

Appendix 3.

Interview questions

Section 1: Context Setting

1. Given that we have been dealing with the Covid-Sars pandemic for the past two years, how familiar are you with Sheffield's current Health & Wellbeing Strategy? (see qualifiers in Q2 VW, W, NsW, NaA)

2. How much has it been a key part of your responsibility/role to take it forward (and/or to take Priority X forward)?

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

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

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

Our Goal

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?

- a. Very Well

- b. Well
- c. Not so Well
- d. Not at All

Looking at The 9 Ambitions (see Ambitions Page)

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

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

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.

What strategies already exist and are being implemented within the scope of each of the 9 ambitions? *To get from the interviews a sense of what strategies already exist and are being implemented within the scope of each of those 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.
- Are you aware of the [Covid Inequalities Review](#) /have you had a chance to see the report completed by Beth Williams? How could it align with the HWB Strategy and other city strategies

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?

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?**

Interviewee Notes) Many stakeholders outside of each of those three areas will not know of the complex world within it so use the interviews to bring some of that out

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? *Interviewee Refer to new data source Local Insight (communityinsight.org)*

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?

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

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)

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

Interview Note: critical areas that are not referenced / explicitly name checked in HWBS

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

What areas overlay or overlap?

What CAN and CAN'T the BOARD per se do

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