reflect/take scope on how to take it forward and the impact Covid has had</p>	<p>1. Need to take time to reflect on where to go next</p>

on CYP and Families we need to take stock of that too.	2. Need to take time to reflect on the impact of Covid on families and children
Covid and its impact – that created challenges not only by increasing inequality but on Schools the impact on teaching and learning	3. The increase in inequality and on children's learning development
as stakeholders we were distracted away from the Ambitions and the HWB Strategy to Covid and responding to it, as separate organisations, and our response to how it impacted on us	4. Covid as a distraction taking away from the strategy and the board's focus
1500 people died in Sheffield in the pandemic	1. The stark reality of Covid on Sheffield as a city
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	1. Covid and early child development – worry about the loss of skills
I would ask to add in, given the past two and a half years and Covid – the impact of disadvantage, Pupil Premium and Poverty – it's a significant gap which has been crystalized by Covid-19 and post-Covid	1. Worried about the effect of covid on children by the increase in poverty and inequality
There is an issue re attendance from Covid in that there is a cohort which haven't returned from Covid in Secondary schools but also in Primary school sector – yes, its linked to county lines/gangs/risks and so on, but there are behavioural shifts in a cohort of young people not returning to school. I would suspect this is a national trend.	2. Young people and school attendance and the effects post-covid, and wondering where Sheffield is in relation to the rest of the country
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	1. the negative impact of external factors on life expectancy
Key focus should be on life expectancy – it's on people's agenda and is higher now than it's ever been because of Covid and the last 2 years. It has a lot to answer for in raising inequalities.	1. Acute awareness of inequalities post Covid and people's life chances

A feeling of a change in needs because of Covid, and a desire for a change in the way the Board relates to its partners

On covid, coming through Covid, the strategy needs to be quite agile	1. Expression of a need post-covid for a different approach
During Covid VAS was gathering quite a lot of insights on people’s behaviours, and more broadly how the sector were seen as an equitable partner in the city. Seen a shift in the conversation in the way we are working with each other and we want to build on that	2. A request for equity as a partner in relationship with and to the Board

We are not even playing catch-up we are skimming the surface. Covid has overloaded the system.	1. Not really getting to the nub of the situation
We also definitely need to have something post-covid to fix and mend what the disaster has done e.g., Hurricane Catriona and the devastation – shouldn’t we be focusing on getting back what we lost	2. What are we doing to deal with consequences of Covid

Concerns and frustration at the specifics of the type of broad stroke groupings/language used in the strategy

the key word in all of the ambitions is “everyone” and that’s the kicker. Have we done that for everyone - improvement is not “everyone has”?	3. Who do we mean when we say everyone – need for language used/terms used to be very clearly articulated
A lot of good work has happened, but it’s a bold statement to say for ‘everyone’ – there will always be structural barriers	4. Effect of other barriers to the life course and to a healthy life expectancy

There is also something about that word ‘fulfilling’ in this ambition ... we know that we have an over-qualified workforce qualified to Level 4, but are choosing to work at Level 2, so under-occupation is a choice. As an example, a teacher who leaves the profession to become a Teaching Assistant – are they doing that to lead a more fulfilling life? Or are they doing it for health reasons and to live a fulfilling life? A large part of ‘fulfilling’ is subjective to the person making that choice – that’s hard to measure?	<ol style="list-style-type: none"> 1. Being clear on the terminology we use and what we mean by that 2. How do we measure these?
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Strong feeling of opinion on the role of the board and influence and frustration with passivity of the board and a frustration not understanding its power as an influencer

The Health & Wellbeing Board needs to be a better meeting, better organised and understand its powers better.	1. How the Board can be better in contrast to how it is perceived to be currently i.e. not doing its best
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 those who can deliver, it needs to be more active in influencing that underneath it	2. Strong feeling about the role of the Board as an influencer with the power to influence
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.	3. How the board and the strategy fit together
What influence do you want to have on the health service and health outcomes? – a Compassionate City type of stuff within the whole city to produce a cultural shift – to make it normal for children, families. how do you influence that and Health Promotion?	4. questioning a cultural shift, for the board, and coming from a more caring, empathetic feeling centre
Operationalising a systems approach is difficult – organisations can't see what's in it for them, feel threatened by it. But it's really critical – how do we support stakeholders' organisations and the HWB Board to work in that way	<ol style="list-style-type: none"> 1. fear of what needs to change but willingness to help support that change, to work in this way 2. the role of the HWB Board in driving this change
I see the Health & wellbeing Board as the mechanism for that connectivity	1. how the Board is seen as having an active direction
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.	2. Connectivity and the role of the Board in making the connections stronger
The 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.	1. The power that the board has to act on poverty and inequality
we have no North Stars in terms of focus	1. An identified lack of a central point

There's a timidity about the board – it has a lack of teeth, and a model which presumes a level of influence – we are a Statutory Board – the Board of the Local Authority	1. Feeling that the Board needs to really get to grips with owning its power, to be the influencer for change
it's our statutory board, and it's not been utilising its capability.	1. being let down by the Board not using the power it has
But what it doesn't have, what it lacks for me, is what will we do. I	1. a call for action

Feeling of disappointment that the real stories are not being told, a lack in communication and a communication plan

How do we know about it, it's a fair point, it's been undersold. The Health and Wellbeing Board more broadly needs to be selling the positives and the stories, we don't sell it very well.	1. The Board isn't doing what it could do. Communication sits with Board and its not delivering on it.
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	2. Not getting into the level of detail on what's happening and linking to what's being delivered that is related to Health
in the refresh we ought to make a bigger effort on all of these lifestyle programmes. Lots of good work going on ACES, Adverse Childhood Experiences, but not has a real focal point – the board could and should be a focal point and add value to it.	3. Lifestyle and the impact on Health, a place for it at the Board and in the strategy in the refresh
There is a need for us to showcase the things we have done really well on, like on reducing Infant Mortality rates, reducing smoking rates, these impact across the whole life course health. We need to talk about these successes on what's worked for the strategy.	1. Letting people know when we have done things well or done things right
Also, feedback from the voices of our population – they are the people we should be listening to, and to advocate for that.	1. The importance of voice and being heard and listened to
My main objection is that if you asked the public about these nine ambitions, they are very aspirational objectives but its not what the public would tell us right now that we should be focusing on – they would say its about food or fuel – these are not at the heart of what they	2. Are we really listening to who we should be listening to and asking what they need – have we got that wrong?

want help with. We need to be asking them what they want to focus on in terms of their Health & Wellbeing needs	
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Hopefulness around the opportunities available, but fear to trust that the Board may miss them/may not act on them

There is an opportunity there for greater integration going forward, in the Children’s world particularly, in commissioning.	3. Linking up commissioning which impacts on children’s health
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The Place Based Plan for Health & Social Care –... 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	1. The move to the SY footprint as an opportunity to plan long term and short term
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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.	2. knowing where the money is and where it needs to be
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Levelling up: different style of conversation with the government is needed – its currently focusing on the traditional economic areas and there’s an opportunity to look at Health & Wellbeing through levelling up and an opportunity to start to have a different conversation	1. Taking Health & Wellbeing through a different lens – tapping into national programmes/funding – to have those conversations
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I attended an AWRC Event session with investors from the USA – as a city region event which also had representatives from AHSN (Academic Health Science Networks) where the new Regional Major attended, they are talking about ‘Good Health’ and the ambition to be a ‘Good Health City’ – is there a bigger opportunity there to look at the bigger picture and to have a bigger ambition?	2. Tapping into the bigger footprints – linking up/connectivity through opportunity
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Anchoring is key – and to have read across those 4/5 leading organisations who have estates very large workforce who buy into the local economy for goods and services, who are big	1. Lack of clarity by the Board on being aware of, or seeing local anchor organisations and the power and influence they have on health in the city
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employers – SCH, STH, the 2 Universities. How are they helping us to think about successful transitions of children of staff and in them pushing forward the HWB Strategy? I don't think we have been clear enough about those opportunities.	
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Feeling of separateness, disconnect, and lack of inclusivity

I don't know whether information is successfully and routinely collected and reported on Physical Activity, and Move More I've never been involved in that, but it should happen.	1. A feeling of disconnect in knowing what's going on at the board, and wanting to be part of the board
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.	2. A heartfelt desire to be part of the board, and feeling outside of the board

Probably one of the failures of the HWB Strategy is that it feels separate it's not fully linked to the other strategies	3. Lack of connectivity, standing outside of, feeling of separateness
The Levelling up Fund and the Housing strategy – any organisation for Health & Wellbeing needs should be part and parcel of it – we can't achieve it if it's a stand-alone strategy	4. A need for greater connectivity if we want to make effective changes

The Local Area committees have just completed their Community Priority Plans on what's most important to them as Communities to focus on over the next 12-18 months, which they have pots of funding for. Aligning the HWB Strategy Review with the LAC Priority Plans is important	1. An awareness of the role that LAC's could play with the HWB Strategy and delivery if there was a read across to each other's action plans
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Early Years has been the poor relation –those first 1001 days – issues in childhood develop into issues in adulthood – there is evidence to support this – the whole life course – we have neglected Early Years as a board.	1. Children being overlooked by the Board
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Needs to be a national/regional/ and local response – we can't solve this on our own as a Local Authority.	1. Acknowledgement that there are problems which Sheffield needs to call on others to help with
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	(inter-dependencies and inter-relatedness)
Some of it is not in SCC's gift as a stand-alone to deliver against these ambitions	2. The interconnectedness to help realise the delivery of the 9 ambitions /the life course approach

There needs to be more of a connection between the HWB Board and the Health Protection Committee. We need that connection between Health Protection and the HWB Board and strategy to be stronger.	3. Health Protection and connection to the Board
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It fits across all of the ambitions and affects people's health and their life expectancy. It would be good for the Health Protection Committee in terms of Governance to be under or to feed into the HWB Board – that would really help Health Protection	4. The part Health Protection plays in people's health and being able to report into the Board
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I was involved ...in the HWB Strategy at the beginning, when the strategy was first shared – at that time there was an expectation that we would be a partner, but we are not on the Board, so we don't report back on this ambition.	1. Disappointment at being excluded
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Inclusivity and Diversity – the Board is not diverse	1. The membership not being fully representative
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Strong feeling of desire and need to see the Board demonstrating commitment through action

If we are committed to the life course approach, then why don't we intervene earlier at those key transition periods and the enabler of whole systems working and a real commitment to the life course	1. An ask to follow through on what the strategy says its committed to
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translating that into action across the city	2. A desire for action, not just the talking, the rhetoric of the strategy
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Having the words isn't enough. You have to operationalise it.	1. A need to see a change from words to deeds
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Have we really done everything we could do internally in the city really shifted resources from one area of the city – there’s a really harsh conversation to be had around redirecting the level of investment around Dore for instance, to flow into Darnall? We are doing bits of work and I see real attempts to shift things that way, but they are really hard to do.	1. The reality of inequality and what that would mean in terms of action, which would be a tough shift
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THE HWB Board – we are not making the most of its statutory function and what it could be actively doing – the challenge/the detail/ the discussions and really driving the city forwards – that could be the HWB Board.	1. The board that is needed versus the Board that has been
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Strong feeling of desire for commonality, a shared common purpose

If you are doing a HWB Strategy, it shouldn’t be seen as a group of different projects and programmes – it should be the way in which all partners deliver their work and the have the outcomes. Its about having a ‘common purpose and common approach’	1. Fragmentation and separateness versus togetherness and feeling of being united in a shared purpose
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.	2. The Board as a core homogenous group who do the right thing
Probably should all collectively, the strategy should mean everyone has the same priority which they focus on – and to do 1 thing –	3. Commonality of priorities
we all agree as a Board of partners to use our resources in a way that achieves good health and wellbeing.	4. Commonality of sharing resources for a common purpose
There are definite crossovers between the HWB Strategy and the Poverty Action Plan	5. Repeated worry about poverty in our city population and being connected into that
It’s the whole city’s responsibility	6. The collective/collegiate responsibility – not for the Board on its own or the strategy on its own

Needs to be a national/regional/ and local response – we can’t solve this on our own as a Local Authority.	1. Acknowledgement that there are problems which Sheffield needs to call on others to help with (inter-dependencies and inter-relatedness)
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Some of it in not in SCC's gift as a stand-alone to deliver against these ambitions	2. The interconnectedness to help realise the delivery of the 9 ambitions /the life course approach
Its about connecting up – working as a system	1. An understanding of the central strength
Recognising collaboration and connection can result in a bigger lever – we can have more impact. If we pull on the levers we have always pulled on we will get the same results	2. Where the strength/power lies
It's a key – it's about equity of health and giving people/empowering people/nurturing people	3. Strong desire for equity and valuing people, putting people at the centre of the strategy

Slowness of change in the housing world and to get into that housing & Health agenda. When did we get the DWP to come to the board to speak about Employment and our local situation	1. Frustration at the time things take and not connecting with the right government office, for them to hear what's happening in Sheffield
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For the Board and its partners to collaborate with a purpose.	1. Working in unity for a common purpose
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Strong feeling of worry (anxiety) about the cost-of-living and poverty and connection to people who are on the welfare system

The Cost-of-Living increase is focusing our minds and the link across to the health world	4. Where we are now – the current state of play – the national picture /local impact on our population's health
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.	5. People in crisis, not knowing what they need to know

inequality exacerbated by Covid. Have we successfully understood and targeted support to those communities which are under-served and in the worse conditions for health & wellbeing.	1. Concern and questioning how we are serving those who need it most
Do we/working in specific communities in the city and communities of interest and are we sufficiently engaged with leaders in the community and with their lived experience in shaping how we tackle that	2. Questioning the genuine level of engagement with our communities and valuing their experience, valuing their voice 3. The values of the HWB Strategy and the Board

<p>Poor quality housing and homelessness is a major contributor to good quality or poor-quality health. It hasn't had the attention it needed and now the Cost-of-Living crisis we need to work together in the city to look at this.</p>	<p>1. Looking at it from the lens of housing and homelessness, a desire for fresh attention.</p>
<p>how do we support people to live healthy lifestyles when they have significant hardship</p>	<p>2. The dilemma</p>
<p>A lot of the food work is about social injustice and poverty ...and the Tobacco Strategy has poverty all the way through it and the new Food Strategy will have social justice and fairness – 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</p>	<p>1. Worry about the impact of not having enough money, the poverty trap and not having enough to eat as social injustice</p>
<p>Children and food poverty there is evidence to show that it impacts on their life course and life chances if children live in a food insecure household</p>	<p>2. What is known (knowledge/truth) Food insecurity and the effect of that on a child's life</p>
<p>The Board has to be a lever, for the cost-of-living crisis</p>	<p>2. Feeling of urgency and what the board should be doing</p>
<p>Need greater recognition of the context in where we are operating – disparity, the poorest hit, marginalised geographical racial and other communities of identity and the pandemic has exacerbated inequalities.</p>	<p>1. A feeling that things are not being seen as they really are, and the people hardest hit</p>
<p>it should be about inequalities in everything, about Poverty. To reflect – what's the issues about inequalities here, if we began with that question in everything but I know that's such a hard shift to make</p>	<p>1. Where the real focus should be</p>
<p>Our key anchor organisations in the city, they need to talk internally and to ask what as an organisation are they doing on poverty and inequality, on employment</p>	<p>2. The big city employer's responsibility on tackling poverty in the city</p>

My sleepless night is Poverty and the opportunities for Poverty	1. Poverty being all consuming
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Summary of Emerged/Discovered Patterns:

- Impact of Covid on people/communities/the city's health
- Feeling of isolation/separateness/disconnect from the strategy, the strategy delivery, and from the board
- Worry about the impact of poverty and inequality on 'healthy life expectancy'
- Worry about the Cost-of-Living Crisis and those most in need
- The Board and how it could be as the lever for action/direction/'clout'
- Unsureness of what's being delivered/disconnect – gaps in communication from and to the Board.
- Voice – whose voice is represented, is it inclusive? Whose stories are we telling/not telling?
- A call for less rhetoric more action by the Board and the Strategy – where is the action plan
- Call for focus – defined clear agreed shared focus and commonality of purpose
- Change needed – let's do something different – left of field, the pointy end, being courageous

Reference: Braun, Virginia and Clarke, Victoria (2006) Using thematic analysis in psychology. Qualitative Research in Psychology, 3 (2). pp. 77-101. ISSN 1478-0887